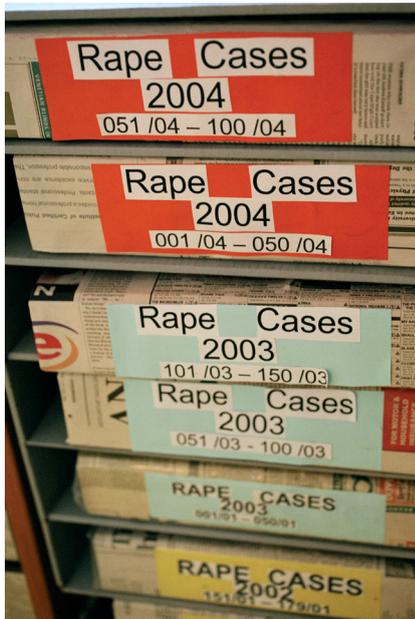




BUNGLE LEADS TO VITAL WORLD-CLASS SERVICE



One hospital group's assertive response to their bungled treatment of a raped journalist 6 years ago led to it receiving the private hospital industry's top award for excellence last year.

Netcare received the accolade for establishing 22 Sexual Assault Centres that have, since 2000, rendered top-grade multi-faceted treatment to 3 200 sexual assault survivors in the country's main metropolitan centres, leading the way for other health care institutions.

South Africa has one of the highest rape statistics in the world (118.3 for every 100 000 people in 2005), with the Centre for Violence and Reconciliation calculating there to be a rape every 83 seconds, with 1 in 10 rapists HIV positive. In 2005 alone, 22 000 children were raped (Child Accident Prevention Foundation of South Africa report).

Netcare's first centre was established in direct response to the ordeal undergone by journalist Charlene Smith, now an internationally recognised activist and expert on sexual violence and post-exposure prophylaxis. Smith was dismally managed at two hospitals after being raped and stabbed in her home.

Netcare's CEO, Dr Richard Friedland, promised her this would never again happen to a patient in any of his hospitals and set about making good on his word. The success story was described by Netcare's national trauma co-ordinator, Mande Toubkin, as 'a classic example of what can be done if you have people at the top who believe in what you are trying to do'.

Leaving their 'safety zones'

Toubkin described the award as 'a testament to the doctors and nurses who never knew how to see or treat rape victims and didn't particularly want to, but followed their hearts with time and energy'.

Both Toubkin and Smith are passionate about addressing the 'deplorable' treatment of rape survivors in this country, citing a 2002 Medical Research Council study into conditions for rape survivors in Gauteng. Two of the MRC's surveyors were so traumatised by witnessing the treatment of sexual survivors by police and medical and court personnel that they had to go for counselling themselves.

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The MRC report found that '26 % of doctors and nurses who treated rape cases didn't think them a serious medical problem'. Toubkin says this was in spite of rape carrying the risk of sexually transmitted diseases including HIV, a range of other infections, pregnancy and long-term psychological scarring.

Doctors cautioned

Advocate Kurt Worrall, CEO of the Hospital Association of South Africa (HASA), which represents 95% of private hospitals and made the awards last November, said that any refusal to render services for a survivor of sexual assault was illegal. 'Rape constitutes an emergency and no one may be refused emergency medical treatment as this is in violation of the National Health Act and the Mental Health Act,' he warned.

The average conviction rate at present stands at just over 7%.

Netcare's 'social responsibility' (patients unable to pay) spend on sexual assault services for 2005 and 2006 came to R901 000.

Toubkin said plans were afoot to expand the formalised rape management system (located with Netcare's hospital emergency departments) from 22 to all 36 member hospitals. She said doctors could no longer afford to 'ignore the situation and say they're not trained'.

'Doctors out there are refusing or avoiding seeing rape survivors because they don't want to be inconvenienced by going to court. It's up to them to make sure they know what to do and how to treat or face the consequences,' she warned.

The collective societal trauma of sexual violence in South Africa is huge. SAPS statistics reveal 42 926 rape and 9 805 indecent assault cases reported during 2005/6. Multiply this by nine (Rape Crisis and numerous groups dedicated to protecting women from violence concur that about one in nine rapes are reported) and you get some idea of the scourge.

The support and counselling groups also agree that 60% of criminal cases are withdrawn at the request of the rape



survivor. Police rape statistics do not include men and individuals raped with an object. The average conviction rate at present stands at just over 7%.

Chantel Cooper of Rape Crisis in Cape Town said medical officers needed to ensure that the survivor was 'believed and not judged. This will go a long way to reduce secondary trauma,' she said.

Catching more rapists

Taubkin said Netcare's sexual assault centres had developed excellent relationships with police by helping with forensic examination, evidence preservation and providing solid support for survivors while encouraging them to lay charges.

'We're reporting and catching more perpetrators and that's a good outcome,'

she added. The centres also document and treat injuries, evaluate for STDs (plus prevention), assess pregnancy risk (plus prevention) and provide psychological support and follow-up for a full year. Of patients treated so far, 94.2% were female and 5.8% male, while 78.4% had no medical insurance.

The clumsily handled and long-awaited Sexual Offences Bill was referred back to the National Assembly's justice committee on the last day of parliament last year because of 'amateurish and unprofessional' legal advice by the State Attorney's office. It broadens the definition of rape to include all forms of sexual penetration without consent and criminalises all forms of sexual abuse, including 'flashing', and targets those who gain from sexual exploitation.

The bill, which has been 12 years in the drafting, extends across the country's borders and gives local authorities powers to prosecute South Africans involved in sex crimes in other countries while also addressing sexual trafficking. Taubkin said: 'The day I see the legislation in my hand that classifies any sort of sexually deviant behaviour as rape, I will eat my statistical page'.

South Africa is the world's only country where paediatric rape is a societal phenomenon.

- Handy website: www.Speakout.co.za (best done by entering 'speakout' on Google) and Netcare's national trauma co-ordinator, Mande Toubkin at 082 8207914.

Chris Bateman

DISCOVERY CONTESTS 'UNSAVOURY' FINDINGS

More than 80% of specialists interviewed in a survey commissioned by the South African Ear Nose and Throat Society believe Discovery Health has alienated itself from the profession while 90% believe it should not refer to restricted networks.

According to Johannesburg-based ENT surgeon and President of the society, Chris Joseph, the study was undertaken to question Discovery's claims 'for a couple of years now', that it had an 'excellent' relationship with the profession and that things were 'going very well'.

The ENT move follows the much-debated incentive schemes such as the Hospital Rating Index, the Premier Rate Arrangement and the Paediatric Governance Project introduced by Discovery last year.

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Joseph said that while his society had 'a fairly good relationship' and met often with Discovery 'to try and sort out problems', it firmly believed more facts were needed to balance the medical aid giant's 'marketing' tactics.

The ENT-commissioned survey was circulated to 'a few thousand' specialists across the country in March and April last year, harvesting 411 full responses. More than 80% perceived a lack of transparency by Discovery and felt it should withdraw its computerised hospital rating index system while contending that balanced billing was 'important' (55% said 'extremely important'). A full 55% were dissatisfied with Discovery's services (24% 'extremely') while 40% believed its administrative services were poor (17% 'extremely' so, 35% 'average', 21% 'good' and 4% 'excellent').

Last year Discovery was easily the highest profile medical aid company in market innovation and public relations and/or philanthropic moves. These included pumping over R100 million