WAR TALK AS GOVERNMENT SHUNS DOCTORS

Clumsy health legislation, bloated and inept health administrations and the government's persistent 'stonewalling' of the South African Medical Association (SAMA) have culminated in SAMA joining Cosatu and taking an unprecedented militant stance.

Speaker after speaker at SAMA's 'Strategies for the survival of doctors' conference held in Gauteng in September slammed the government for abandoning doctors who formed 'the very backbone of health care delivery'.

Burgeoning patient loads and shrinking capacity were causing health care to 'implode'.

SAMA chair, Dr Kgosi Letlape, said the responsible cabinet ministers repeatedly ignored SAMA executives when they requested meetings to address the situation.

The Gauteng conference, described by Letlape as 'the first episode of rolling mass action', and attended by Cosatu General Secretary, Zwelinzima Vavi, heard talk of 'guerilla warfare' from long-established public sector physicians.

Professor Keith Bolton, newly elected chairman of SAMA's Public Sector Committee, said doctors needed to become politically astute and adopt guerilla warfare tactics.

'Highly publicised skirmishes' were needed to force the government to the bargaining table.

'The Afrikaners invented it and none of us in this room is foreign to it...we need to use our independent judiciary and fine constitution and lend our scientific weight like we did to the Treatment Action Campaign.'

Bolton was responding to the president of the World Medical Association, Dr James Appleyard's input on how successful working to rule and protest marches were in forcing European governments into granting decent public health sector pay increases.

One illustration of the government's growing defensiveness was Public Service and Administration Minister, Geraldine Fraser-Moleketi's withdrawal from the conference 2 days before it started.

In a letter that Letlape read to delegates, she said that because of current 'uncertainties' it would 'not be prudent' of her to address the forum.

She was loathe to 'pre-empt' both ongoing negotiations around the remuneration of public sector doctors and discussions on strategies to recruit and retain staff.

'It's a sad day in this country when a senior cabinet minister finds it a conflict of interests to speak to doctors,' he said.

Dr Mark Sonderup, a senior registrar in the MRC/UCT Liver Unit, expressed the shock and dismay of many of the 220 doctors attending.

'It's a sad day in this country when a senior cabinet minister finds it a conflict of interests to speak to doctors,' he said.

Professor Denise White, the former SAMA public sector chairperson who was elected SAMA vice-chairperson a day before the conference, described the most recent public health sector pay progression revisions as 'a huge backward step'.

She said there were now 16 levels within each salary group with promotion set at one notch per year.

This meant that a public sector doctor could 'sit for 16 years getting perhaps R500 to R1 000 extra each year'.

The revisions came on top of threats to slash commuted overtime, hostile administrations, an 'epidemic of soulless managers', gross exploitation of part-time and junior staff 'who work until they drop', and a dire lack of supervision or back-up.

In the Western Cape public sector where she had worked for 30 years, 'we quite frankly despise some of the people who are promoting this epidemic of managers'.

Country-wide, deteriorating working conditions and lack of essential equipment and medication at all levels of health care were forcing senior doctors to draw up emergency 'coping guidelines' to deal with critical staff shortages and legal threats.

Unsupported and unsupervised junior doctors in rural areas were running hospitals while contending with shocking living conditions and exhausting working hours.

Meanwhile the capacity for supervising and training registrars was declining rapidly with the shift to 'beef up' secondary and primary health care.

'We've not been able to convince those in government that this is a disaster for this country and its training,' added White.

She said the cumulative effect on doctors was low morale and apathy.

World Medical Association President, Dr James Appleyard, SAMA chairman, Dr Kgosi Letlape and Anglo's Clem Sunter.

'The apathy is the worst. If you keep depriving people, they eventually lose their fighting spirit. I can't even rally my colleagues at Groote Schuur anymore, they've gone into their shells — what kind of use are we to people as apathetic clinicians?' she asked.

White however expressed hope and excitement at the increased collective bargaining power in the new alliance between doctors, nurses and Cosatu.

Sonderup criticised private health care managers for labelling patients as 'risks' and doctors as 'providers', and said administration in the public health sector had become equally bloated.

There were 10 ministries of health, creating a huge bureaucracy that had lost half its beds in the past 7 years.

He cited the example of the budget for Groote Schuur/Red Cross and Tygerberg hospitals having been severely slashed in real terms since 1996 and said money seemed to be 'flowing down the pyramid but not reaching people'.

He said logic dictated that it was going to administration and bloating the bureaucracy.

Inviting delegates to join a SAMA protest march on parliament when it re-opened on 13 February next year, he said the only reason government agreed to a meeting with SAMA last year was because doctors had threatened to march.

He appealed to doctors to 'break down the artificial divide' between the public and private sector, saying government was treating a scarce resource (doctors) as 'expendable'.

Dr Johan Stegmann, Head of Treasury for the Western Cape, confirmed that in real terms there had been a 'definite reduction' since 1996, mainly due to the slashing of the national services tertiary grant and 'to a lesser extent' the central health professional training and development grant.

In nominal terms the reduction of these two conditional grants over the past 2 financial year's projected forward to the 2005/6 financial year, came to R260 million — but in real terms it would 'come to more'.

'In 1996/7 we had our largest fiscal deficit ever and from then on there were real reductions in allocations to health and education specifically,' Stegmann added.

This was because there had been a national policy decision to shift money away from the two best-off provinces, the Western Cape and Gauteng.

A Judasa member and Eastern Cape community service doctor, Timothy Berlyn, said 60% of the colleagues he knew would be emigrating and that the 'avalanche effect' of the resulting increased workload would account for a further 20%.

