Letters to the Editor

We welcome any brief comments on articles published in the Journal or other information of interest to readers. Letters selected for publication that comment on published articles will be forwarded to the original authors of those articles. Final approval of letters to be published remains with the Editor. Please note that only letters of 300 words or less will be considered for publication. Please send your letter to: pjtdv@sun.ac.za or P.O. Box 19063, Tygerberg, 7505

Thys van Mollendorff: The freedom to put patients first

To the Editor: RuDASA is delighted about the outcome of Dr Thys von Mollendorff's hearing, but saddened by the long time it took for justice to finally prevail. Dr von Mollendorff, the RuDASA Rural Doctor of the year in 2002, has been vindicated in his drawn-out battle with the Mpumalanga Department of Health. Thys was fired because he chose to be medically correct, not politically expedient.

What were his supposed sins? He was fired as superintendent of the Rob Ferreira Hospital in Nelspruit in February 2002 year because he had allowed the Greater Nelspruit Rape Intervention Project to use a room in the hospital. The fact that such an action is completely in line with the National Department's own policies on co-operation with NGO's such as GRIP seemed not to sway the Mpumalanga Department and an internal hearing found him guilty of gross insubordination.

Finally, in March 2003, his challenge was heard before the Public Service Health Sectoral Bargaining Council in an arbitration hearing. Thys won. The Mpumalanga Health Department had to withdraw all charges and agree to pay compensation and his legal costs. Compensation would include a year's remuneration as well as the pension benefits he had lost. The finding by the health department that he was guilty of insubordination was also declared null and void.

Sadly Thys decided against being reinstated as superintendent, saying that he wants to do his best for his patients without having to continually worry about being charged for something. RuDASA is very pleased with the ruling in his favour and we understand his consequent decision, but we have to be saddened by the loss of his services to the public health care sector caused by the intransigence of the Mpumalanga Department of Health. With the shortage of senior doctors to teach and assist junior doctors in rural hospitals, the public sector can ill afford to lose someone with his experience. We know, however, that Thys will continue to work as a rural doctor, albeit in the private sector, and wish him all the best.

Sadly, the von Mollendorff case is not unique. Intimidation of health workers by top provincial health management still influences the care that should be offered to patients. This may lead to the loss of further experienced personnel for it does not encourage doctors to remain in the public service.

We call therefore on the Mpumalanga Department of Health to take active steps to address the low morale of its rural doctors caused by its action against Von Mollendorff. We also call on them to show support of and commitment to the few remaining experienced senior doctors in rural hospitals who battle on despite enormous difficulties.

Simply put: Health workers are happier in an environment where they have the freedom to put their patients first.

Elma de Vries
RuDASA Chairperson

Circumcision complications at St Elizabeth Hospital, Lusikisiki, Eastern Cape.

To the Editor: Traditional circumcision has been seen as a compulsory stage for Xhosa, Pondo, Venda and Northern Sotho speaking boys to undergo transition from boyhood to manhood. The aim of this study was to describe the patients admitted to St Elizabeth Hospital after traditional circumcision: their demographic profile, complications, type of care and outcomes. The catchment areas for St Elizabeth Hospital include Lusikisiki, Bambisana and Flagstaff. Permission to conduct the study was obtained from the Medical Superintendent of the hospital, and the Ethics Committee, Faculty of Health Sciences, UFS.

The study population consisted of all patients who were admitted to St Elizabeth Hospital, Lusisiki, with post traditional circumcision complications during the period 1996-1999. The numbers included per year were: 1996 - 36, 1997 - 4, 1998 - 52 and 1999 - 7. All information was extracted from the patient files by the first author. Due to the poor hospital record system some files could not be found and some information was missing from the files.

The median age of the patients was 18 years with a range of 13 to 29 years. The majority (70.7%) came from Lusikisiki, and 17.2% from Flagstaff. The majority (91.9%) were students with the remainder being unemployed. More than two thirds of the circumcisions were done during June (68.7%) and 24.2% during November. Approximately two thirds (67.7%) were admitted in the first month after the circumcision, 17.2% within a few days, 14.1% within the second month, and 1% admitted in the sixth month after the circumcision. The majority (96.0%) had septic circumcision wounds (probably due to unsterile conditions), 51.1% developed septicaemia, 41.4% had more than one complication, and 17.2% had avascular necrosis of glans penis. Small percentages had dehydration (4%) or developed septic shock (1%). No initiate presented with haemorrhage or anaemia. Only 1% received out-patient care. A quarter (25.3%) had plastic surgery. The majority (87.9%) were discharged to go home, 6.1% were referred to hospitals with intensive care units and 6.1% died.

Appropriate health education aimed at the traditional surgeons and attendants, the initiates as well as health workers and the community at large would alleviate the morbidity and mortality associated with traditional circumcisions.

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