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# BEHIND THE SCENES

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## Hippocrates Reviewed

*By Joan Gelman : Columnist, Medical Chronicle.*

*Paper read at South African Academy of Family Practice, Southern TVL Branch at the College of Medicine, Johannesburg on 10 April 1989.*

A long, long time ago Mark Anthony was called upon to make a speech. He didn't want to make a speech because he knew that whatever he said, he was going to be strung up. He has my deepest sympathy. What I have to say will cause controversy amongst you, but please hear me out before you string me up.

Should Hippocrates be alive and well and practising in South Africa today, would he still have formulated his famous Code of Laws? Whilst the medical profession bathes in the glory of these laws, and whilst it follows its teachings unquestionably, there exists a certain section of the population who take those very same laws and interpret them to their own advantage, and then systematically use them to sever the jugular vein of the medical profession.

In support of this thought, there are a few topics I would like to present, some serious, some flippant and some revolutionary . . . mixed with a little bit of wishful thinking.

Hippocrates *commences* his Oath, and here let me refresh your memories: "To regard my Teacher in this Art as equal to my Parents; to make him partner in my *livelihood*, and when he is in need of *money*, to share mine with him; to consider his offspring as equal to my brothers: to teach them this Art, if they require to learn it, *without fee or indenture . . .*"

You will note that in the very first

breath of the Oath, the Father of Medicine mentions the word "livelihood" and the "need of money" and in the second breath he mentions that medicine should be taught *without a fee*. And all this, before he even mentions the treatment of the sick, which treatment although 2 500 years old, has never been bettered. Evidently Hippocrates must have found himself in very much the same position *then* as the medical fraternity finds itself *today*.

Why does the medical profession cringe and bend its head in shame when money matters are mentioned. It appears that your Father of Medicine in the 5th Century BC did not suffer from the same complex that the medical profession is suffering from in the 20th Century AD.

I feel that I am qualified to express an opinion, being the daughter of a doctor, the wife of a doctor, and the mother of a doctor. I am not a doctor *myself*, but when I talk about "us" and "we", I am talking about the *doctor unit* which includes the wife, especially if she works full time with him in his consulting rooms and is as much involved as he is in the day to day running of the office.

Will the subjects which I discuss really be so controversial or will they perhaps express a viewpoint which the medical practitioner has at the back of his mind and is too embarrassed or too brainwashed by his ethical training and upbringing even to mention?

Medical Schools all over the world only accept those students who have matriculated with the highest academic qualifications. They will not accept just any scholar who desires to

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be a doctor - oh no - only the top young brains in the world are worthy of studying medicine. So, having selected the cleverest, hardest-working, most diligent and dedicated young people they can find, they set to work to turn them into the cleverest, hardest working, most diligent and dedicated professional group of people in the world.

You doctors work long and hard to gain your medical degrees; to maintain your knowledge; to keep updated with current developments; and to attend symposia. All this over and above caring for your patients; all this after hours when other people are taking it easy after a day's work.

Doctors are like Pavlov's dogs. They are conditioned to work like dogs. They hear a telephone bell ring, they start salivating, and immediately start working.

Medicine is an ongoing learning process throughout your lives. There can never come a stage when a doctor can sit back and say, "Well, I know it all!" Therefore are you not entitled to rewards for all your hard work. Surely it is not necessary to apologise for wanting to live well. Surely you do not have to feel guilty for charging for your knowledge. I'll say it again - it is knowledge that did not come easily - it took a lot of hard work and dedication and money to study and qualify as doctor. And yet doctors do not form the upper strata of money-makers.

Further, as you are aware, a medical student who does not pay his varsity fees and examination fees *will not be allowed to qualify as a doctor*, regardless of how much philanthropic work he has in mind to do. Here again I would like to quote Hippocrates: "to

teach them this Art, if they require to learn it, *without fee or indenture.*" Evidently the universities world-wide have ignored this portion of the Oath because the cost of learning to become a doctor increases every year.

People prey on the good nature of the doctor without thinking twice about it - and the doctor is so used to being taken for granted that he doesn't stop to question it.