Dr Kgosi Letlape with his new-found ally, Cosatu General Secretary, Zwelinzima Vavi.

Appleyard revealed that because of European Union legislation, junior doctors in the United Kingdom had recently received a major boost for overtime work — yet another 'pull' incentive for locals.

Berlyn described the situation in the Eastern Cape as 'a never-ending cycle where posts are not filled and understaffing in primary and secondary level puts an increased burden on tertiary level care'.

Two years out of medical school, he was working as an obstetrics consultant, never having studied it, and putting in more than 100 hours a week at a clinic where earlier this year he and an erstwhile consultant were seeing an average of 130 patients a day.

The clinic was referring at least 10 caesarean sections a week.

His experience was that administrators took action only in a crisis and treated clinicians as 'worthless employees'.

'Health managers are dealers in hope and every decision they take colours the future with hope or despair,' he observed.

Appleyard said he was 'very moved and saddened' by the speakers.

At a recent international forum for insurance companies, it was shown that of all the factors that affected health outcomes, the number of physicians was the third most important (after water and education).

The only way to affect change in the cycle of poverty was through improved health care.

Factors influencing doctor morale included pay, career prospects, quality of management and job satisfaction.

'One can sometimes sacrifice poor pay for future prospects but if management is poor, money disappears into management and not into care in the field,' he added.

Lessons from behind the Iron Curtain were that the devaluing of physicians led to the 'erosion of all their innovation and attributes', and health care status then either became static or deteriorated.

According to World Health Organisation (WHO) figures, South Africa's health system ranked 175th in the world but 57th in terms of comparative health expenditure.

This was well behind Uganda, whose health system was ranked 149th in spite of its health expenditure being ranked 168th.

France boasted the world's top ranked health system (18th in health expenditure).

Letlape said that amendments to the Medicine and Related Substances Control Act as they currently stood would result in changes in drug dispensing that made health care

delivery to the poor and disadvantaged more expensive than it currently was.

Earlier Maureen Kirkman, head of scientific and regulatory affairs at the Pharmaceutical Manufacturers Association, warned that the impending amendments had already resulted in 'perverse but probably legal' new methods of marketing and selling drugs.

Among the methods that stood to negate the good intentions of the new law were retainer fees paid to doctors for 'information', payment for 'shelf space' in stores (and pharmacies), and payment of 'listing fees' to get products onto medical aid formularies.

Retailers were also threatening to treat medicines as 'consignment stocks'.

Kirkman confirmed Letlape's contention that drugs stood to cost more for the very people that the new law sought to help.

Chris Bateman

MOJI MOGARI — NEW BROOM AT SAMA

The plethora of problems confronting doctors in the current socio-political environment was a clarion call to mobilise into a single collective unit in order to survive and deliver vital health care to patients, says SAMA's new Secretary-General, Dr Moji Mogari.

Mogari, a graduate of Zululand, Cape Town and Medunsa with 8 years' experience in general medical practice, said however, that his first priority would be to 'stabilise' SAMA's administration and help staff 'to settle down' after 21 tumultuous months.

He was referring to the hiatus in top management since his predecessor, Dr Percy Mahlati, resigned in December 2001, leaving SAMA chairman, Dr Kgosi Letlape, and senior administrator, Braam Volschenk, running the organisation.

Mahlati, whose acrimonious parting with SAMA was marked by a forensic audit and mutual finger pointing within the executive, is now senior advisor in the office of the national Director-General of Health.

Mogari sees his own appointment as a healthy thing — 'to bring in a person who will focus on the business of the association'.

'For nearly 2 years SAMA has been very visibly and vociferously dealing with legislation, HIV/AIDS and the quality and conditions of employment of public sector doctors.'

'However we had a 35% staff turnover and membership plateaued out at 16 000.'

Mogari, whose background includes founding Philani Healthcare and merging it with Prime Cure, doubling monthly turnover in 14 months, believes doctors became disillusioned with SAMA for its lack of visibility, lack of transformation and internal politics. When Mahlati, who was prominent in apartheid-era medical politics, left SAMA, many senior black managers followed.

'And make no mistake, many black doctors left the association as well,' Mogari added.

SAMA's Secretary-General Dr Moji Mogari.

Mogari said Letlape's single biggest achievement had been 'to unify the association along colour lines' since then.

Letlape had succeeded in getting doctors to see the merit of continuing with a single unified medical association.

'I want to take that vision forward and ensure that the association plays a slightly more prominent role in the day-to-day business of being medical doctors,' Mogari said.

He said his outspoken ophthalmologist chairman had been circumstantially unable to pay adequate attention to the business of the association. Others who were not medically qualified could 'never run the medical association [as] doctors need a colleague', he said.

Letlape's lengthy period of playing a dual role as chairman and CEO was widely seen as undesirable by members.

If a feature of Letlape's chairmanship has been to play 'bad cop' to the government's recalcitrance around health issues, Mogari seems well set to play the 'good cop'.

'I tend to avoid unnecessary conflict — I try to get consensus wherever I can. My style of management is to deal with the most hostile people by being less hostile myself and bringing them closer. I believe in functioning as a team.'

Mogari wants to 'build and facilitate, despite our differences with the minister. I want to re-establish that link between the Medical Association and the Department of Health.'

Ironically one of the officials he will have to deal with most will be Percy Mahlati. Asked how he would cope with Letlape's combative style, Mogari said he would 'not give up — I've met the minister (Tshabalala-Msimang) and