**THE FUTURE**

(This section welcomes contributions, constructive or critical, on the subject of "The Future of Medicine in South Africa").

**Health Service for South Africa.**

By Dr. B. J. F. Laubscher (Specialist in Neuro-Psychiatry) and Major Holland.

In its preamble to the enumeration of the various questions on which we have to vote, the Planning Committee in defining its task states:

(a) What should be aimed at in an ideal service.

(b) What should be aimed at in an ideal service.

(c) Describing the various practical methods that might be adopted to arrive at this ideal.

(d) These words, "to do everything possible to press for such a scheme being put into operation by the Government".

First, then, there is the "ideal" scheme, and secondly, there is the imperative urge for its being put into practice. At the same time we are being urged that it is essential that we come to a decision, "because, to have our views seriously considered by Parliament, we must have a united voice".

We must therefore find some system on which the majority is in agreement. In consequence, a number of schemes have been submitted to us all at once, all jumbled together, with a predominating trend in the patterns suggested that socialized—state—medicine is the ideal. The Planning Committee does not say this, but the formulation and arrangements and comments are a running stream of suggestions in this direction. It feels almost as if, hidden away behind explicit consciousness, lies this conception in the collective mind of the Planning Committee. For instance, under (8), the Planning Committee by a loose argument lets the cat out of the bag. It refers to the resolution of the Border Branch published on 26th September, 1942, "that it objected to socialized medicine unless the whole country is socialized".

Members will remember that that conception was expressed and elaborated in 1941 before this Branch, and that it carried approval. That opinion was published in March, 1942.

The Planning Committee's comments on that opinion is "that on the other side must be realized that such services as the Post Office, Railways and Education are already socialized, just because the people or their elected representatives wished it done".

What will happen should they be of the same opinion with regard to medical services? Surely, this is no logical nor applicable argument? For is the conception "Railways" a human organization with a voice and views and training, or does it mean the organization and handling of inanimate objects?

The Railway workers are not the owners of the railways, nor are they the railways. The few private companies that owned railway lines and stock were adequately paid for their vested interests.

With regard to education, the argument is still more naive. Children cannot educate themselves, and education is essentially a national concern and flows from communal life. The state that allows education to lie loose in its midst without a national interest or direction or control could not possibly have a national soul, but is so inert as to leave the moulding of the minds of its future citizens to any influence, even foreign ones, that could undermine its national aspirations and cultural ideals.

The selection of these arguments as the only ones at hand to try and state why we should have socialized medicine in a
capitalistic régime is an indication of what we have previously referred to, namely, that the Planning Committee seems to favour State Medicine. It begins to appear as one studies the questionnaire that "ideal service" and socialized medicine are identified as the ultimate aim of the Planning Committee.

The urge to present this "ideal" to Parliament seems as if somewhere some people are in a hurry. We wish to stress this word "ideal" at which the Planning Committee is aiming, and we wish it to be borne in mind that most of the implicit evidence contained in the context of the questionnaire shows it to be identical with socialized medicine. For concrete purposes we refer to the comments on item (8).

Now, an "ideal" is that which is taken as a standard of excellence or an ultimate object to be attained. With the latter most of us have no quarrel—in fact, we agree, and we stress the words "the ultimate object to be obtained."

But we feel that this "ultimate object" is interrelated to other important changes. In fact, we feel convinced that his "ultimate object" can only be attained when these changes have taken place. The word "ideal", as commonly understood, implies striving. We are even prepared to strive for this ideal, but only on condition that there is a balanced striving with an equal intensity of urge in other socio-economic spheres.

It is understood that this striving must come from thinking human beings—beings who have invested large sums of money in their training and who live intimately in the midst of and share with others similar biological, social, cultural, and economic needs, unlike the anthropomorphic Post Office and Railways. Such a change-over of medicine from what it is to-day to the fully developed pattern of socialized medicine must take cognizance of evolutionary growth—harmonious growth. Such a balanced conception of the past—to-day to the national economic whole. At present, however, the Planning Committee wants an end pattern now, and it skims over the process of growth or change before ultimate attainment, irrespective whether the other essential components of social-economic national state are ideal or even moving in harmony with the striving. It thus ignores the fundamental essentiality of integration into a balanced socialized national whole.

It almost implies that medicine is independent of socio-economic factors, and that bad medicine is the cause of illness, disease, and bad nutrition and unemployment: the direct results of bad economics. The imperative need for change should be in these spheres productive of health, not first in the sphere of preventing and curing ill-health.

Before we are willing to run with a clear-cut plan to Parliament, is it not wise, first, to ascertain what plans Parliament has for those changes which are essential if we are to attain an ideal Medical Service when the fiscal policy and economic systems are so defective? Is there a similar outcry, imperative in its aims, that the nation must plan for an ideal economic system?

Is there a similar outcry with regard to production and distribution of foodstuffs, when undernourishment in our midst is known to be felt by the thousands?

Is there a similar outcry with regard to criminal law and the rehabilitation of the offender? With regard to unemployment, when the government’s planning committee estimates 200,000 unemployed at the end of this war, namely, 30,000 unemployed European males, 30,000 European females, 30,000 coloureds and 90,000 natives?

