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A swannish song?

The phrase 'swan song' refers to a belief dating from ancient Greece that the swan is completely silent during its lifetime until the moment just before death, when it sings one beautiful song. This incorrect belief has been frequently reiterated in poetry and art. 'Swan song' is generally used as a metaphorical phrase for a final gesture, effort or performance given just before death or retirement.¹ As my role in the *SAMJ* draws to a close, it seems appropriate to provide a 'swannish' song as it is possible that I and my editor colleague, Dan Ncayiyana, may in future still figure on these pages, though in much lesser roles. But firstly I (we) wish our successor, the new editor, all of the best for the future in this role!

During my role as managing editor, there have been vast changes in the area of print and other forms of communication. Print was predicted to decline in favour of the electronic media, and indeed many publications and major booksellers have gone out of business. Our journals are all accessible online via their respective websites, and we are in the process of rolling them out for readers on the much more user-friendly tablet devices. With the vast increase in the numbers of specialist journals and other competing publications, and a reducing size of the traditional advertising cake, we, like similar journals all over the world, have had to explore new ways of surviving. The business of publishing, whether this is via print and/or electronic media, can conflict with the demands of the academic needs to publish in good quality journals – and editors experience pressures from both sides.

My editorial role and former roles as Dean of the UCT Faculty of Health Sciences, involvement in medical education (including the World Federation for Medical Education task force that developed the Global Standards for Medical Education), and medical politics (via the Health Professions Council and SAMA, most recently as president), have allowed me privileged views of the broader issues of medicine and of medical practice.

Three events illustrate some lessons learnt. Firstly, my first experience of being part of a delegation of the Medical Association of South Africa (MASA) to the then Minister of Health, Dr van der Merwe, to argue against the fragmentation of health services, including the new 'homelands': He stated that this was politics, which was his business, and that we should stick to ours, which was medicine. From this I learned the importance of political engagement. Secondly, the Biko affair caused the *SAMJ* and MASA to lose considerable credibility because leaders in MASA refused the editor permission to publish some letters on the topic in the journal. The lessons of the importance of editorial independence and of access to information have relevance today. Thirdly, the Treatment Action Campaign (TAC), led by Zackie Achmat, put organised medicine to shame by taking the fight to the government on its denialist stance to HIV/AIDS at that time. The South African Medical Association (SAMA) was in comparison initially timid in confronting government on such issues.

SAMA has a widely varying membership regarding gender, age, ethnicity, religious beliefs, political allegiances and whether they practise in the public or private sectors. Small wonder, then, that splinter interest groups hive off from time to time. However, the overarching lessons here for South African doctors and SAMA in particular are that wherever dual loyalty may be an issue (e.g. to the employer/State or the profession), the approach of the profession should always trump the former as it should be based on the best interests of the patients, and not political expediency.

As a professional association, SAMA must firstly see to the needs of its members. However, its stated objectives also include 'promote medical education, research and academic excellence; encourage involvement in health promotion and education; and to influence the health care environment to meet the needs and expectations of the community by promoting improvements to health reform policy and legislation'. Three committees are tasked with these: Education, science and technology; Human rights, law and ethics; and Health policy. These committees wade through general and mundane matters that must be dealt with. However, it is difficult to envisage how, for instance, the education committee can provide much clout, given the presence of much more powerful influences such as the medical deans committee, education committees of the HPCSA, the South African Association of Health Educationalists (SAAHE) and SAMA's own respected medical journals.

How about SAMA taking on one or more of South Africa's major health issues? An intense focus such as that of the TAC in their HIV/AIDS battles, aligned with experts in the field, could enable SAMA with its medical muscle to achieve large-scale improvements to the health of South Africans. Such issues could include the 'diabesity' epidemic, considering and acting on the decriminalisation of drugs, and practice issues such as the overuse of antibiotics. Such initiatives could also be a powerful unifying force for the organisation.

It has been a unique privilege to have worked with outstanding colleagues – editors, authors and reviewers, from academic hospitals, smaller hospitals and private practices, and to have shared their experiences and expertise through the journals. Our great editorial team and publishing partner have ensured constant improvement in our products. I thank them all for the enriching experience, and also our readers who kept us on our toes. Till the next song!

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1. http://en.wikipedia.org/wiki/Swan_song (accessed 10 August 2012).

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