



A voice from private practice

To the Editor: The advent of changes in legislation in 2003, particularly with regard to private practice and so-called perverse incentives, has resulted in substantial changes in the average private practitioner's relationship with the pharmaceutical industry. While the idea is noble with regard to perverse inducements, the practical applications of the above need to be reassessed one year later.

It is clear to me that much of this legislation was introduced by colleagues not in private practice, and unexpected consequences have occurred. The following are some points that need to be highlighted and revisited.

1. The advent of strict control over CPD meetings has resulted in practical problems, for example a doctor who works a 10-hour day (the average) must go to a meeting straight from work and be expected to listen to another 2 hours of instruction without food or light snacks. The reality of the situation is that by 21h00 you are starving. Alternatively you must bring along your own supper, which is clearly ridiculous. The direct consequences of the above are that the average colleague has not been attending these meetings as much as before.

2. The stress and strain of private practice is much higher than it was several years ago, which impacts severely on the GP's private life. The exclusion of one's partner from CPD events has resulted in increasing isolation of doctors and their families from their colleagues. Both doctor and partner are unable to vent or discuss their frustrations with one another. This must impact negatively on the doctor's private life.

3. The visit by the pharmaceutical representative has at times become embarrassing. Instead of learning and judging pharmaceutical representatives and their integrity with respect to their drugs, the role of the pharmaceutical representative has degenerated to a 'stop and drop' delivery service. The result of this is that the GP in practice is not as informed about new medications as previously, and there is a sense of increasing isolation especially among those of our colleagues in solo practices.

4. This increasing isolation and decreasing interaction among colleagues has led to doctors becoming insecure, unhappy and in the current climate, frankly desperate. The options available to the practitioner under such threats must include radical decisions such as emigration. This represents a severe impact on our profession and can no longer be ignored.

The purpose of this letter is to highlight to the authorities the crisis faced by desperate practitioners. The authorities should note that that family practitioners constitute the backbone of health care in this country, and if their will and integrity are battered any further the whole system will collapse.

I feel very strongly that only a small number of my colleagues are at fault with regard to dishonest practice, and

that it is a basic fault in disciplinary procedure to blame us as a group. The vast majority of us are honest, hardworking medical practitioners who really care about our patients, and we are being made to suffer accordingly.

The reality of practice today is that one can no longer afford to take time off for a medical conference as the costs involved and loss of income are prohibitive. This is reflected by poor attendance at local conferences, and by inference the lack of knowledge filtering through to the backbone of health care in this country. I urge those in authority to change their style away from one of blanket blame — rather find the individuals who are guilty and restore the moral fibre that our profession so richly deserves.

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What Islam does not need is a pope!

To the Editor: I refer to your editorial entitled 'What Islam needs is a pope' in the June *SAMJ*.¹

The 'largely unearned stigmatisation of Islam that is currently on the rise' has less to do with the absence of an 'authoritative voice' than with insidious Islam phobia. This is blatantly evident in the media coverage of world events. Christianity did not become the issue in the fiery disaster at Waco, Texas, or in the Oklahoma City bombing. Judaism did not feature in the case of Bernard Goldstein when he murdered 29 Palestinians at prayer in the Hebron mosque. Neither was Hinduism castigated when religious fanatics in India destroyed the Barbiri mosque. Yet the religion of 'perpetrators' becomes particularly important when they happen to be Muslim.

The 'horrific execution by decapitation' of an innocent American by hooded men yelling *Allahu Akbar* has raised more questions than answers as to who actually perpetrated this callous and barbaric execution. But now that it appears that the Americans themselves may have killed him there is a sudden chill of silence in the media. Is it fair to ask Muslims to condemn the murder when the entire incident is shrouded in such mystery?

Not surprisingly, since 11 September 2001 virtually every state confronting an insurgency or separatist movement has eagerly jumped on the 'war on terrorism' bandwagon, branding its domestic opponents as 'terrorists'. The 'war on terror' is the Trojan horse that has sanitised violence against innocent men, women and children; it has legitimised pre-emptive strikes, endorsed the callous treatment of 'prisoners' and sanctified blackmail and corruption. The 'war on terror' has given the green light to assassinations and has led to abandonment of the due process of law in favour of brute