



## FAR-FLUNG RURAL HEALTH TEAM LAUDED



A rural-born doctor providing primary health care in the face of seemingly overwhelming odds at Lusikisiki, one of the country's most populous and poverty-stricken rural districts, has been named Rural Doctor of the Year.

Namibian-born Dr Hermann Reuter (36) leads a team of 45 health care workers running 12 clinics within a 30 km radius of Lusikisiki, serving 150 000 people.

He was presented the award at the annual congress of the Rural Doctors of South Africa (Rudasa) in Thohoyandou last month after being nominated by the Treatment Action Campaign (TAC).

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The motivation came from Reuter's own patients and staff. In the 10 months since he arrived in Lusikisiki, he has built up an effective and virtually unequalled rural delivery system. He and fellow physician, Cameroonian Dr Chrys Foncha, each examine on average 60 patients a day as they shuttle between clinics and the central Médecins sans Frontières (MSF) 'village' clinic in Lusikisiki. Both are paid by MSF at Senior Medical Officer rates

(including the equivalent of a rural allowance).

Among their most noteworthy achievements is the setting up of voluntary counselling and testing (VCT), antiretroviral (ARV), and prevention of mother-to-child transmission (PMTCT) sites at all 12 clinics. Reuter has personally trained more than half their 39 nurses and five clinic volunteers in ARV dispensing, PMTCT and VCT, plus management of obstetric infections. He has helped set up clinic boards, district health committees and often unblocks critical drug supply lines.

Lusikisiki is rated the seventh poorest town in South Africa and the rural district is the most populous in the country, in spite of being in the remote north-eastern corner of the Eastern Cape.

With more than 170 people on ARVs at the time of writing (which the TAC says represents more than half of all patients on ARVs in the province), and short of 35 crucial nurses, Reuter is bemused by local health authorities. 'They have the money to pay for more nurses and ARVs but they don't seem to be able to spend it,' he told *Izindaba*.

The province accredits all his ARV sites, but in September Bisho told him it could not fill his order for ARV drugs for the 500 people MSF expected to be on their programme by October. The reason given was because this would 'cause a shortage at other sites'.

'We've had top central government officials saying the ARV roll-out is slow because people prefer herbal remedies, yet on the ground we experience a demand but get no drugs,' he observes wryly. The Eastern Cape government pays for the nurses and the viral load and CD4 tests while MSF continues to bankroll 80% of the treatment.

Also deeply puzzling to Reuter was that in Queenstown only 5 CD4 cell

counts were being allowed per week (at the time of writing), forcing him to devise fairly arbitrary patient selection criteria.

In the citation for the Pierre Jacques Rural Doctor of the Year Award, Reuter is described as having 'put tireless effort into the running of wellness clinics, enabling the provision of ARV treatment in one of the remotest areas of the country. This is achieved against all odds associated with poverty in the community, poor infrastructure and lack of adequate staffing. He has also educated the community and staff on critical issues pertaining to care of those infected with HIV'.

***Asked about his fierce commitment to rural practice, he replied disarmingly, 'I don't like surgery. I did anaesthetics but didn't want to operate much. Here I can avoid that and do what I like most — diagnosing, dispensing and training'.***

The central village clinic in Lusikisiki sees about 300 patients a day and the outlying clinics about 90 patients per day. The doctor duo work 12-hour shifts Monday to Thursday with Friday set aside for administration and training.

The Matie (Stellenbosch University)-trained Reuter helped set up the now world-famous MSF ARV clinic in Khayelitsha, Cape Town, after being involved in early ARV clinical trials at Tygerberg Hospital's paediatric ward.

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Nicknamed 'Themba' (Hope) by the



locals, Reuter chose not to attend the Rudasa congress as he had just returned from the international AIDS conference in Bangkok and felt it fairer that another colleague should benefit while he caught up on work.

'I only heard about winning after Noyise Kweza (a VCT counsellor colleague) had left for the congress so she accepted on my behalf,' he said.

His reaction to winning? 'I didn't know anybody had entered me, so I was surprised. I was also happy and felt that I'm just part of the team and I hope



they'll all feel proud. My phone hasn't stopped ringing with calls and SMSs, so

there seems to be quite a bit of publicity. This is good for anyone doing HIV work. I feel too few doctors are committed to get involved, so this is a boost for HIV doctors in a way.'

The Pierre Jacques Award is co-sponsored by Rudasa, the South African Academy of Family Practice/Primary Care and the South African Medical Association.

Heinemann publishers donated a set of primary clinical care manuals.

**Chris Bateman**

## The South African Medical Journal

### 100 years ago:

We have received a communication from a member of the legal profession, who asks whether something cannot be done to discipline members of our profession who are addicted to gross intemperance. He suggests that Resident Magistrates should be instructed to report, through the Colonial Secretary, to the Medical Council, with a view of having such men struck off the Register... We see no reason beyond that of maintaining the credit of the profession, and that of securing the sober members of the profession from unworthy competition, why the Medical Council should interfere. The public has no claim upon the Medical Council for protection. It is perfectly able to protect itself if it will. Formerly, when medical practitioners were few and far between the public often had to take any medical man they could get. Nowadays, except perhaps in some of the remotest districts of the Transvaal and Rhodesia, there is no one who has not the choice of two or three medical practitioners within a perfectly reasonable distance. If one of these is a drunkard, the fact is certainly well known to the laity, and if a man likes to call him in preference to a sober medical attendant, the man has only himself to blame. As a matter of fact, unless a medical man is hopelessly incapacitated from going to a case, too many of the public actually prefer the drunkard. For some occult reason, the many headed always assumes that intemperance connotes 'cleverness', and one assumes that the fact of a doctor having to be lifted out of his cart is *prima facie* proof of his being specially qualified to cure a patient.

### 50 years ago: Excerpt from Dr R Lane Forsyth's valedictory address to the Cape Western Branch, 29 January 1954

Develop method in your lives so that you will be able to accomplish more in a day and have time to dawdle by the wayside and enjoy the companionship of your patient and your colleagues. Develop a philosophy early in life - decide, if you can, the standard of living to which you aspire and live well below it; in this way you will avoid temptation... Think about linking up with your colleagues and working in arrangement or partnership... partners will find time for meditation, culture, exercise and hobbies. They will experience the joys of friendship within the profession; and life has no pleasure higher or nobler than friendship. The only disease that can kill successful partnership is the malady of idleness, out of which grows doubt, suspicion and jealousy... Partnerships grow and flourish with mutual understanding and magnanimity, especially in moments of stress when there are changes of fortune or conflict of opinion. I would recommend that you read regularly of the wisdom contained in the writings of Sir William Osler. His words will be a light in the wilderness to guide your feet... I wish you all and individually full days, and much work to keep you busy, and the strength to carry the anxiety that goes with it; courage to fight and overcome your doubts and fears; at the end of the day a bed made soft with the poppies of delicious rest... and finally a happy home where you are loved and trusted, where great things are expected of you, and where they think you are grand even when you have almost lost faith in yourselves.