at R19 800 per annum since April 1994, was due to more than double for principal medical officers from 1 April this year, (retrospective payment in July). More junior salary notches are expected to increase by a quarter. A total of 159 rural hospitals were identified for the allowance.

The 'scarce skills incentive' strategy will identify hospitals in dire need of certain specialists and sweeten these packages.

A top State anaesthetist, who asked not to be identified, told the SAMJ,'There's the saying that good registrars stay at least 24 hours, the others leave immediately'.

Two top rural health experts, both ex chairs of RUDASA, welcomed the boosted rural allowances but said a 'comprehensive package and policy' were needed to attract doctors to rural health districts. Steve Reid, Associate Professor of Rural Health at the Nelson Mandela School of Medicine, said the Albert Luthuli Hospital recruitment was aggravating rural staff shortages in KZN.

Nurses in rural hospitals were being actively recruited to Luthuli, 'leaving very few behind'.

Reid's counterpart at the University of the Witwatersrand, Professor Ian Couper, said rural policy needed to 'sort out rural hospital management,' thus improving the experience of the Community Service (CS) doctors and encouraging them to return. He cited a rural hospital laundry being out of order for over a month because an administrator 'didn't know what code to put on the repair request form'.

Reid said that isolated 'piecemeal' interventions such as upgrading salaries in 1996, bringing in Cuban doctors, introducing community service and then upgrading rural allowances were evidence of the lack of a comprehensive staff retention plan.

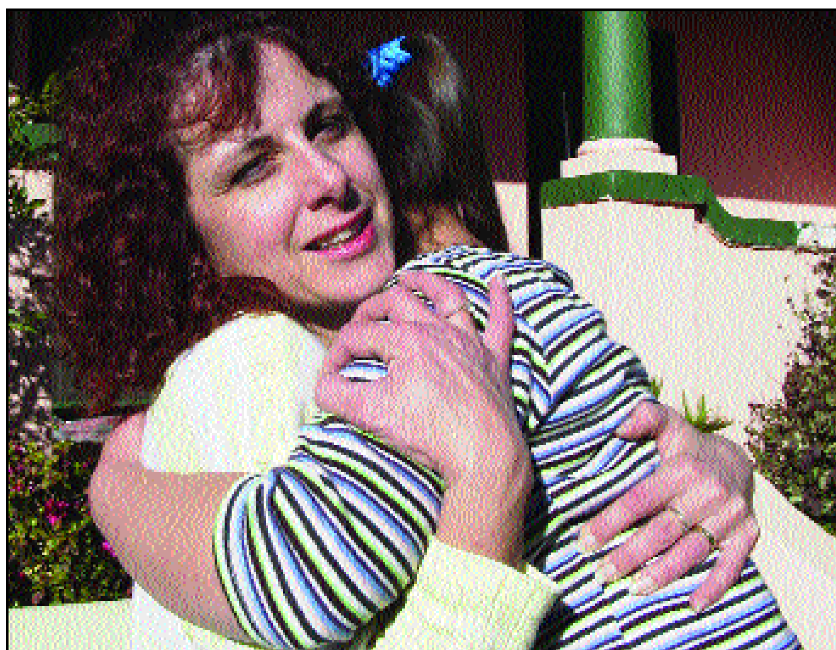
He gave the example of the lack of monitoring of widespread reneging by doctors on service contracts requiring them to work for a year for each year funded, in all but the Western Cape and Limpopo Province.

A partial answer lay in linking newly qualified doctors back to communities from which they came, giving them a 'sense of accountability'.

Cooper said incentives such as sabbatical leave, extra leave, increased study time, removal expenses, tax rebates, schooling, home loans and a floating pool of posts in each province enabling CS doctors to stay on after their service would 'sweeten the rural pill'. Incentivising specialists to regularly visit rural hospitals would also support CS doctors.

Chris Bateman

A SPECIAL SOLUTION FOR A SPECIAL GIRL



Ingrid de Jager and her 15 year old daughter on their Muldersvlei smallholding outside Stellenbosch.
Picture: Chris Bateman

A court order permitting a 15-year-old Bellville girl with Down's syndrome to undergo a hysterectomy last month has brought to an end a two-year legal battle by her mother who was backed by a team of top medical experts.

