



Universitas Academic Health Complex: National asset or provincial liability?

To the Editor: The need for a medical school in Bloemfontein was recognised almost 40 years ago. The Faculty of Health Sciences (FHS) at the University of the Free State was launched in 1971 and has served the Free State (FS) and its neighbouring regions well. It has contributed some 4 000 medical doctors, 400 medical specialists, and numerous professional nurses and allied health care professionals to the South African health care workforce. Despite its relatively small size, it has contributed significantly to medical research in South Africa. The oncology outreach programme initiated by the late Professor J D (Andy) Anderson when the FHS was founded, paved the way for similar initiatives that are still in place. Funding to establish the FHS, to foster its growth and development and to ensure its continued existence, has never been easy. The uncompromising commitment of the FS Department of Health in the past was decisive in recognising and managing this faculty as a national asset. We firmly believe that a vibrant and flourishing FHS is fundamental to a successful and encompassing regional health care system.

Today, the future of Universitas Academic Health Complex (UAHC), which now includes Universitas, Pelonomi and part of National Hospital as the training platform of the FHS, is at a crossroads. The three-level health care system introduced after 1994 radically reshaped tertiary health care in the FS, including the academic health care complex. Some changes were unique and beneficial to the UAHC; for example, the introduction of one of the first public-private partnerships (PPP) in health care in South Africa, and remunerative work outside the public sector for medical specialists. These measures contributed to the retention of academic staff with scarce skills and provided some of the scarce but essential infrastructure, e.g cardiac electrophysiology, gastro-enterology and radiology.

Some changes, however, were artificial and detrimental to the UAHC. The forced separation of primary, tertiary and secondary health care services resulted in the downgrading and downsizing of Pelonomi Hospital to a 'level 2 plus' hospital. A serious error in judgement was the separation of the once unitary staff establishment of the academic hospitals to create an own-staff establishment for Pelonomi Hospital, with the noble intention of creating a smaller facility with its own ethos. Just the opposite was achieved, namely a continuous struggle to attract specialists to a hospital where the working conditions are demoralising and with few career path opportunities. The disintegrating PHC services in the FS, where patients at some clinics have no access to essential medication for months, are also the same services that do not refer patients appropriately. The result is that terminally ill patients often beyond help end up in level 2 hospitals, and UAHC struggles to find suitable patients for training and

assessment purposes. Pelonomi Hospital's re-accreditation as a postgraduate teaching facility remains outstanding 10 months after the HPCSA's accreditation visit.

The most critical ingredient of any successful FHS is its human resources. A properly and continuously funded essential staff establishment is crucial. It takes years of hard work and dedication to establish and develop a successful clinical unit in any discipline. It can, however, be demolished in a wink. Growing your own timber applies in our case, since Bloemfontein has no shores or mountains to attract and retain academics. But vacant posts are automatically frozen when vacated and long-term planning is impossible. The present rate of vacant medical specialist posts in the FS is 33.6% compared with the national vacancy rate of 29.9%. The picture deteriorates significantly if the 53.4% vacancy rate of medical specialist posts in the Northern Cape (a referral area to the FS) is included in the equation. No systematic long-term policy regarding replacement of dated and failing equipment has been forthcoming. In some areas of UAHC, the practice of medicine has become close to unsafe. Managing an academic department in UAHC is now a nightmare, and it has functioned in crisis mode for the past 10 years.

These changes and the systematic and continuous underfunding of the UAHC over the past decade have steadily increased tension between top management of the FS Department of Health and academic departments. The per capita real annual growth from the 2002/2003 to 2008/2009 financial years for the FS was 2.8%, compared with a total average of 4.5% for the whole country. It is sad that the academic staff of UAHC conclude that UAHC is no longer regarded as a national asset but a provincial liability. The School of Medicine of the FHS makes an earnest plea to the government once again to recognise our academic health complex as a national asset, and to fund it accordingly before it is too late.¹

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1. A Position Statement by the School of Medicine. <http://www.uovs.ac.za/news/newsarticle.php?NewsID=1351> (accessed 9 June 2009).

'A jaw for a tooth' – a biased report

To the Editor: I take the strongest exception to your unashamed political diatribe against Israel.¹

The *SAMJ* is NOT a forum for political articles masquerading under the guise of humanitarian medical concern. You could have found more truthful and pertinent examples closer to home.



However, I note that you adopted statements from Jimmy Carter and Larry King as definitive comment regarding Israel's culpability. You also use extreme leftist group opinion in Israel to support your argument. Your report is unbalanced and one-sided, totally lacking factual information on what took place on the ground, and has nothing to do with the practice of medicine. You are clearly unaware of all the many serious cases of Arab children and adults from Gaza who receive First-World medical treatment (free) in Israeli hospitals. You are also unaware of the published facts regarding the so-called 'civilian' casualties in Gaza, which WOULD give a very different slant to your one-sided Israel-bashing exercise. I suggest you do more research and get your facts straight.

I feel very strongly that you have stepped outside your bounds as a medical journal editor, and a written apology in the SAMJ would be appropriate.

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1. Ncayiyana DJ. A jaw for a tooth – the human rights cost of the Gaza invasion. *S Afr Med J* 2009; 99: 125.

At the heart of healing: Nursing

To the Editor: The book *At the Heart of Healing: Grootte Schuur Hospital 1938-2008*¹ is well researched, interesting and informative. However, Chapter 7 on nursing is an exception; it was not adequately researched, and the writers display a lack of knowledge of nursing, resulting in an unacceptably high incidence of errors, in turn casting doubt on the accuracy of the whole work. Most seriously, the commissioning of the 'new' hospital has been omitted from this chapter.

Before commencement of the commissioning, and over the period 1981 - 1986, the 2 699 nurses were joined by other categories of staff for training in preparation for the work. All were trained in our section: Nursing Personnel Development and Organisation Development (NPD & OD), where they attended the Induction and Orientation (I & O) courses that we had designed, selecting courses relevant to their needs, to fit them for the detailed work of commissioning, and then working in, the new hospital.

Staff in the Division of Nursing made a major contribution to the planning and commissioning of the new hospital. They bore great responsibility during the commissioning – competently, and with outstanding teamwork and dedication.

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1. Folb P. At the heart of healing: Grootte Schuur Hospital 1938-2008. *S Afr Med J* 2009; 99: 156-157 (book review).

Professor Anne Digby replies: I note the criticisms made by June du Preez of the chapter on nursing in *At the Heart of Healing: Grootte Schuur Hospital 1938-2008*. I will confine myself to what June du Preez states is the most serious omission in the chapter – the nurses' role in commissioning the hospital. On page 188 of my chapter is a discussion of the important contribution that nurses made to the commissioning process. In addition, in an earlier chapter on the general development of the hospital, I documented Chief Matron du Preez's leadership of the nursing division in the move from the old to the new hospital (page 75).