What is going to sustain these people physically, economically and spiritually—an ideal medical service? Is it going to provide work, food, housing and clothing, or is it going to patch up by means of hospitalization and medicines the ill-health and undernourishment of constitutional resistance to disease caused by bad economics? Is there an outcry, with regard to the development of the mineral wealth of the country so as to replace gold when output no longer measures up to national economic needs?

Is there an outcry with regard to abolition of monopolies?

The one-sided accumulation of great wealth and the subsidizing of secondary industries from which come profits out of the tax-payer’s pockets?

Is there an outcry with regard to industrial development and absolute number of the Planning Committee?

Are all these other factors ideal, and if not, are they of a minor importance in national welfare and national health compared to medicine?

Are the people conscious of an ideal of ultimate attainment in these directions? And are they planning now?

Scientifically and philosophically we must accept the nation in its socio-economic-scientific-spiritual and cultural organism as an organism. Biologically and physiologically we know what the function of an organism is likely to be that has one ideal; functioning organ and the rest immature anomalies.

It will entail a continual strain of compensatory activity on the part of the mature and efficiently functioning organ which will soon undermine its efficiency, especially since in our case we have not the political power to alter or better the immature anomalies.

We must thus with mature scientific judgment adhere to the evolutionary conception in all things, namely, that there is a process of growth towards maturity or the ideal planned.

The development of socialized medicine in South Africa must be dependent on a commensurate growth of food production and distribution, and socialized concept in our economic system for two essentials, organized or socialized medicine and a whole-time basis will leave the best medicine impotent in the practical accomplishments of its ideals. One criticizes because one fears exploitation, not by the government but by the unbalanced nature of things, because we are human enough to suspect that even socialized medicine may bring economic advantage to some, at our expense.

We have been asked to accept socialized medicine so that we can be leaders in matters of health. This paper wishes to question the validity of such a statement, because in general national health is dependent on socio-economic factors. The medical profession therefore can only function as leaders in matters of health once the blatant factors undermining health and self of non-medical factors are removed; otherwise we must remain as in the past, leaders in the wilderness. The words "curative" and "preventive" medicine come to the fore frequently. They convey an impression which has already taken root among the lay-people that socialized medicine will prevent illnesses. This is sheer propaganda and must emanate from people who have little, if any, experience of practising medicine or who have accepted preventive medicine in its socio-economic-scientific-spiritual and cultural organism, in a relatively independent manner and that bad medicine is the cause of illness, disease, and bad nutrition and unemployment, the direct results of bad economics. Is there a similar outcry with regard to the development of the Planning Committee?

Indeed, the claims of preventive medicine remind us of the time when Mental Hygiene was going to prevent mental disorder and defect; now it is more sober in its claims.

Let our enthusiastic colleagues take stock of the field of practising medicine and it will become apparent that the latter is just as essential as preventive medicine. In fact, preventive medicine is inherent in every advice of a practising physician. It is an ideal dream, indeed an illusion, to conceive or ever faintly to hope that preventive medicine will and can ever replace practising medicine, however all-embracing and thorough, can create conditions in which illnesses will not occur; indeed, never as long as man lives is a physical and psychological environment and as long as he has no choice in the selection of his progenitors, their constitution and hereditary factors, and as long as he has no divine omnipotent control over climatic conditions, seasonal changes and the fluctuation in the growth and virulence of organisms the increase and decrease of Man’s vitality, disturbances in the equilibrium of his inner biochemical environment, the life span and vital quality of his tissues, and last but not least, the emotional stimuli which bombard him and for which he is instinctively receptive from the day of his birth.

Preventive medicine cannot alter all this—it can only improve on its fields of activity where in the past, it had done little. But to claim that its past failure is the material for practising medicine is to distort perception in a most unscientific manner.
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In fact, it shows a profound lack of insight into biological and psychological phenomena of life.

It appears to many of us as if the harping on preventative medicine has propaganda value for socialized medicine. Preventive medicine cannot function without preventative economics. It cannot function adequately in any state unless the government applies scientific principles in its administration of the state. The past history of Public Health in this country is the proof.

These points are mentioned because of the misleading effects such pronouncements regarding an era of preventative medicine have on the public mind.

The Planning Committee and the "Health Commission" are no doubt concerned about the period following the cessation of hostilities. They rightly picture a changed world, especially in socio-economic spheres. That is, they expect to see wholesale socialization. And if one reads their intentions and expectations correctly, force the pace of their plan so that we can have a system ready to fit into the picture.

But we have no information from the Government:

(a) That the state policy is to be socialistic.
(b) That they are planning in that direction now.
(c) That they are going to exercise State control over economics similar to Education, Railways and Post Office.

We have heard vague references and inferences, but we have had no authoritative statement, that it is a matter of State policy. For this reason, we are not prepared to accept socialized medicine while those who control industry and create credits are silent as to their intentions and aims, and are not prepared to accept State control and limited profits.

Our zealous desires to serve an ideal not yet enjoying national consciousness will be to our detriment, because we will be impotent without the right economic system.