A jubilant Mrs Ingrid de Jager, whose daughter had previously suffered a stroke and who had a phobia around blood and needles, told the SAMJ, 'it's been a long haul, I thought it would never end - it feels a bit like an anticlimax but I just hope this helps other parents in the same position'.

The daughter suffered from a set of physical conditions which made less invasive means of contraception or medical methods of controlling menstruation impossible.

Her blood phobia and an inability to maintain her own hygiene caused her and her family 'a monthly crisis and much trauma,' her mother testified.

The Sterilisation Act prevents any girl under the age of 18 from being sterilised unless serious health-threatening or life-threatening circumstances exist and no other safe and effective method of contraception can be found.

Judge Jerome Ngwenya of the Cape High Court found that such circumstances did exist and that the medical team had demonstrated that no other sufficiently safe and effective contraceptive device or method could be found in the specific circumstances.

The Sterilisation Act prevents any girl under the age of 18 from being sterilised unless serious health-threatening or life-threatening circumstances exist and no other safe and effective method of contraception can be found.

The Sterilisation Act was passed in 1998 to prevent what was then widespread abuse of young mentally disabled women by institutions and homes which insisted on them being sterilised before admission.

Kelly suffered a stroke at the age of three which left her hemiplegic, has 30% curvature of the spine which puts her in danger with any major weight gain and previously underwent surgery to correct a heart defect. Even though Kelly has an IQ of under 50 and functions at a level requiring close supervision and constant aid, she was described by her court appointed curator, advocate Susie Cowen as 'unexpectedly determined, co-operative and even independent'.

Added Cowen, 'she strikes me as observant and perceptive. She is wonderfully good-natured, friendly and engaging'.

Professor Zephne van der Spuy, UCT and Groote Schuur's Head of Obstetrics and Gynaecology, agreed in court papers that the Mirena IUD induced amenorrhoea in 'most' patients and markedly reduced menstrual loss in the remainder.

However in this case, insertion would probably require a general anaesthetic and the first few months would probably be characterised by spotting and irregular bleeding, which might prove 'totally unacceptable' to the blood-phobic child.

Van der Spuy advised against the other non-surgical options and said the issue was whether doing a hysterectomy would be 'particularly damaging to her at her young age' or whether continued menstruation would cause 'more ongoing distress'. She believed that Kelly fell into 'that very small group of young women who would benefit from a hysterectomy in order to protect her psychological health'.

Psychiatrist Tuviah Zabow testified that the child would always need sanitary and hygiene assistance, and that her apparent phobias would be difficult to treat due to her level of mental retardation.Treatment by behavioural therapy would be 'extremely difficult'.

Zabow said the child was unable to formulate informed consent.

The law as it stood did not serve her best interests and her circumstances would not change for the next four years, resulting in unfair discrimination in relation to her special needs.

Van der Spuy backed the sympathetic voices of the original Stellenbosch Hospital panel which turned down De Jager's application for a hysterectomy because it felt constrained by the law.

The panel members unanimously agreed that the application of the Sterilisation Act would amount to 'a greater violation of the child's human rights than a hysterectomy'.

They supported De Jager's decision to challenge the Act and described her as a 'very caring mother who is very concerned for the best interests of her child'.

Mrs de Jager told the SAMJ that she knew of 'at least eight' other parents in the Western Cape area who were considering legal options because their childrens' conditions were similar to her daughters.

'We considered a class action, but my daughter's condition is fairly unique and conditions with these kids are not always constant - you have to look at each case individually although I believe there are definitely other cases that warrant the same exception we were granted'.

She urged doctors who might be approached by parents with similar problems to 'first do what works contraceptively - if nothing works, then go to your local hospital panel and get legal aid promptly'.

She said she regretted having 'procrastinated'. 'It took me two years to find a solution and my daughter was unhappy for all that time.'

Cowen argued that the Act was 'fatally flawed' because it failed to permit a hysterectomy to be authorised in the case where a child's psychological health was threatened by her menstruation. What distinguished this case was the child's particular vulnerability to harm should she fall pregnant.

'It's been quite stressful as a family and I'd like to help others avoid that - I'd say don't reinvent the wheel, make contact with your GPor medical panel - we've broken the ground now.'

