process. Before 1996, for example, the advanced diploma midwives and obstetric doctor team in KZN rural hospitals had full authority to evaluate the care given to mothers in all clinics in their district, provide in-service education to correct defects, improve management protocols, and provide full feed-back on all referrals. After 1996, however, that integrated relational structure was replaced with a complete dichotomy in the vast majority of districts in the province. It has subsequently become difficult to make any impression on district care from the hospital level. And the district midwifery service has too often been administered by cadre deployments, who have little passion or skill for their jobs. This is yet another example of the disempowerment of clinicians as a result of burgeoning bureaucracy that has diminished the primacy of excellence in clinical care in the decision-making process of the whole organisation – simply because bureaucrats are not at the coalface of care, and have none of its sense of urgency. This change has slowly crept up on us since the 1980s.

The great majority of midwives who are passionate about their job are passionate about the rights of the fetus. Therefore, in planning improvements in the service, it is important that they are not pressured in any way to be involved in TOPs.

South Africa has superb in-service training manuals for midwifery and neonatal care. Training is desperately needed by the majority of SRNs who did the new integrated course to deliver a high standard of care. We fall down on the implementation of that training in our hospitals. Our experience in KZN hospitals has been that advanced diploma midwives were the best persons to administer those courses. However, they are generally soon lost to the system because they are excellent personnel and, until recently, there has been no career path for them, so they become managers instead.

Training programmes for advanced diploma midwives should therefore be given more prominence, and distance training programmes resurrected. Careful consideration should also be given to dislocating the training of midwives from the overburdened integrated nursing training, and again making it a hands-on, full-year diploma course.

J V Larsen
Private Bag X010
Howick 3290
jon.larsen@iuncapped.co.za

'Off-key' note speakers

To the Editor: Isn't it disconcerting what some international keynote speakers demand in terms of remuneration, first-class travel and luxury accommodation, whether visiting rich or developing countries? I have just discovered why this may be not just deserved but necessary, as it results in local organisers anxiously awaiting the arrival of keynote speakers at the airport.

I am apparently an 'off-key' note speaker. As a paediatric radiologist working with TB, I was recently invited to talk to paediatricians at an international paediatric congress in South Africa. Excited by the prospect of bringing clinical colleagues up to date on advancements in paediatric radiology and the progress in computer-aided diagnosis of TB in children, I prepared two presentations that I hoped would be informative and entertaining, and deliver a powerful message to a clinical audience. I gave up the long weekend, booked my own flights, thoughtfully opted out of the hotel booking in favour of a friend's couch, and got myself to the congress facility by train and foot.

If I had charged a fortune, someone from the organising committee would surely have bothered to inform me that my session had been changed to the morning, and I would not have been an embarrassing 'no-show'.

So, ironically, the lesson is to talk only to your own specialty, charge a fortune, cost a fortune, accept any and all offers of travel and accommodation, and make the organisers fret about your arrival. If I'd done all that, I might have been considered 'keynote' and not have to resort to ranting here 'off-key'.

Savvas Andronikou
Department of Radiology
University of the Witwatersrand
Johannesburg
docsav@mweb.co.za