Take the *doctor and transport*, for example - a flight on a Jumbo 747. In the plane they have all sorts of back up systems to cover every emergency. You have the captain who pilots the plane, you have the co-pilot who is there to take over, should the captain be ill. There are not one, not two, but three computers in operation, just in case one breaks down. There is reserve fuel, reserve emergency generators and air conditioning systems. There are emergency oxygen masks and inflatable boats. *Every single system is duplicated.* Also there are flight engineers on every flight to take care of any electrical or mechanical breakdown. Lately there are plain-clothed security guards on every flight in case of hi-jacking or terrorist attack. Now all these back-up systems and equipment and people cost *money* - a lot of money! The co-pilot doesn't sit there without pay whilst he waits for the captain to get sick. He is paid to sit in the cockpit and twiddle his thumbs, just as everyone else is paid who is on duty on the plane.

So what happens if someone gets sick in the air? They have all sorts of expensive medical equipment and drugs on board to cover practically every contingency, but they don't employ someone who knows how to use them. Why should they? They

know jolly well that there is always a doctor on board who will do the work for nothing.

Now, let us analyse this situation. In the unlikely event that there is no doctor on board, what would they do? In the case of a life or death emergency, they would have to divert to the nearest airport and request a landing.

Unscheduled landings cost about R30,000, all the excess fuel from the aircraft would have to be jettisoned at a cost of about R60,000. So the whole process would cost at least R90,000.

Now to save R90,000 the airline should employ the services of a doctor as a back-up system. But do they? No! They get him for *nothing*. All they have to do is ring Pavlov's bell again, and the doctor will jump out of his economy-class seat like Superman, and fly to the rescue. Someone is ill, someone needs him and he cannot, in all conscience, refuse.

Surely a practical solution then would be that when a doctor books an air-ticket, the airline should offer him a free flight in exchange for him being on duty during that flight. It would not cost the air-line anything and there would always be a doctor available.

Our doctor has now arrived in New York. On travelling in the USA where the SA medical degree is not recognised, should he treat an emergency, and should that patient unfortunately die, then the next of kin of the deceased can sue him for:

- a) Manslaughter
- b) Masquerading as a doctor
- c) Practicing without a licence.

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This is not far fetched. When one reads your Malpractice Insurance Agreement, you will note that there is a specific clause which definitely does not cover the SA doctor in such an emergency. In fact the Medical Protection Society and Medical Defence Union stress the point in their Professional Indemnity Schemes that they will give you *worldwide cover except in North America*.

In reality, what does this Insurance Company say?

"Do not treat any emergency in North America, and if your philanthropic desires overcome your sense of prudence, and you do treat an emergency and get into trouble ... then my fine fellow you are on your own, we will not pay."

And so Medical Association was contacted and this dilemma put to them. The answer was, "Should you want to treat an emergency, you can buy an extra insurance for the period you are in the USA." It was then pointed out to them that it would be best to leave all these emergencies strictly alone and to look the other way, to which the answer was, "How can you do that ... you're a doctor" There is indeed the Good Samaritan Law in the USA but that only refers to American physicians and not to foreign physicians.

Don't get me wrong, I am not knocking the insurance companies. They are absolutely essential and the medical profession could not practise without the cover which they provide. Yet in spite of this, why are they not prepared to cover the South African medical practitioner whilst attending philanthropically to an emergency in the United States? The answer is simple. It would cost them too dearly.

It would be much too expensive. It is not good business.

History relates that Hippocrates and his Greek colleagues were not too popular when they travelled to Rome to practice their art. They were also treated with suspicion and distrust.

We switch now to the *doctor and the pharmaceutical companies*. Do you doctors realise how many multi-billions of rands worth of medicines

your pens write out in prescriptions every year? What other salesman would sell so much for his supplier, and not get a commission. The Drug Companies do indeed sponsor delicious dinners, but I do feel that you doctors are entitled to more.

I can just hear the shouts of "unethical" from many of you, but think closely for a minute. If all the drug companies put a small percentage of their profits from the

## THE GOOD NEWS ABOUT ARTHRITIS TREATMENT



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prescriptions that doctors write out into, say a central fund, and that fund used for the benefit of the medical practitioners as a whole, it would be most well deserved. It could be used as a pension fund for doctors who would like to retire after 30 or 40 years in practice; or it could be used to help a doctor when he gets that inevitable heart attack; or it could be used as a travelling fund to enable every doctor to attend an annual congress overseas – and not just a select few. Is that asking too much? Their earnings are hundreds of millions of rands every year.

