

## MY YEAR AS PRESIDENT

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Having completed my year as President of the Association, I want to share the regret expressed by one or two of my predecessors at having been unable, during the year, to take advantage of the many invitations I have received to visit various Branches. But the pressure of work following Congress, together with two visits to England, on which I shall comment later, made it quite impossible for me to do what I should like to have done, and what I believe every President should do—keep in the closest touch by way of personal visits with as many of our Branches as possible.

This said, it seems a contradiction to remark that as President, my office has been something of a sinecure, a contradiction borne upon me by the amount of work done by the Association's permanent officials, and by the executive of the Federal Council. The Chairman's report, a copy of which has already appeared in the *Journal*, provides members with a resumé of the year's activities, details of which I need not repeat here.

The highlight of any presidential year is our medical congress, this time held in Durban, and crowned, I think, with great success. We had with us a galaxy of overseas visitors, whose presence at congress gave new inspiration to our Association and also brought to the general public a lively appreciation of the role our profession plays in human society.

There is no doubt that such visits raise the status of the profession in the eyes of the public, encourage that sense of unity which is finding expression in the World Medical Association, quite apart from the valuable knowledge we gained from their specialized contribution to our deliberations.

Last year I attended the annual congress of the British Medical Association at Newcastle, as President elect of our Association, and then again this year at Birmingham. On both occasions I had the opportunity of listening to some of the discussions of the Representative Body, which assembled a few days previous to the opening of congress, and which, as you know, is to the British Medical Association what our Federal Council is to our Association—the formulator of policy.

Those of you who have followed the reports of this Body will be aware of the deep sense of unease and frustration, amounting in some cases to rebellious discontent, among British medical men, with the conditions of service within the National Health Scheme. I doubt whether at any time in the history of the BMA has so much space been devoted in the reputable newspapers and professional journals to any aspect of the medical profession. In fact, emerging from the conflict with the present government on conditions of service, and as an inevitable result of nationalization of health, the profession has entered the realm of politics—medical politics.

### *The British National Health Service*

A nationalized service of any kind envisages negotiated conditions of work with the employer-government, and it is not to be supposed that, drawn into a National Health Scheme, the medical profession can escape the problems which previously we have associated primarily with the many variations of trade unionism.

A Royal Commission is now enquiring into the subject, but perhaps I can best reflect the whole situation, as I saw it, by quoting the following authors: Dr. S. Wand, chairman of the Council of the BMA, writes: 'After ten years of National Health Service, the public has had wonderful value for its money. There are doctors who feel themselves above medical politics. They are walking about with their heads in the clouds, because in the National Health Service political action is necessary to preserve those essential professional freedoms which doctors must have in carrying out their work'.

*Dr. B. Burns, from Sheffield, writes:* 'The frustration of family doctors in the National Health Service arises from two basic causes: (1) the terms of service are inseparable from capitation fee remuneration, and (2) the abuse of the free service by certain patients. The capitation method of payment is the nearest approach to medical serfdom any country has yet achieved. The capitation fee brings out the worst in the doctor, and the free service brings out the worst in the patient.'

*Dr. J. S. Noble, Member of the Council of the BMA, writes:* 'While many doctors were not contented with all aspects of the National Health Service, to imply that all doctors were unhappy, frustrated and trammelled by an unpleasant minority, was unjustified. Doctors are responsible for the running of their practices. Patients respond to the treatment they get. Slack doctors produce contempt; efficient doctors produce respect.'

### *Some Activities of the BMA.*

I was interested in two features of the BMA's activities which, I feel, we might well take over in South Africa. The first is the establishment of what has been called the Junior Members' Forum, which promises to be a permanent institution providing a platform for younger doctors for the discussion of their problems, and encouraging them to take their rightful place in the organization. The initial meetings of this Forum proved very successful, and it is generally felt that it has a good contribution to make. I should like to see something similar here in the Union, and I hope that Federal Council will give the subject some attention.

In addition to this, though at the other end of the scale regarding age and experience, there is the practice of the BMA to honour those who have served it well and faithfully by conferring on them the title of Fellow and adding their names to a Roll of Fellows.

In our own Association the practice is to confer a title of honour only after 40 years of membership. I think it would lend grace and distinction to the Association if we introduced something on the model of the BMA whereby the worthiest of our members might be invested as Fellows and a roll of their names preserved in an appropriate place.

One abiding impression I have of my visits overseas is the sense of unity permeating the profession. There is a strong desire in British medical circles to avoid the dangers inherent in the kind of political solidarity that meets the needs of other professional bodies, to avoid, in fact, anything in the nature of trade unionism. It is generally felt that 'medicine', of all nationalized services, should lie outside the field of political action, and that the profession's salvation is to be found in partnership with the government and public, soundly based on justice and service.

### *Financial Considerations*

To return to our own affairs, a subject that is causing some disquiet is our depleted exchequer. We are not alone in this. It is a fact, however, that our finances will continue to require close attention for reasons that will no doubt be set out by the appropriate committee. Many of their reasons have been detailed in the report of the Hon. Treasurer, Mr. J. D. Joubert.

In comparison with other countries, there is a good case for an increase in the subscription fee, and an even better case for it in terms of actual value received. It is heartening too, to find so many members responding so generously to the appeal for donations, though it is generally recognized that, whereas donations may tide us over a difficult period, they do not provide a permanent solution to the problem.

It is true, of course, that city and town members obtain more value for their money than do country members. This also applies to the doctor in private practice in comparison with the doctors in university teaching positions or in permanent hospital appointments. I have long hoped that the Association might do more to advance the interests of both these groups. The country doctor is at a disadvantage in his inability to attend meetings; the institution doctor is at a disadvantage in the feeling that so many of the matters that concern the Association do not affect him. He often feels that he is left out and that the Association does not take sufficient interest in his problems.

