



## CORRESPONDENCE

### State hospitals, academic medicine and the decline of health care in South Africa – a cry of support from those who have left for those who stay

**To the Editor:** We read with much interest the comments of Dr Parkes and colleagues in the *SAMJ*.<sup>1</sup> We applaud them for publicly making a statement that South African doctors have been reluctant to make in the past. The issue of reasonable pay for doctors in state employment is not new and is a reason why many of us with academic ambitions seek employment elsewhere in the world. The rejection of the offer by doctors and the subsequent conclusion of the occupation-specific dispensation by the bargaining chamber support our decision. The failure of the negotiations comes as no surprise, as the South African Medical Association has been crippled as a negotiator by the system that operates at the bargaining council, which has deliberately divided and segregated doctors to make them ineffective in their ability to negotiate.

The migration of doctors from Africa to the developing world has been much discussed<sup>2-4</sup> and has been well described in the South African context.<sup>5</sup> Financial factors, better job opportunities and the high crime rate were the main reasons for doctors leaving.<sup>5</sup> This is corroborated by a web-based survey to collect information on the nature of work, remuneration and reasons for leaving South Africa circulated by the first author to 20 individuals known to be working outside South Africa; 16 responses were collected in a week. The respondents had graduated between 1978 and 1998, 12 from the University of the Witwatersrand, reflecting the lead author's medical school, with the universities of Cape Town, KwaZulu-Natal and Pretoria also represented. Nine had academic appointments at a university, with 5 being in full-time academic employment. Ten of the 16 had additional degrees including 7 MD or PhD degrees. Specialist certification was indicated by 12 of the respondents. Income was categorised as more than R1 million per year for 5, with 6 earning between R1.5 and R2 million and 5 more than R2 million per year. Reasons for leaving South Africa, shown in Fig. 1, are comparable to those described by Bezuidenhout *et al.*<sup>5</sup> Fig. 2 is a word chart derived from the descriptions of working environments.

The failure of government to understand that the reason for migration is poor pay and working conditions coupled with the powerlessness of doctors to change these factors has contributed to the decline of service at state hospitals and academic institutions. In a recent briefing to a parliamentary portfolio committee on health, the concern was expressed that South African medical research is heading for extinction. Many researchers in South Africa are in their 80s, and there are few publications by people under 30.<sup>6</sup> Disintegration of academic health care will affect South Africa's most impoverished citizens first, followed by a decline of health care quality for all.

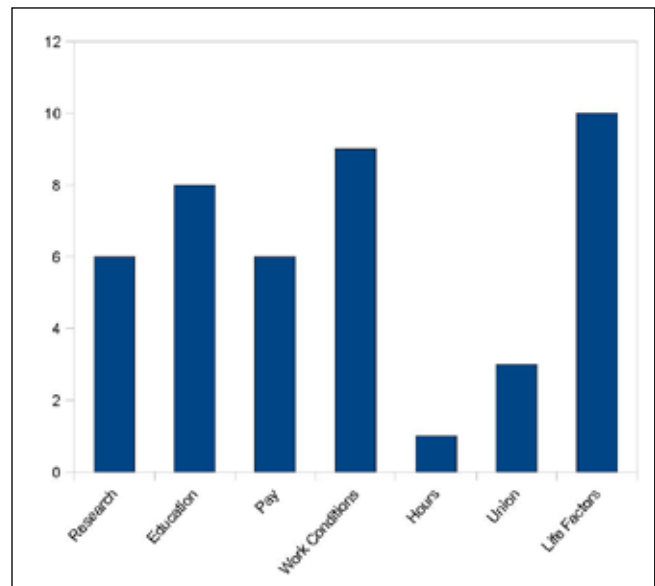


Fig. 1. Reasons for leaving South Africa. This chart shows the number of responses against each category. The categories indicated better opportunities for research and education, better pay and work conditions, shorter hours and improved union representation. Life factors were not explored in detail but offered a single category. Sixteen respondents answered the question, and each could select as many categories as appropriate. Each category should be considered independently from the others.

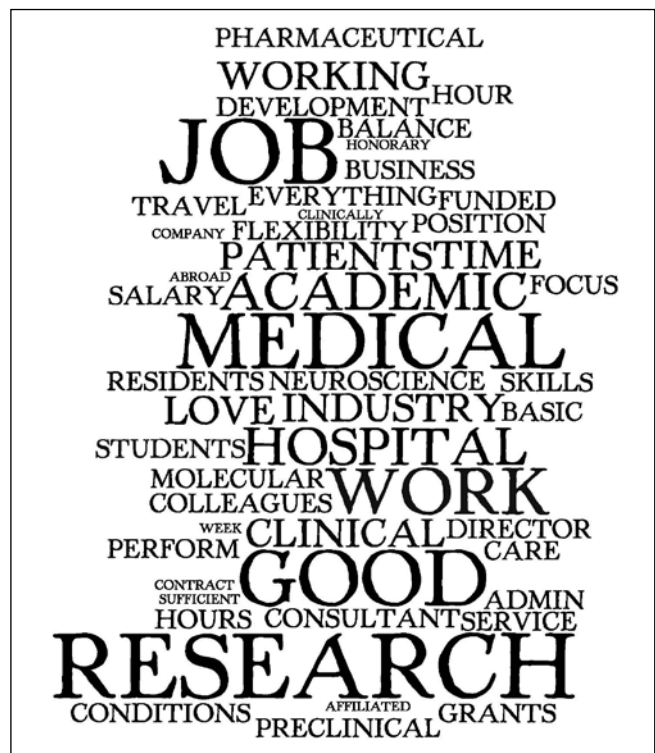


Fig. 2. Word chart developed using the top 100 words listed in the responses to the question 'Please describe your working conditions. Comment on contracts, opportunities, satisfaction and anything else that makes you love or hate your job.' The words are sized according to their frequency and so give an impression of what is important to the 11 people who answered this question.



From a distance it is difficult to comment on the effect of the loss of specialists and senior specialists on the training of medical students and registrars. However, a UK medical student has stated that is an embarrassment for medical educators in South Africa.<sup>7</sup>

We hope that the South African public supports their doctors, and particularly those who train others. The reputation of South African-trained doctors around the world is outstanding, owing to the excellent training received from the doctors who committed themselves to public service. It is sad that this service is not adequately compensated or acknowledged by the government and the people of South Africa. Those working overseas will be paid better, enjoy better benefits and have a better quality of work life with far superior

support for teaching and research than classmates who choose to stay behind. We take our hats off to those who do decide to stay, as they have chosen to teach and train future South African doctors who it is hoped will be as well qualified as the previous generations. Cynically, the government may not want good doctors, in order to prevent those trained in South Africa from leaving. If that is the case every South African will have difficulty accessing decent health care in the future. It is unlikely that those who have established careers out of South Africa will return, but our plea is for South Africa to make staying an attractive and possible career choice for South African doctors. In addition, the possibility of returning would become reality if we knew that working conditions and pay were reasonable and fair.

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