People who actively support other big businesses and public companies are offered preferential shares in that company. Why not the doctors? A close friend who is involved with a well-known computer company was given the opportunity to buy huge quantities of shares at a price of 1 cent a share. Each share is now worth R7,00 which is an increase of 7 000 times. Does the medical profession ever get such a bonus?

Which brings us to the *doctor and old age*. So you think you've got a business? You have worked for forty years, built up an enormous practice, and now comes the time when you want to sell it and retire. And what do you think you can sell your practice for? For the goodwill you will get nothing, for your 50,000 case histories you will get nothing. For your equipment you will get almost nothing because there are newer models on the market. All you will get if you are lucky, is the book value of your outstanding accounts.

Now, pick up The Star and look at the column "Businesses for Sale" in the classified section. A Sandwich Bar netting R10,000 per month and

going for R130,000. Was it really worth your while to study as hard as you did when in the final analysis a Sandwich Bar has the edge on you?

My husband had a branch practice on the West Rand for 20 years. When he decided to close it down, he took out his desk, a few chairs, a filing cabinet or two, he locked the door and that was that, it could not be sold.

Well may Hippocrates shudder when he thinks of how the modern day doctor continues slogging at his practice long after retiring age. Is it that he loves working at his chosen profession so much, or is it that he cannot afford to retire?

And now, the *doctor and the nursing home entrepreneur*. A few months ago, a big business man in our area who has never been involved in anything medical since his circumcision, decided to build a new Nursing Home. He invited all the doctors in our area to come and discuss it with him so that he could get an idea of what was needed. He wanted to know how many wards he should build, what equipment he would have to buy, which was the best equipment for each specialty, which of the doctors would support him, how many patients each doctor saw, how many patients they could each expect to have admitted at any one time, and many other technical questions. The doctors spent a whole Saturday afternoon answering his queries. What other profession would give expert opinion for nothing? An attorney's fee per hour is astronomical. And what did our doctors get? They got a cup of tea!!

If that Nursing Home should ever come to fruition, the doctors will be the ones to fill it with patients and

make it a payable proposition, but will they get anything out of it? Almost certainly not. Business men know how to manipulate doctors to their own advantage.

*The doctor and the pensioner*: A couple of months ago two old gypsies had an appointment in our office. They immediately informed me that as they were pensioners, they expected to be charged a reduced fee, to which we agreed. Whilst they were sitting in our waiting room, the one old girl said that she could see in my eyes that I had a major decision to make and that I should consult her.

Why am I telling you all this? Because I have never been to a fortune teller and so I asked about their fees. Tarrot card readings are R50,00 and palm readings are R30,00 which equals R80,00 a consultation. A GP gets paid R17.50 a consultation.

Recently we had one old man who was a visitor to this country from England. Whilst here he spent all his time travelling around with his wealthy hosts, and then he had the audacity to tell me that, as he belongs to the National Health Service in London, he expected to be treated for nothing here. I told him "no ways" whereupon he grinned and paid up quite happily, saying it was worth a try.

Everyone always quotes Hippocrates. It would be interesting to know ... *was Hippocrates a poor struggling physician or was he a rich man from a rich family?* Was he able to afford to treat his patients free of charge or was he forced to charge them in order to put Souvlakia in the mouths of Mrs Hippocrates and the junior Hippocrateses? What sort of *chariot*

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did he drive, I wonder. A smart, powerful, eight horse-power job, or a beat up old chariot pulled by one old nag. It is easier to say "Thou shalt not charge" if one has a lot of wealth, than if one is struggling oneself...

People don't resent paying for good restaurants, entertainment, gym clubs, holidays, nice cars and homes, but they do resent paying for their health. They consider it their right to have good health, so why must they pay for something that is their right?

I have yet another controversial subject which may not be too popular. I call it the *doctor and percentages* for want of a better title.

Should a person have a diamond that he wants to evaluate, he goes to a jeweller who will charge him a percentage of the value of the diamond for his services. The fee for the very same service which he renders will vary proportionately with the value of the diamond. The higher the value, the higher the fee.

