



'Indemnity cover, by its very nature, is not intended for sunny days but for when it really pours and heaven forbid that this happens, but the cover should be there,' he added.

## Confidentiality compromised

Psychologists themselves were vulnerable in matters of confidentiality (no protection in law) – mostly when a former patient committed a crime a decade or more after being in therapy.

While lawyers were accorded client confidentiality privilege, priests, journalists and psychologists were not.

'The lawyers' argument is that their clients won't trust them if they break confidence but what about a patient who needs recovery? – this leaves a psychologist totally naked,' he said.

Cooper, who is currently the vice-president of the International Union of

Psychological Science, hit out at psychologists with 'backyard' part-time practices, saying it undermined professionalism and contributed to the problem of uninsured professionals unwilling to pay subscriptions and unable to face legal claims.

'In my view either you do something properly or not at all,' he added.

HPCSA CEO, Advocate Boyce Mkhize, said the new requirement would help his council better fulfil its mandate to protect the public.

'We don't want patients losing quality of life and the right to earn a living just because some clinical intervention is wrong,' he said.

## Unknown numbers

Attempts by *Izindaba* to quantify the numbers of doctors currently not indemnified proved impossible owing

to factors confounding comparisons between Medical Protection Society (MPS) membership and HPCSA-registered health practitioners.

These include state hospital indemnity, limited private practice and practitioners working and living overseas but still registered locally.

The indemnity cover (meaning insurance provided by recognised providers in terms of the relevant insurance act or professional indemnity provided through membership of a recognised medical protection organisation) must be maintained at all times.

Health care professionals will have to provide their board with documentary proof and details of cover on an annual basis.

Chris Bateman

## OVATIONS AMID THE 'TRANSFORMATION BLUES'

Six doctors and key players in the transformation of the South African Medical Association into a progressive, socially relevant organisation were honoured at a presidential banquet after SAMA's annual general meeting (AGM) in Pretoria in July.

Announcing the names, outgoing SAMA president, Professor John Terblanche, warned the AGM that the transformation process was still underway with many doctors still outside the fold.

'To be truly influential we must persuade the majority of doctors to join and be members – I'm sure that will be a priority for our new Secretary General, Dr Aquina Thulare,' he added.

Outlining the dramatic key events in the racial unification of the (predominantly white) old MASA, the Progressive Doctors Group (PDG) and the National Medical Alliance (NMA),

Terblanche said the six made 'seminal contributions in vital areas'.

## Citations

The six are Drs Hendrik Hanekom, Bernard Mandell, Zolile Mlisana, Percy Mahlathi, Lasie Mogudi (SAMA's new President), and Mohamed Adam.

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SAMA's transformation in the mere 5 years since I joined *SAMJ's Izindaba* has produced high drama, including personality fall-outs, resignations, court threats, a board collapse, racial intrigue and a high-profile forensic audit.

They have resulted in a tightening up of reporting structures and procedures, staff streamlining and improved liaison between SAMA's operational and executive teams – all intended to benefit doctors country-wide.

## Unification history

Terblanche singled out three dates in the painful overall transformation as 'crucial milestones'.

- 20 September 1997 – the signing of the 'Agreement of Understanding' after years of negotiations between MASA and 6 other doctor groupings.

On the MASA side, chairman of MASA's federal council, Bernard



*Flashback, Cape Town March 2004: Dr Percy Mahlathi, Director General, Human Resources in the national health department and SAMA CEO just two years earlier, faces nearly 2 000 protesting doctors on the Grand Parade.*

*Picture: Chris Bateman*

Mandell, and Secretary General, Hendrik Hanekom, battled entrenched views among their trustees and council in a steep uphill battle against long-standing practices and attitudes.

On the 'partners' side, Lasie Mogudi and Mohamed Adam did 'sterling work in tandem with those who courageously joined SAMA; Percy Mahlathi (later appointed Secretary-General) and Zolile Mlisana (later elected President).

Key principles in this 'agreement' included '50/50' representation and the urgent establishment of a national council and board of directors with an 18-month tenure to draft a new constitution for membership approval.

### **Cautious support**

This drew the support of government and its health department whose minister stated, prophetically as it turned out, 'this does not mean that everything that the new organisation does will be accepted by government'.

As subsequent events revealed, SAMA had transformed into a proactive and socially conscious organisation, leading the fight for patient rights and health care delivery with street marches and unprecedented

high-profile clashes with government.

On the contrary, it seemed that not everything government did was acceptable to SAMA – a far cry from the days of the shameful MASA silence over the collusion of district surgeons with security police in the death of political activist Steve Biko.

