



## Out of the mouths of babes – innocent reporting of harmful labour ward practices

**To the Editor:** The article by Farrell and Pattinson<sup>1</sup> contains some very disconcerting reports on harmful practices observed by medical students during their community obstetric rotation, which they have to go through in *university-approved* institutions (my italics). The authors state that this is prescribed under the new curriculum at the University of Pretoria, where they themselves are employed or serve as consultants. However, it struck me forcibly that the survey covers 5 000 cases, spread over 17 non-academic hospitals, all 'university-approved', over a period of 24 months!

By virtue of their involvement with this rotation, I find it surprising that the authors nowhere mention that they have acted on the reports of these practices received over a period of 2 years!

One would have expected that as educators involved with this aspect of the curriculum, they would have been quick to request the Faculty to review the 'approval' granted to those institutions from which harmful practices were reported. They do mention that some of the less ideal alternatives 'are receiving attention', but what this means is not clear.

Surely fairly urgent intervention was indicated in the interests of the students and of the women subjected to the recorded harmful practices?

It seems to me that this is an issue of medical education, and that publishing an article is not the appropriate way to deal with this problem. It is to be hoped that the authors have made their recommendations as published in their paper, but in a more concrete form, to the Faculty of Health Sciences at the University of Pretoria.

It also struck me that there was no comment in the Editor's Choice section of that issue of the *Journal* on the aspects I have highlighted above.

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1. Farrell E, Pattinson RC. Out of the mouths of babes – innocent reporting of harmful labour ward practices. *S Afr Med J* 2004; 94: 896 - 897.

**Drs Farrell and Pattinson reply:** We would like to thank Dr Mets for his response to our article, since this shows that the purpose of the publication is being fulfilled, that is to create a debate on the subject of problems experienced in student training. We are confident that every university will find the same problems of poor standard of care when they send

students to non-academic settings. The findings reported are not unexpected, as they have been found by others previously.<sup>1,2</sup>

We want to assure Dr Mets and other readers that writing the article was not the primary action we took with regard to this matter. The first step was to ascertain whether the statements were indeed true and to determine the extent of the problem. After confirming the facts, we went in search of a solution.

Discussions were held with representatives from all these sites. It should be remembered that sites selected for training had been through a selection process and are better than most other hospitals. Before submission for publication the facts were also presented to many authorities, including the Dean of the Faculty of Health Sciences at the University of Pretoria and the Curriculum Committee of the School of Medicine, the Midwifery Society of South Africa, the National Department of Health (including the Directorate of Maternal and Child Health) and the Health Professions Council of South Africa.

An intense debate was stirred up in the University about the appropriateness of teaching students in these facilities. The solution that was proposed is for an active outreach programme to these sites, but this will need funding on a scale that the University itself cannot afford. It speaks for itself that all role players (not only those responsible for teaching, but also for patient care) need to get involved in improving care, and this is the aim we are working towards.

1. Fonn S, Boikanyo E, Philpott H, Quality of care, what do women think? Fourteenth Proceedings of Priorities in Perinatal Care Conference, Golden Gate Nature Reserve, 7 - 9 March 1995: 126-129.
2. Jewkes R, Abrahams N, Mvo Z. *Midwives' Perceptions of Their Working Environment: Groote Schuur Hospital and Khayelitsha & Retreat MOU's. Study of Health Care Seeking Practices of Pregnant Women in Cape Town.* Cape Town: Medical Research Council, 1997.

## Doctors and sexuality

**To the Editor:** Your editorial 'Sexuality and SAMA'<sup>1</sup> is helpful, as far as it goes. I am curious, though, why our discussions on this subject so often stop short of the obvious.

For instance, the medical evidence for a greatly increased burden of disease associated with a promiscuous lifestyle is overwhelming, yet as a profession we have still to come out and say that premarital chastity and marital faithfulness are essential to physical and emotional sexual health.

The evidence for a very large disease burden associated with male penetrative homosexual activity as a result of the unsuitability of the anal canal and its contents for sexual intercourse constitutes very strong medical evidence for discouraging a homosexual lifestyle. The high incidence of suicide and psychological illness associated with that lifestyle seems to make the same point. Yet, as a profession, we have done little to ensure that these issues are properly aired in the



debate around same-sex relationships. Then too, the central issue in society's protection of marriage has always been the provision of a stable environment for the nurturing of children. The evidence is overwhelming that a stable, loving home established by a child's birth parents is the best preparation for children to grow up as mature, stable adults who contribute optimally to their society. Yet the profession has said very little about this reality in our discussions with government or any others with regard to our priorities in nation building.

Can it be that we are intimidated into being politically correct and silent on these issues at a time when our people are losing centrally important visions that previous generations took for granted? It is salutary to note that the Graeco-Roman Empire, about which you wrote in your editorial,<sup>1</sup> unravelled when its moral fibre disintegrated.

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1. Van Niekerk JP. Sexuality and SAMA. *S Afr Med J* 2005; 95: 131.

## Doctors disunited

**To the Editor:** I retired from medical politics in approximately 1995. Recently I was given the honour of being appointed President of the Gauteng Branch of SAMA. My interest in the Medical Association and the general field of medical politics was then reactivated.

I recently attended the medical congress at Caesar's and must congratulate the organisation on a well-prepared and organised congress.

Many topics were covered; to my mind the best presentation was by Dr Mamphele Ramphele. She could easily be my president.

Another brilliant presentation was by Roelf Meyer – one can hardly believe that he belongs to the hierarchy of the old National Party. He mentioned that in fact the deliberations on transformation and formation of the new constitution with Cyril Ramaphosa took place in that very hall.

The presentation by Advocate Elsabe Klinck was also very revealing; what a brilliant person SAMA lost to the pharmaceutical branch.

On reflection I came to the following conclusions, which I have held for many years. Firstly, there would be no nursing homes or hospitals without doctors. Secondly, there would be no medical aid schemes without doctors. Thirdly, there would not be patients if there were no doctors.

According to these conclusions doctors should constitute one of the most powerful bodies in the land. Yet we seem to be the weakest, or in fact we are one of the weakest bodies. Why? Because we are such a disunited group.

With this strength we should be governing our own destiny. Instead we are sat upon and bullied by the medical aid schemes, the Department of Health, the Health Professions Council and also by patients.

If one wants to summarise things, one could say that doctors are not wanted but only needed.

I would like to know what the answer is. How can we, as a profession, get together and unite as a single body, much as COSATU has done?

Surely SAMA should be able to take on this problem and make it its priority for the next year so that at next year's conference they can tell us what progress has been made. We might even learn some lessons from COSATU.

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## HPCSA – the sound of silence

**To the Editor:** The question of my continuing medical education was raised by an overseas hospital to which I had applied for a locum post. My 71-point portfolio for 2002 had been sent to the Manager for Continuing Professional Development of the Health Professions Council of South Africa (HPCSA) in March 2003. On 24 January 2004 I asked the CPD manager for some sort of certification of competence for use with locum applications. I repeated the request on the 23 March 2004 when mailing my points for 2003.

Having had no reply to two requests, I wrote to him again on 21 May 2004.

*Fourteen months later*, I still await the courtesy of a response.

On assuming the office of HPCSA President, one of Professor Padayachee's first public statements was to boast that Council would vigorously pursue physicians guilty of malpractice.

Why does the Council treat its other members with such gross contempt?

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*A request for a response to this letter by the HPCSA was also met by silence.* (Ed.)