

Comment Kommendaar

In — of uitkontraktering 1980

Daar skyn 'n onnodige verwarring te heers onder kollegas oor die kwessie van in- of uitkontraktering omdat ons veronderstel is om hoogs tevrede te wees met die tariewe soos dit tans is. Indien die tarief op die oomblik redelik is, meen dit nie dat dit in die toekoms altyd die geval gaan wees nie.

Dit is nie nodig om u te herinner aan die opskudding wat die vorige verhoging tot gevolg gehad het nie en die postkonkussie-sindroom is nog opvallend merkbaar, veral by sommige wie se refraktêre periode ietwat langer is as normaal. Aanvaar dus dat selfs 'n geringe aanpassing van die tarief in die toekoms 'n rewolusie sal ontken.

Daar behoort egter geen verwarring of twyfel te wees oor in- of uitkontraakteer nie, want tariewe het basies niks te make met die beginsel van uitkontraktering nie. Dit word gestaaf deur die feit dat baie uitgekontraakteerde geneeshere deurgaans die statutêre tarief handhaaf. Selfs diegene wie ontevrede is met die statutêre tarief bly in sekere gevalle nog ingekontraakteer.

Laat dit dus vir eens en vir altyd duidelik wees dat die uitkontraakteringsklousule hoofsaaklik ons enigste wapen is om ons misnoeë uit te spreek omdat ons outonomie aangetas is en dat ons nie soos "a Jack in a box" in en uit gaan kontraakteer soos die tariewe ons pas of nie pas nie. Laat ons duidelik onderskei tussen 'n beginsel waarvoor ons veg en laat die agitatie teen die tarief op 'n ander vlak hanteer word, anders maak ons onself net belaglik.

Solank daar mense buite die mediese profesie is wat 'n beslissende seggenskap in die vasstelling van ons tariefstruktuur het is dit logies dat ons uitgekontraakteer sal bly. Dit gaan dus om die prinsiep van die tarief en nie oor die tarief as sulks nie! Dat die statutêre gelde gehê word deur uitgekontraakteerdes, is aanbevelingswaardig, maar om soos 'n windpomp se stert met elke windrigting te verander is sekerlik nie ons profesie waardig nie. Of is die winde van verandering besig om ook die wind uit dit seile van die

mediese profesie te neem?

Willie Pietersen

'Freedom' for the 'Doctor'

The profession must stay free!...proclaims Prof. Hennie Snyman at a colourful gathering of colleagues recently, and we sense that this great champion of the doctor is worried about the future.

The intimate contact with patients as found only in family practice is especially threatened by the promulgation of ill conceived laws. Every GP could eventually be hobbled to the extent where significant service to the community is impossible.

Is this really possible? You only have to look around you to see the curtailing developments.

How free must the profession be? Surely free enough to be diligent servants to the people they serve. A good servant needs room to move and use initiative. Bad servants welcome restraint for this is licence for inactivity and uninspired conformity to minimum standards. If you have any doubt about this talk to someone in full-time employ of the State.

Good servants also have very little time to appraise the actions of those who regulate the conditions of employment. This is dangerous. The intelligent servant is slightly cynical about his master's understanding of his predicament. The servant therefore has to be sure that people are aware of his problems.

The GP's problems are as unique as his duty to the patient. When legislation is passed to change the contract between patient and doctor the implications must be realised by all concerned. I do not think that there are doctors that do not respect the Prof. Hennie Snymans of our profession. Equally, they all have high regard for the Dr. Johann de Beers of our country. These gentlemen should, however, never stand on opposite sides of the fence. Both have shown through years of dedication that they are truly good servants of the people. But if they require freedom to manoeuvre, we, the family physicians of our country, need it no less!

George Davie

Medical Topics

New - look practice management guide

The popular "Scherag Guide to Medical Law & Finance", launched in 1977 as an exclusive service to the South African medical profession, has been increased in size and given the broader title of "SA Practice Management."

Produced by the Scherag and Essex divisions of Scherag (Pty) Ltd. "SA Practice Management", not only offers in-depth coverage of legal and financial matters, but also discusses the day-to-day problems of medical practice.

The introduction to issue one of "SA Practice Management" notes that the needs of practitioners are rapidly changing in view of the complexities of the legal environment in which they work and the difficulties brought about by inflation in terms of salaries and fees.

Articles will be prepared by experts to discuss these modern practice needs, while a specially constituted panel of legal, financial and business authorities has been appointed by the producers of the publication to answer readers' questions across the broad spectrum of practice management.

Additionally, correspondence and articles for publication consideration are also invited.

Copies of the first issue of "SA Practice Management", which features an exclusive medico-legal account of the much publicised "to-be-or-not-to-be" Bloemfontein abortion case, as well as a descriptive breakdown

of the Minister of Finance's 1980 Budget, are now available from The Professional Services Department, Scherag (Pty) Ltd, PO Box 46, Isando, 1600.

New system of skin closure

Ethicon has introduced to South Africa a product which has achieved outstanding results in North American operating theatres.

It has set new standards of excellence in skin closure and is called The Proximate Disposable Skin Stapler.

This is a revolutionary new skin stapler, engineered to precise surgical requirements of total reliability, speed, control and placement, ease of use and comfort.

The instrument fits snugly into the hand to provide excellent control for faster, more precise wound closure.

Using Proximate can dramatically reduce time consuming and laborious skin closure at the end of operations by as much as 90 per cent, resulting in less fatigue to the surgeon, less patient time under anaesthesia and cost savings in theatre utilisation.

The staples are made from non-reactive monofilament surgical 316L stainless steel which minimise tissue reaction.

The penetrating tips are, like Ethicon needles, super sharp to pass easily through the toughest tissue and maintain consistent an exact skin coaptation, while the staple design significantly reduces tissue trauma and crosshatching.

