

Comment Kommentaar

by
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Dr. Munnik's Dilemma

Doctors are men with insight into the innovations of people, so that they invariably become benignly cynical. They are trained to avoid judgemental bias. It is thus understandable that they found it easy to identify with Dr Munnik's dilemma.

They had tried to make their demand for an increase in the Statutory Tariff as reasonable as possible ... 9,9% in fact. The medical fraternity had bent over backwards to accommodate the Minister. It is rumoured that the S.A. Medical and Dental Council had expected a request for at least a 14% increase.

Dr Munnik knows, however, that he would have to contend with a population agitated by an imminent election, and opted to use the loopholes open to him to delay his decision for much longer than one thought possible in one's naive original reading of the Act involved. He is still managing to say neither yea or nay.

The G.P. who is contending with an alarming rise in everyday costs will thus once again find himself slipping out of control economically. The contracted-in doctors are getting their just deserts. They coupled

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themselves mistakenly to a political system, and not a patient-orientated concern as most of them seemed to have thought.

Contracted-out doctors will always be in a slightly better position while the economy of the country is strong. MASA must serve as a guide to these doctors, especially now that the respected and feared Medical Council is so involved with fees.

The Federal Council of MASA decided last year to scrap a separate 'Guide to Average Medical Fees', and use the unit value system of the gazetted Anatomical Tariff when determining a private fee.

This poses a problem. Is the recommended 9,9% increase applicable to the private sector immediately on recommendation, or does it also have to wait until the political ball-game subsides?

Somehow this does not seem reasonable, so that I assume that a recommendation made by MASA in October 1980 could be applied to the contracted-out sectors after the three month period that the Minister is allowed for legitimate evaluation. At this stage, I am sure that our Medical Association would support us if we should increase our fees as from the new financial year.

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These aids, which are presented as a public service, are available in English or Afrikaans form; The Vaccine Product Manager, MSD (Pty) Limited, Private Bag 3, Halfway House, 1685. They are free-of-charge.

For further information circle No 201

Abortion laws to remain

Speaking at the Sixth South African International Symposium on Forensic Medicine, Dr H. Bukofzer, Chief District Surgeon of Johannesburg said that although there were moves afoot to liberalise the abortion laws in S. Africa, they would not succeed.

'On purely moral grounds, this will not be accepted in our country,' said Dr Bukofzer. Most medical practitioners accepted the Abortion and Sterilisation Act as it stood.

Dr James Gilliland, Deputy Regional Director of Health told delegates that more than 3 000 legal abortions had been procured in S. Africa since the implementation of the Act.

Mental problems followed by physical health ones were the main reason behind these abortions.

He also said that the Act appeared to be

working well.

Professor S.A. Strauss, head of the Department of Criminal and Procedural Law at the University of S. Africa, said that medical people believed the procedure for procuring an abortion under the Act was too cumbersome and should be streamlined. There seemed a case for abortion being extended to include sterilisation failure.

Congress News

The Fifth South African International Radiological Congress will take place in Johannesburg from 8th - 15th October 1982. Honoraria will be offered.

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