An executor of an estate gets a set percentage of the value of the estate he is administering. An estate agent earns as his fee a set percentage of the value of the property which he has sold.

When someone decides he would like to buy, for example, a big building in town, he calls in the assessor to examine the building, to say what it is worth, will it be a healthy business proposition and will it be a sound investment. The assessor gets paid a percentage of the value of the building as fees for his qualified opinion.

When that same somebody decides to take out an insurance policy on his

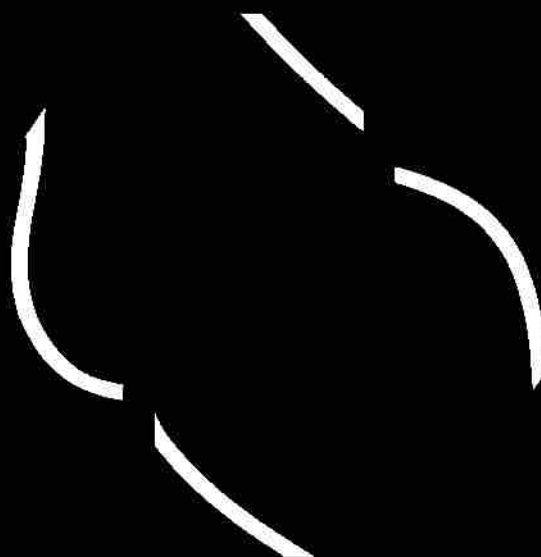
life, the insurance company sends the person to the doctor for a medical check-up to assess that person's health and to decide whether it will be a sound investment to insure him or not. Will he live long enough to pay off his premiums? Will it be a healthy business proposition?

For this the doctor gets a fee of R45. Surely the doctor should get paid a percentage of the value of the policy that the patient is taking out, just as

the assessor gets paid a percentage of the value of the building. It is a wild idea, but in both cases the professional man is assessing a property to see if it is a viable proposition for the businessman to undertake. Same job, but once again the doctor is taken for a ride by those who throw Hippocrates in his face without ever having read the Oath.

And now we come to the *doctor and his accounts*. In Hippocrates' day, the

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the possible adverse effects  
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doctor was paid immediately by the patient, be it in monetary form or in kind. No accounts were kept. Then came the method of the account system. The account was sent to the patient and the patient paid. Then came the era of the Medical Aid Societies and the fun and games started. Now the medical aids insist on multiple details of information, and to complicate this further, we have received a letter that doctors much change the format of their monthly statements to conform to a standard format which will ease the accounting system of the medical aid societies. What a quaint idea! How would the medical aids react if they received a letter from a medical practitioner suggesting they all change *their* accounting system to a standard format to make things easier for the doctor.

It would be interesting to know what Hippocrates would have said if his patients would have referred him to a third party for his drachmas. I don't think in his wildest dreams he could have imagined a scenario of medical aid schemes, who make more out of the practice of medicine than those who treat and cure the patient.

We are living in a world of aspiring equality in all walks of life, between the sexes, between the races, between the cultures and religions so there should be equality between the system of payment for services rendered.

Other people can put up their prices at random. They just stick a new label over the old label on a product. But when it comes to medical matters - ah - that is different. It has to be discussed in parliament before approval is given. You are berated in the newspapers (those selfsame

newspapers who raise their prices without going to parliament). Why are doctors subject to criticism and accused of being avaricious by the very people who raise their prices without consulting anyone? Ah, well, perhaps life was simpler in Hippocrates time. He didn't even know that there was such a phenomena as a "pulse".

I am sure you've all been touched at one time or another by strangers wanting *free advice*. How does one handle this politely?

We were at a supermarket recently when the floor manager asked advice about his ailing mother. My husband very politely pointed out that he was willing to discuss his mother's symptoms provided that he could have the few items in his trolley free of charge in exchange for his advice. The guy was shocked by the suggestion. It hadn't dawned on him, and never would, that a doctor's knowledge is a *saleable commercial commodity* and not for giving out freely in a supermarket like samples of cheese or pie.

One says, "Shame, he can't afford to pay" when somebody needs medical attention, but one doesn't say, "Shame, he can't afford to pay", when that same person goes to the supermarket for a loaf of bread. Let him try and take it without paying and he will be apprehended immediately.

