EDITORIAL

Deregulation and the Medical Profession

Proponants of the free enterprise system have 'deregulation' as an important word in their vocabulary. When I look around I see it happening on all sides of the political divides that we have.

What made me think of this was talking to someone about the registration of returning exile doctors. Many of them were trained in Eastern European countries, at the time, unfriendly to South Africa. There are two issues at stake here that have a bearing on the regulations that govern registration. The standard of training and the friendliness of the country.

Let's look at two countries where standards are not questioned:
Belgium and Holland. The acceptance of graduates from these two differ. We have reciprocity with Belgium (mutual recognition of registration) and not with Holland. Friendliness seems to be a factor here. On the other hand people may have trained at universities that our Medical and Dental Council has never heard of. For this we have a set of rules to protect the public and/or the profession from lowering our standards.

There is another major reason for regulating the medical profession. That is protection against competition. The biggest proponants of free enterprise, the USA and Canada for instance, have very strictly applied regulations to protect their own graduates from being flooded out of the market place by emigrating South African doctors, or unemployed doctors from the vast doctor factories in Austria, Italy and India for instance, with a large oversupply of graduates where there is little regulation of entrance to training.

At the moment Namibia seems to have no regulation of the medical profession. That is, no medical council and laws regulating the profession. It is all up to the choice of the public, personal ethics and peer pressure. Health is usually not the highest priority with society and governments, so I am sure that the legislators will get medicine onto their program in Namibia in the near future.

Israel was in a similar situation to our present one, except on a bigger scale. They received large numbers of doctors into the country as immigrants that would never have been given registration in South Africa for instance. I have no idea how many doctors there will be amongst the exiles returning to South Africa in the next few months, perhaps less than a hundred. Neither do we know whether the SAMDC is to give them unrestricted registration as the case was in Israel. There are definitely some disadvantages for the doctors that were accepted into Israel. The majority of those qualified in Eastern Europe have been pushed into the less preferred jobs and are looked down upon by many a local graduate or Western qualified doctor. This may have little to do with relaxation of regulations on the one hand and be governed more by fear of losing your own living and just plain prejudice. Let's hope there will be a 'welcome home returning doctors' within the family of doctors, as well as the regulations, without compromise to the patients we serve.

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