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- 19 June 1998 – Terblanche said this was the second significant date, when SAMA was founded, its first council constituted and office bearers elected with the PDG on board, in spite of the NMA remaining outside the fold, citing 'irreconcilable differences'.

Mlisana was elected chairperson by a two-thirds majority, Terblanche vice-chairperson and then outgoing chairperson, Mandell, as SAMA's first president.

- 30 April 1999 – the NMA joined SAMA with 8 of their members elected to the board.

### **Fireworks at council**

The next council meeting in June that year saw fireworks, especially around the 50/50 principle but it was agreed to extend the 18-month 'interregnum' to allow the constitution making to resolve new governance processes.

Mlisana typified the hard-nosed bargaining by saying in a speech that 'the honeymoon is over'.

Terblanche told the AGM that he believed further constitutional change, now being debated and driven by the Constitutional Transformation Task Team (CTTT), with Dr Fazel Randerat at the helm, was 'essential'.

The current national council and board needed to be reduced in size to make them more efficient and cost effective.

This required a tricky tight rope walk that retained the balance required for transformation while securing adequate representation for branches, speciality groups and special interest groups.

### **50/50 'modification'**

Terblanche said the 50/50 principle needed retention 'for the present', but modification 'probably using the terms historically advantaged and historically disadvantaged' when applied.

SAMA urgently needed to project the image of being patient-health and patient-care orientated and not only doctor-interest orientated, while further improving relationships with the health department and other statutory bodies.

Citing Roelf Meyer's address to doctors at the SAMA 'Solutions for Health Care into the Future' conference at Caesars on 31 October last year, Terblanche said that a change of mindset was vital when it came to successful negotiations.

Meyer was a key play-maker in South Africa's political transition and constitution-making and said that only once he got into the mind of his ANC 'opponent', Cyril Ramaphosa, and



experienced empathy, was he able to change.

### Self-transformation

Added Terblanche, 'There has been an ongoing process of individual transformation and the building of interpersonal relationships and trust for all of us within SAMA. As this occurred it helped us to reach our current point our unification'.

'I believe it is a useful exercise for each of us to look inside ourselves, and to ask how far our personal transformation has progressed, and how and why it occurred – it has certainly been meaningful for me.'

As a white South African, his own transformation took time and was 'hopefully still progressing'.

His medical graduating class of 1958 had approximately 100 students and all, except for 15 white females and 4 Coloured/Indian males, were white males.

In 1973, after being appointed to the newly created second Chair of Surgery at UCT, he was running a surgical unit at Groote Schuur and became surgery chief at Somerset Hospital, where all UCT's black registrars were trained at the time.

***In 1975 he brought the first black surgical registrar across to the then segregated Groote Schuur Hospital and put him in his 'white' ward without permission from the authorities.***

The Somerset Hospital group were 'a remarkable group who made a great impact on me as an individual and on my personal transformation process' and later included Council and Board member Derek Hellenberg.

In 1975 he brought the first black surgical registrar across to the then segregated Groote Schuur Hospital and put him in his 'white' ward without



*Peace in the valley: Bernard Mandell, John Terblanche and Fazel Randera at a general council meeting in Pretoria in June 2001.*

permission from the authorities. This later progressed to the full integration of the surgical training programme.

'It worked, but there were some exciting times,' quipped Terblanche.

### Full integration

Full integration of patients in Groote Schuur Hospital took longer but was progressive and achieved by 1987.

Another personal milestone for him was in 1986 while in London on sabbatical leave and doing research at the Royal Free Hospital. He was called out to see a very ill London lawyer who needed major emergency surgery and much later discovered that it was the South African former PAC Secretary-General, Barney Desai, then in exile.

Desai had taught him much about the struggle and South Africa and years later, when he was able to return home, had remained a friend and patient.

Terblanche said he again took care of Desai when he was admitted to his ward during his terminal illness and that his children had asked him to be one of the speakers at his subsequent memorial service.

'It was both a great honour and a moving experience,' he said.

A third milestone had been the events leading up to and including his time as

the first Vice-Chairman of the new SAMA in June 1998.

'My first time as the first Vice-Chairman of the SAMA and as a member of the Exco, taught me so much and brought me into close contact with the many remarkable colleagues who had joined from the partner organisations to form the SAMA,' he added.

***'I believe it is a useful exercise for each of us to look inside ourselves, and to ask how far our personal transformation has progressed, and how and why it occurred – it has certainly been meaningful for me.'***

Terblanche said that in handing over the Presidential badge of office to Dr Lasie Mogudi, he was deeply grateful to those from whom he had learned and continued to learn.

'I have enjoyed the honour of being President enormously and thank you for this opportunity to serve the SAMA in this prestigious position,' he concluded.

**Chris Bateman**