

Comment Komentaar

Skills

The skills an adequate GP needs are many and varied and most of them are not acquired at medical school. The problem is even more serious for the modern student who is taught many esoteric theories but only glimpses the skills used by his seniors. In many cases it is recommended outright that he should not even attempt to dabble with these procedures as it would be venturing outside his field of endeavour.

When he finds himself in practice however he soon realises that he must be able to undertake minor technical responsibilities to allow his practice to have at least some logical continuity of purpose. The alternative is to have such superficial contact with medicine that you begin to resemble a filing clerk.

For which skills can GPs fresh from medical school claim to have adequate training? Or even more problematic, which procedures is he allowed to perfect while in practice? These are delicate questions which are becoming very difficult to answer.

I suppose listening to a patient's complaints could be considered a completely justifiable undertaking. Students certainly learn to do a lot of patient listening. From here on it becomes problematic by virtue of the current attitudes of the authorities. The use of the stethoscope is suspect even, because a specialist with more deductive training could argue that allowing the GP to use this instrument is in fact a concession on purely traditional grounds.

If this sounds facetious let me point out that very recently our own representative body, the Medical Association of South Africa, instigated an investigation into the use of laboratory procedures by three of our colleagues. They also accepted the verdict of guilty of disgraceful conduct handed down by the SA Medical and Dental Council. But at no time was it proved that the tests performed were unreliable or was it proved that patients had suffered as a consequence of the procedures. Just the fact that these were GPs and thus incompetent to control relatively simple laboratory tests was what it all boiled down to.

Our problem in trying to uphold good medical practice is where to find the consultant that is so imbued with the welfare of the patient that he may see past the narrow confines of the pecuniary interests of a small section of the medical community? Where will we find the Dean of a medical school that would again be willing to train a whole doctor with adequate command of modern methods? When will we convince the Council that many skills can safely be acquired after leaving medical school?

Vaardighede

Die vaardighede verlang van 'n goeie huisarts is divers en meeste van hulle word nie op universiteit aangeleer nie.

Die probleem is nog meer ernstig vir die moderne student wat baie weet van rariteiten maar slegs 'n vinnige blik geniet van die vaardighede deur sy meerderes beoefen.

Baie keer word hy prontuit aangeraai om hom nie te bemoei met ingrepe nie daar dit hom buite sy gebied mag bewege.

Wanneer hy in praktyk staan besef hy egter gou dat as hy nie sekere kleinere ingrepe onderneem nie hy 'n liaseringsklerk sal word en sinvolle deurlopendheid in sy praktyk sal verloor.

Watter vaardighede mag 'n jong huisarts hom van die staanspoor af toe-eien? Nog meer problematies is watter ingrepe hy in praktyk mag leer beter bemeester? Hierdie is moeilike vrae om tans te beantwoord.

Om na 'n pasiënt se klagtes te luister kan seker aangeneem word as toelaatbaar. Studente leer sekerlik om geduldig te luister tydens hulle jare op mediese skool.

Enige iets meer as dit kan probleme oplever.

Selfs die gebruik van 'n stetoskoop kan deur 'n meer geslypte internis beskou word as 'n ongeregverdigde toeweging teenoor huisartse bloot op tradisionele gronde.

Indien dit ligsinnig klink moet u nie uit die oog verloor dat onlangs ons eie verteenwoordigende liggaam die Mediese Vereniging van SA 'n ondersoek op tou gesit het na die gebruik van laboratorium ondersoeke deur drie van ons kollegas nie.

Hulle het ook die uitspraak van skandelike gedrag deur die SA Mediese en Tandheelkundige

Raad aanvaar hoewel daar nooit eers gepoog is om te bewys dat die toetse uitgevoer onbetroubaar was nie of dat pasiënte as gevolg van die ondernemings enigsins ongerief aangedoen is nie.

Dit blyk asof dit alles gespul het om die aanname dat 'n huisarts nie die vermoë besit om relatief eenvoudige laboratorium toetse te kan kontroleer nie.