One aspect of the financial problem is the economics of our publications, especially of the *Journal*. Related to this problem is the appearance of other publications of a medical character with which the *Journal* is in competition for advertising revenue. If report is true, we have to face the prospect of still further publications within the same field.

The financial success of the *Journal* depends solely upon revenue from advertising, and that is more difficult to maintain than editorial excellence. Any adverse change in the relation between advertisements and text can quickly put any publication in the red. While the number of text pages in the *Journal* increases, the number of advertisements remain more or less static and the problem thus hinges on how to increase advertising.

It has sometimes occurred to me, especially now that an Assistant Editor has been appointed, that it might be a good thing to appoint a Managing Editor of experience and ability capable both of developing the advertising side and of giving attention to the editorial matter in collaboration with the assistant editor. The *Journal*, as the official publication of our Association, and commanding an established coverage of over 6,000 subscribers, should be, I am informed by reputable advertising executives, a most valuable medium and one capable of carrying its full quota of advertisements.

More than once the hope has been expressed by my predecessors, that increasing revenue will be derived from advertisements and that the *Journal* will be editorially capable of including more news of Branch activities and of the work of the Association. It can only do this to the extent that it can compete purposefully in the advertising field, and it should be borne in mind that the Association's general financial position is very closely linked with the fortunes of the *Journal*.

On the editorial side, the appearance of an increasing number of papers and contributions in Afrikaans is very gratifying. Such additions to Afrikaans medical literature deserve every encouragement, and it is here that I should like to make a special appeal.

For my own part, I have always envisaged the *Journal* as a dual-medium publication, Afrikaans and English side by side, especially, I think, to sustain and foster our essential unity, and to avoid a tendency, seen in other vocations, towards dual organizations. It has always seemed to me that unity in medicine of all vocations, should be preserved, quite apart from more mundane considerations, and in the face of a multiplicity of journals, and the like, the avoidance of which is desirable. I think we can best serve our country and the causes we have at heart by setting an example of unity so much needed in these days.

I cannot allow this opportunity to pass without expressing the Association's appreciation of the visit of Dr. Ian Grant, President of the College of General Practice in England, and without congratulating the National General Practitioners' Group for arranging this visit.

Dr. Ian Grant, who is already well-known to us, will advise the medical profession on the prospects of establishing a College of General Practitioners in the Union, and the Association will look forward with interest to his 'findings'. In addition to this, his presence here is but one more example of that concern for

the exchange of knowledge and inspiration which gives purpose to our growing fellowship.

Finally, at the end of my year, I should like to offer my thanks to the members of the Association for their loyal support, and to all those who have made it possible for me to enjoy so great a privilege.

#### DIE JAAR IN OËNSKOU

Aangesien my jaar as President van die Vereniging so pas ten einde geloop het, wil ek graag 'n paar menings uitspreek op grond van my ondervinding. Omstandighede het dit vir my onmoontlik gemaak om baie besoeke aan takke te bring. Hieroor is ek spyt. Die hoogtepunt van my ampstyd is die kongres wat in Durban gehou is en die baie uitstaande besoekers wat daar was. Sulke onderlinge besoeke moet aangemoedig word.

Verlede jaar en vanjaar het ek die jaarlikse kongresse van die Britse Mediese Vereniging in Newcastle en Birmingham bygewoon. Op die oomblik word die verhouding van die mediese professie met die huidige regering in Engeland druk bespreek. 'n Kommissie van ondersoek is nou besig om op die hele saak in te gaan.

Ek het besonder belang gestel in sommige van die aktiwiteite van die B.M.V., o.a. hulle instelling van die forum vir junior lede en hul gebruik om getroue lede van die Vereniging te vereer met die titel van genoot. Dit is ons gebruik om lede eers na 40 jaar op 'n ooreenkomstige manier te vereer. Ek was baie sterk onder die indruk van hul pogings om geen verbroekeling in die Vereniging toe te laat nie.

Wat ons eie sake betref, is daar 'n gevoel van bekommernis oor ons finansiële toestand. In vergelyking met ander lande is ons ledegelde betreklik laag; hulle behoort dus verhoog te word. Ek is bly om te sien dat daar 'n goeie reaksie was op die oproep van die Tesourier. Dit is my wens dat die Vereniging in die toekoms veel meer moet probeer doen vir dokters in betaalde betrekkinge en vir plattelandse lede.

Die finansiële toestand van ons *Tydskrif* is belangrik veral omdat dit moet meeding met ander tydskrifte om inkomste uit advertensie. Die Vereniging sal een of ander plan moet beraam om die hele saak van advertensies vir die *Tydskrif* op 'n bevredigende grondslag te plaas sodat ons gesonde finansiële beheer sowel as uitstaande redaksionele dienste kan hê. Ek is bly dat daar tans meer artikels in Afrikaans in die *Tydskrif* verskyn. Hierdie neiging behoort al meer aangemoedig te word sodat ons *Tydskrif* 'n ware band van eenheid in die professie kan word.

Ook wil ek die geleentheid gebruik om dr. Ian Grant, President van die Britse Kollege van Algemene Praktisyns, hier welkom te heet. Ons sal sy raad baie op prys stel.

Ten slotte wil ek aan die einde van my termyn die lede van die Mediese Vereniging graag bedank vir hul heelhartige ondersteuning; ook wil ek almal bedank wat bygedra het daartoe om my dienstryd so aangenaam en tot so 'n groot voorreg te maak.