



SAMA Benevolent Fund survival threatened

To the Editor: I am the chairperson of the South African Medical Association's Benevolent Fund, which financially supports doctors and the immediate dependants of deceased doctors. The fund also financially supports a number of medical students from first to fourth year by way of an annual bursary.

The fund originally started as an initiative of doctors and was traditionally funded by donations from doctors who received free medical treatment from a colleague, and in return made a donation to the Benevolent Fund.

With the introduction of medical insurance this gracious custom is disappearing, while there are still colleagues and immediate families of deceased colleagues in dire need of financial support. As a result the dwindling donations are threatening the long-term survival of the fund, and will ultimately leave such families financially destitute.

Currently 29 families and 24 students receive financial support and bursaries respectively from the fund. This is a proud heritage that we would like to sustain.

Should you be aware of a colleague in need, or the immediate dependants of a deceased colleague in urgent need of assistance, applications for support can be made through the local SAMA branches. A list of the branches can be obtained from <http://www.samedical.org/page.asp?pageid=2>

I would like to bring the activities of this fund to the attention of the doctors of South Africa, and make an appeal for their continued support of this worthy cause. More information on the Fund may be obtained from www.samedical.org or by contacting 012 481-2071.

Milton Raff

Chairperson: SAMA Benevolent Fund Management Committee

Medical aid interference

To the Editor: As a neurosurgeon of over 20 years' standing, I write about the iniquitous and restrictive practice of medical aids, which is having an unbearable impact on all practitioners. The sad fact is that I spend most of my days doing motivations. I motivate why I treat patients, and why I admit them to hospital. I justify why they are kept in ICU or high care, why they are kept in hospital for 3, 4 or 5 days instead of 2 days, why I do certain procedures, and why I use certain medications and drugs. I motivate for nearly everything, or spend hours on the telephone explaining to (relatively) uneducated people, i.e. persons who are either nurse practitioners or medical practitioners, but who haven't a hope of understanding and/or keeping up with my specialty. They don't understand procedures and

operations and base most of the decisions concerning our motivations on what they have read from books, so-called 'evidence-based' medicine, but never from first-hand experience.

I was prompted to write this letter because of a patient who was due for procedures. The latter was told by the medical aid that they had cancelled the procedure until the patient obtained a second opinion. This is an iniquitous, disgusting and vile practice, totally unethical, which speaks volumes for the medical aid's contempt for the treating doctor, and indeed for the patient himself.

Patients may request a second opinion, which is their right. A doctor may request a second opinion for his/her patient, but the medical aid has no place sending people for second opinions, just as they have no place in making clinical decisions about how long patients must be in hospital or the ICU, in the treatment setting for procedures, etc. These are clinical decisions that are the responsibility of experts and scientists, and have nothing to do with the medical aids, whose motivation is, unfortunately, money and greed.

When there is a problem or controversy, medical aid decisions come down heavily on the side of saving money each and every time.

The medical aids have no place in clinical practice and/or telling practitioners what to do. If they have a problem with finances and economics they should clearly state this, i.e. that the specified patient or medical aid cannot afford such a procedure. But instead they try to decide whether there is good evidence or appropriateness in terms of the treatment that the doctor wishes to administer. They thus make the problem a medical and scientific one. The doctor is forced to defend himself and his practice, and his opinions and decisions, to the medical aid and even more importantly, to the patient, who begins to look askance at the doctor as he tries vainly to struggle through the medical aid red-tape and prohibitions.

The fact that there is managed health care in the USA and other parts of the world has nothing to do with South Africa. The Americans make mistakes, and South Africans don't have to repeat these.

Doctors and practitioners should resist these medical aids with all their might. We should not co-operate with managed health care or with medical aids that send patients for second opinions, and we should refuse to give these second opinions or to write motivations. We should stand up for our integrity as professional practitioners and not allow the implosion and deterioration of our practices and professional standing to continue.

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