Whether the order has set a precedent is open for debate.

Neither the national or provincial health ministries opposed the application while the third respondent, the head of the Stellenbosch Hospital medical panel, Dr Gunther Winkler, told

Judge Ngwenya that had his panel had the benefit of evidence given by Susie Cowen, they would have agreed to a hysterectomy.

Cowen argued that the Act was 'fatally flawed' because it failed to permit a hysterectomy to be authorised in the case where a child's psychological health was threatened by her menstruation.

By doing this it failed to permit each child's contraceptive and menstrual needs to be considered on their own merits.

She said what distinguished this case was the child's particular vulnerability to harm should she fall pregnant.

Many other children with similar disabilities might cope, but not this girl.

Johan de Waal, the advocate who represented the family, said his advice to doctors confronted with similar problems would be to insist that a hospital panel exercise its discretion and 'not simply reject all applicants under 18 years old'.

A spokesman for the Western Cape Health Department, Dr David Bass, said concerns about the troublesome legislation had been raised with the National Department of Health over two years ago.

He 'sincerely' hoped the judgment would speed up an amendment of the Act to bring it more in line with ethically sound decisions and existing constitutional rights to health care.

Mrs de Jager said a private gynaecologist with experience and knowledge in Down's syndrome hysterectomies had offered to perform her daughter's hysterectomy for no charge.

'We're just waiting for him to come back from leave so we can schedule the op - we don't want to hang on any more'.

'I've told my daughter that she'll be going to hospital like the last time and that it will be a little sore but after that the blood with go away forever'.

Chris Bateman

The South African Medical Journal

50 years ago

The unparalleled progress which has been made in the last 50 years in the conquest of disease has been accompanied by a greater demand for treatment and a greater inadequacy of supply than has ever existed before in our history... The difficulty is that each new discovery, while relatively limited in scope and usefulness becomes increasingly expensive... The solution of the problem may lie in two directions. Firstly, the steady progress made during the last 50 years, resulting in tremendous benefit to the health and social welfare of the people, has helped industry and commerce - in a way that industrialists fail to appreciate. The workman is able to return to work after an injury or an attack of infectious disease much more quickly than before, and in some instances is even able to continue working while under treatment. Thus many man-hours of work are saved. Secondly, the workman is now a much fitter man physically than his father at the same age, and he should therefore not be pressured to retire at 55 or 60 to become an added burden to the community... Our profession has a part to play in this direction by lending the weight of its authority to any campaign in this direction and by educating our patients that retirement at a later age is beneficial... After all who knows but that some modern Voronoff* may one of these days perfect a new serum or a glandular extract which will call a halt to the ravages of arteriosclerosis and other degenerative diseases, and so enable us to live well beyond the biblical three-score years and ten?

- In the 1920's Serge Voronoff transplanted monkey testicles into human subjects in an attempt to ward off ageing.

(Perel S. Valedictory Address to the Griqualand West Branch. SAMJ 2 May 1953; 27(18):379)

100 years ago: Doubts and Difficulties in Practice

Let me refer to another difficulty which often faces us, I mean extra-uterine foetation... Some two years ago I came across a woman whose whole complaint was vomiting and purging with some colicky pain. Ruptured extra-uterine foetation never crossed my mind, but the woman's pulse was abnormally quick, and made me wonder if there was more serious mischief than a catarrhal gastro-enteritis, so that I went early the next day to see her again, and then, finding her very ill, and pushing my investigations a little further, I guessed the true nature of her trouble, had her carried into hospital, and operated. We turned out pints of blood from her peritoneal cavity, tied and removed the bleeding tube, and she recovered, but it was certainly due more to good luck than to good guidance on my part that she did not die before my second visit. Severe vomiting with constipation should, and generally does, make us suspicious of some grave intra-abdominal lesion, but vomiting with diarrhoea is extremely misleading, and I have seen a post mortem prove the presence of a ruptured ectopic cyst never suspected during the brief illness of the patient.

(Watkins AH, Presidential address to the Griqualand West branch of the British Medical Association. South African Medical Record May 1903;1(3):37-8)*

- The SAMJ was published under the title South African Medical record from 1903 to 1926.