Ons probleem in die handhawing van goeie mediese praktyk is waar om 'n konsultant te vind wat die belang van die pasiënt so op die hart dra dat hy verby die enge geldelike belange van 'n klein groep in die mediese profesie kan sien.

Waar sal ons 'n Dekaan van 'n fakulteit vind wat gewillig is om 'n volkome dokter op te lei met voldoende beheer oor moderne ingrepe? Wanneer sal ons die Raad oortuig dat daar heelwat vaardighede is wat met veiligheid in die praktyk kan aangeleer word?

George Davie

Etiquette

Etiquette can be described as the display of good manners in everyday living and all sensitive people are acutely aware of the rules pertaining to it. Ethics may be considered rules of a similar nature that have been promoted to the status of codes of conduct within the professions.

In the medical profession we have the Hippocratic Oath and many of the ancient philosophers' ethical norms have been incorporated into the rules of the Medical and Dental Council. This statutory body keeps a vigilant eye on its registered members and takes firm action if the ethical codes seem to have been disregarded.

Through the years these ethical codes have become part of our existence and no medical man of integrity will transgress them. He certainly would not allow his knowledge of a patient to be made public at a party or similar occasion.

Unfortunately the behaviour of medical men sometimes changes radically in respect of a colleague's problems. He is then often guilty of blatant inconsideration. It is not uncommon to hear whispered in the doctor's change-room that Dr. P's prostate, removed that morning, was

possibly malignant. Even a more juicy titbit may be the hinting at the obvious success of Mrs. Dr. Q's recent prosthesis.

When a colleague has tragically lost a child in a motor accident it is often sagely remarked how much grief the same child had caused the parents over the years. As if this offered some sort of consolation.

Can we not treat the intimate affairs of our colleagues with the same respect that we profess for the privacy of our patients?

Etiket

Etiket kan omskryf word as alledaagse goeie maniere en alle opgevoede persone is noulettend ingestel op die toepassing van die reëls daarvan.

Etiek kan opgesom word as die goeie maniere van etiket wat as kodes in gebruikgeneem is vir professionele beroepe.

In die mediese beroep roem ons op die Hippokratiese Eed en baie van hierdie ou wysgeer se etiese norme is ook opgeneem in die reëls van ons Geneeskundige en Tandheelkundige Raad.

Hierdie statutêre liggaam hou 'n valkoog oor sy geregistreerde lede se etiese gedrag en tree streng op indien dit onder sy aandag kom dat hierdie etiese kode verbreek word.

Deur die jare het hierdie etiese kodes 'n deel van ons bestaan geword en geen ordentlike lid van die mediese beroep sal op 'n partytjie of in die openbaar gaan uitblaker wat 'n pasiënt van hom makeer of waarvoor hy so 'n pasiënt behandel nie.

Ongelukkig verander die gedrag van baie medici soos dag by dag wanneer dit kom by ons eie kollegas se kwale en maak ons ons skuldig aan 'n skreiende onreg teenoor ons eie beroep se lede.

Dit is niks ongewoon om in die doktersteekamer of in die wandelgange die interessante brokkie nuus uit te basuin dat dr. Y se prostaat wat vanoggend verwyder is moontlik maligne is nie.

Wat van die geheimsinnige brokkie nuus dat 'n kollega se vrou se borsprotese uiters geslaagd was nie?

Wanneer 'n kollega se kind tragies omkom in 'n motorongeluk word daar berouvol van melding gemaak dat dieselfde kind sy ouers in die verlede heelwat probleme gegee het; net asof dit 'n vertroosting behoort te wees vir die kollege in sy hartseer oor die verlies van sy kind.

Kan ons nie maar ordentlikheidshalwe ons kollegas en hul familie se intieme sake met dieselfde mate van respek hanteer as wat ons ons pasiënte se geheime vir onself hou nie?

Willie Pietersen