

INTERVIEW

with Dr Nkosazana Zuma



Driving away from the Minister's office in Cape Town, I said to myself: "This warm woman is fully aware of the magnitude of her task and has the positive attitude that is likely to make a difference."

FEHRSEN: Minister, can you tell us how it came about that you entered medicine as a career?

ZUMA: From a very young age I wanted to be a lawyer. I had visions of studying at Roma in Lesotho and going on to Edinburgh. Perhaps it was more the dreaming of those far way places than law itself that attracted me. I did like debating a lot though. However, my father, a

school teacher, had other ideas for a girl who wanted to be a lawyer. He thought that society was too backward to accept women lawyers and eventually convinced me to study medicine. We were living at Pholela at that time and I was able to observe the social and medical services at first hand and started to take an interest in medicine.

FEHRSEN: I understand you studied in Natal and completed at Bristol. How was that experience for you?

ZUMA: I attended the Natal medical school up to the 5th year and then went to the UK. Sir Bill Hoffenberg, exiled in the UK, took me into his care and assessed my level of training for a while. He then persuaded the authorities to waive the rules and let me complete my studies with only one more year at the University of Bristol Medical School. Normally one needs to do at least half of your studies at a university to obtain a degree at that university.

FEHRSEN: I see from your CV that you worked in Bristol as an intern at the Frenchay Hospital and then did a further year at the Canadian Red Cross Memorial Hospital in Berkshire. Also you must have experienced British general practice as a patient. What ideas and experiences do you bring with you to our situation here in South Africa?

ZUMA: There are lots of good points. One of them is that patients register with a particular doctor. This makes continuity of care possible. In South Africa there is an unacceptable level of doctor-hopping. People go to several doctors even for the same illness. This creates problems for the doctor and the patient. It means that the doctor is seeing mostly first visits and that they cannot relate as people over time who know one another's context. Therefore, you find it difficult to have the same quality of relationship with someone if you are unsure if you will see that person again.

When I compare my experiences in the training situation some things also strike me. In Bristol, the social history

of the patient was taken seriously and we were encouraged, as junior doctors, to make contact with relatives. This information and contact was part of clinical duties and not considered to be a secondary kind of information or task to fulfil. There was also a good system of follow-up with adequate letters going to GPs and intersectoral co-operation. I got used to a definite team spirit which I miss here.

I found that the nurses there, on the whole, were more compassionate than is my experience here.

FEHRSEN: You seem to feel strongly about this caring business. Can you elaborate?

ZUMA: I'll tell you about my own experience. One evening I took my child to a district hospital. This was soon after my return to South Africa in 1991. I was concerned that if my child was not attended to, things might get bad during the night.



A nurse came up to me and I gave my story, like any ordinary person without identifying myself as a doctor. She said that I could have waited for Monday. I was lucky though because there was a very ill child in casualty for whom she was calling the doctor. This other 9 month old child was very ill. The mother was in tears

and the baby terminal. I heard the nurse scold her for going to the traditional healer and coming to the hospital when it was too late.

"Nurse, what do you want from us?" I asked, "You scold her for coming too late, and me for coming too early. Next time I will come too late and she will come too early." She replied, "Why are you asking, are you a nurse?" "No," I said, "I'm a mother." Eventually I identified myself as a doctor and she became very embarrassed.

Doctors are similar. In the UK patients were included in the discussions on the ward rounds but here, my experience is that someone will whisper: "This one understands English" and all will move on and talk about the patient somewhere else.

I feel we need to do something about the level of caring in our health care system here in South Africa.

FEHRSEN: You worked in Swaziland from 1980 to 1985. What do you bring from there to your present view of medicine?

ZUMA: They have an Institute run by Americans and Swedes that gives further training to nurses.

The service relies a lot on these nurses and they act, to a large extent, like medical assistants in other African countries. I experienced a good working relationship with them in a team set-up. We were thus able to give a good service to a large population as we enhanced one another's roles as a team.

FEHRSEN: You have discussed problems of uncaring attitudes and the lack of ongoing relationship in much of our health system. How do you envisage dealing with these fundamental issues?

ZUMA: I think we need to restructure our service to promote continuity of care. We are looking at some form of National Insurance System that will address this problem. I also believe we need a

campaign to do something about the lack of a caring attitude among many of our health professionals. I would appreciate any submissions and ideas that you and the Academy have on these matters. We need to come up in the restructuring of the service with solutions to these things that prevent us from delivering a good service. We should not neglect this while we address the other, more talked-about problems such as the equitable distribution of services.

FEHRSEN TO HIMSELF: I really feel like responding to this challenge. Perhaps our readers will write in. In any case, I know that I have been talking to an enthusiastic politician. You virtually have to stop her if you want to go on to another topic. There is so much more that she wants to tell you about this one you are dealing with now. Perhaps she will be able to make a difference to this non-system she has been inherited. Let's help her if we can. She has asked us to.

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Interviewed by Sam Fehrsen