How many times has it happened that a person phones up and asks to speak to the doctor in order to get advice about a condition. If one answers that the doctor cannot give a consultation, diagnosis, treatment and prescription over the phone, there is a shocked silence. One lady told me that she

didn't want to waste her money seeing the doctor, she just wanted to know what to do. By the way, an attorney is allowed to charge for telephonic advice. Are doctors allowed, and if not, why not?

A doctor's knowledge is his stock-in-trade, just as an outfitter's stock is his suits and underpants. It is not to be given away. It is *for sale*. That is what he has studied so long and hard for - so that he will have a commodity to *sell*.

Most doctors are so busy working at the practices that they don't have *time* to think about how to make their money work for them instead of working for their money.

Time is unlimited, infinite, stretching out to eternity. But *time* during the day at the office is another matter entirely. It is a very restricted commodity, divided into rigid slots all during the day without respite. Some doctors say that they feel like prostitutes, selling their time, except that the prostitute, like the gypsy fortune teller, is not regulated by a scale of benefits. Come to think of it, a prostitute's scale of benefits would have somewhat different connotations. Interesting thought! Would she charge 0101 for a first visit - and half price (0108) for all subsequent visits within three months for the *same condition*. Would 75% of fees apply for a *second major procedure* done at the same time as the first major procedure (0005); and what about sterilisation of instruments (0202) and the release of pressures, be they psychological, ocular, prostatic or otherwise (3014).

The last subject I would like to discuss is the *doctor and perks*. A very pleasant way of spending an evening is to go out for dinner with friends. A

## Akamedia No 4

delicious meal and a bottle of wine is ordered, conversation sparkles, friendship blossoms and all are relaxed and happy - and then the bill is presented. The men usually split the bill down the middle, but then the businessman in the group will scoop up all the cash from the table, produce his credit card and sign for the bill on his business account. That way he not only gets his meal as a tax deduction, but everyone else's dinner at the table as well. Therefore the *doctor's dinner* is deducted from his *business friend's income tax!*

Another example of this dichotomy is that holiday apartment in Plett or Umhlanga and time share in game lodges or ownership of small aircraft. It is true that some doctors do have holiday apartments, but every penny is paid for out of their personal earnings, whereas his business friend's apartment often comes off a business expense. They murmur vaguely that it can be used by their staff, but everyone knows that it is for their exclusive use only. Did Hippocrates, who lived to a very ripe old age by the way, have his own holiday villa at Mykenos where he could get away from it all, or did he have to borrow the villa of his friend, the wealthy calamata olive producer? I would love someone to explain why these double standards prevail. One is used to double standards in politics, in fact one even expects it, but why are they present in our tax structure?

Should Hippocrates be alive and well and practicing in South Africa today, do you think he would *still* have commenced his famous Oath as he did - emphasising money matters first and then only proceeding to medical matters - *or* - would he have cut out his opening paragraph entirely?

The Akamedia No 4 cassette tape which was recorded at the WONCA Congress is now available.

The contents are as follows:

Dr D Rae — President of WONCA. Does South Africa have a place in WONCA?

Prof H Curry — Impressions of Congress Topics.

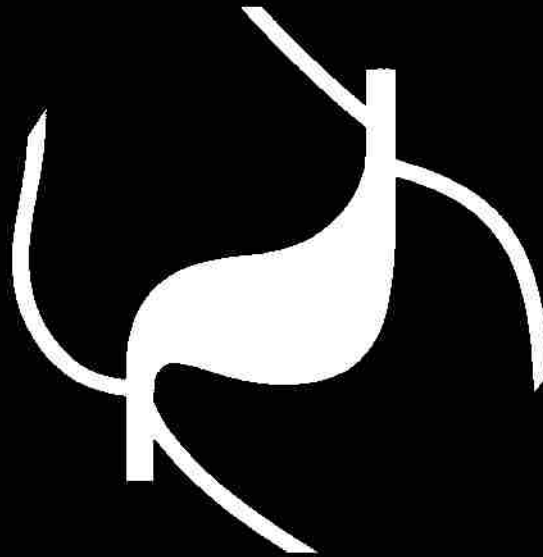
Dr C Ellis — Dysphoria.

Dr Oleson — Screening in general practice in Denmark.

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