



Doctors' dress code

To the Editor: I recently celebrated the golden anniversary of my graduation, and therefore belong to an older generation. Although retired, I do sessions at a local provincial hospital and am in touch with current work conditions. My enquiry relates to my concern about the dress code of some of our male doctors and about present-day dress regulations at medical schools.

It seems that the days of the white coat or the white safari top are largely over – and there may well be good reasons for that change. Sadly, however, one occasionally sees a doctor wearing clothes appropriate for doing a messy job in the garden, and one cannot distinguish between the doctor and a not-so-well-dressed patient. A few years ago, a patient refused 'to be treated by a porter' (the 'porter' being the doctor on duty).

Perhaps an exception can be made for doctors working in a busy casualty department; but even there, should not a certain amount of decorum be appropriate for a professional person? Change over the years is inevitable, but is there not a basic minimum dress code in academic and provincial hospitals?

What is the current dress code in teaching hospitals, and what are students and doctors expected to wear on ward rounds, etc.? I have long been out of touch with academic hospitals and cannot comment about private practice, which I left as a GP in 1970. Do we doctors not owe our patients the courtesy of appearing properly attired, so that they don't have to wonder whether they're talking to a doctor or porter or first-aider? And a stethoscope around the neck cannot be a substitute for clean and decent wear.

The ancient Greeks had a saying: 'The garment makes the man'. But maybe I am out of touch with present-day realities. Can anyone provide objective guidance?

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What's in a name? Terminology in emergency care in South Africa

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To the Editor: Recent discussions with members of the public and colleagues have made me concerned about what various health care practitioners of differing grades working in emergency centres (ECs) in both the private and public health care sectors are calling themselves (or being called by their employers). An EC is the current correct term for what is

known variously as an emergency/accident and emergency/casualty unit or a trauma and emergency unit.

I have recently heard certain medical staff at a number of our private hospitals being referred to as 'traumatologists', a registration category that does not exist in the Health Professions Council of South Africa nomenclature. I therefore feel that we need to remind our colleagues what the correct terminology should be, as follows:

- A non-specialist medical practitioner working in an EC is most correctly called a **medical officer**, irrespective of whether or not he or she has completed non-specialist diplomas (such as Dip PEC).
- A specialist in **Emergency Medicine** is someone who has completed four years of recognised training or who was 'grandfathered' into the relatively new specialty of Emergency Medicine preceding the availability of specialist training, and is duly registered with the HPCSA.
- A specialist in any other field is someone who has, by virtue of training or peer review, been registered in their field with the HPCSA. This would include general surgeons not certified in any sub-specialty.
- A **trauma surgeon** is one who has trained in General Surgery, has completed post-Fellowship training in Trauma and Critical Care, and is registered with the HPCSA in the sub-specialty of Trauma Surgery. Certain surgeons who are registered in the sub-specialty of Critical Care may also perform trauma or emergency surgery. The sub-specialty of Trauma Surgery was only promulgated in November 2007, so very few surgeons are registered in that sub-specialty to date.

It is essential to use the correct terminology, so as to avoid potentially (or actually) misleading the South African public regarding the level of training or skills possessed by the health professional who is treating them. This would be of particular importance if a complaint were to be lodged with the HPCSA, as the practitioner's level of experience would determine the expected quality of care and whether or not reasonable practice prevailed.

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