Let us assume that the Government's planning committee is correct in its estimate, namely, that there will be 230,000 unemployed after this war, while they can only see a possibility of employment for 15,000. It will mean a severe dislocation of the economic system now in vogue.

The State's expenditure on maintenance will be enormous and the national income at a minimum. No doubt such a situation of chaos will, force the pace for introducing a socialistic economic system. But we will still not be a socialized state.

This phase of moving towards socialism may take years.

Let us call this phase the "interim period".

How could any country in such a position provide and maintain a socialized medical system, when a scientific consciousness of what medicine implies is not possessed by 2 per cent. of the population? One feels, therefore, that the Planning Committee should plan as follows:

(a) For the interim period.
(b) For the socialized period.

Both plans can be presented to Parliament with the strict understanding that (b) comes into force immediately the State policy is in harmony with its aims.

I now wish to submit some suggestions with regard to this interim period, and will now read Major Holland's personal views:

"I do not consider a State Medical Service either practical or necessary in South Africa as an immediate post-war measure:

(1) A State Service would only be practical in a fully socialized country. Doctors, having had more capital invested in their education and establishments, have more ground for resisting state control than any other professional body.

(2) The cost of initiation and the upkeep of a State Medical Service are beyond the means of this country.

(3) There are insufficient doctors to operate State Medicine. I estimate that:

(a) The average busy practitioner will work 40 per cent. less under the new arrangement scheme than he does at present.
(b) That an efficient service will require 50 per cent. more doctors than were in practice pre-war to cover all areas and services.
(c) That there will be a loss of service of about 5 per cent. by forced retirement on an age-limit.

(4) Neither the European nor the Native populations have reached the stage that they will take the medical service provided for them. They will demand a choice not possible in a state scheme.

(5) In all schemes studied a promotion system is visualised. The junior practitioner would start in an isolated area and graduate to the bigger centres.

This is not practical. The country districts need men of experience. They have to be efficient in every branch of the profession because they have to rely on themselves.

A scheme of National Health Insurance would be most difficult to operate in rural areas.

I cannot see any political party strong enough, while present ideas are held, to force National Health Insurance on the farming community of South Africa.

Its application to Natives in Reserves would be futile.

It could be applied in urban areas and might best be started by Benefit Societies under state control.

The Banks' Medical Aid Society system works well in practice and could serve as an example.

That a reform of the Medical Services is essential, goes without saying.

The lines that I would suggest are:

(1) A New Health Act defining and increasing the powers of the Minister of Health.
(2) Double the vote for Public Health Services.
(3) Union Government to take over the hospital system for the Union, and increase it.
(4) Hospitals to be:

(a) Governed by a local Board, assisted by a Union Government Representative with veto powers.
(b) A Branch of the Civil Service Commission to sit in each Province to deal speedily with disciplinary reports from Hospital Boards.
(c) Hospital Medical Staffs to be paid for services by salary, not honoria.
(d) Senior Practitioners to give more of their time to hospital work. Too much is left in South Africa to House-men and House-men are taught too little.
(e) Make provision for House Surgeons at the larger rural government hospitals.

(5) Provide better clinic facilities, equivalent to the Out-patients' Departments run by teaching hospitals in Europe, in urban areas.

(6) Investigate and co-ordinate Mission Hospitals throughout the Union. There is much overlapping and competition that is unfruitful at present.

(7) Provide Infectious Diseases Hospitals in rural areas and insist on adequate venereal disease treatment.

(8) Provide Sanatoria for tuberculosis on a generous scale.

(9) Infectious disease to be entirely a Government financial responsibility. Much hospitalisation is shelved by local authorities to avoid expense.

(10) Establish government laboratories in areas which need them. This could be done in conjunction with the Veterinary Laboratory Service. Staff will be available as a result of the army training scheme.

(11) Increase the number of Health Inspectors in urban and rural areas.
(12) Introduce food inspection in rural areas.
(13) Proceed with and expand the scheme for providing midwives in rural areas.
(14) Raise the salaries of District Surgeons so that they can devote more time to permanent work.
(15) Encourage District Surgeons to take on assistants or partners by giving a subsidy of, say, £250 per annum to a District-Surgeon employing an assistant.

This would show results in:

(a) Increasing the number of doctors in rural areas.
(b) Give more harmony in working than if the increase is brought about by introducing rural practitioners.
(c) Serve to train young men for this service.
(d) Ensure that when the District Surgeon goes on tour in his district, or is called away to High Court, his district is not left unattended.
(e) Give the District Surgeons a chance to take refresher courses and have an annual holiday.
(16) Increase the drug allowance to District Surgeons so that they are not compelled, as at present, to provide drugs for free patients out of their own pockets.

(17) Provide passable roads through thickly populated Native Reserves.

(18) Provide an ambulance, or more, to each magistracy for the movement of sick indigents to or from hospital.

(19) Gradually train Natives as doctors to work in the Native Territories.

(20) Establish research stations in Native Territories.

(21) Establish a Consultant Service on a part-time basis in cities and big towns. These services should be available free through government salaried doctors to the poorer section of the community. If necessary, it should be possible to get a consultant into the country to give an opinion on an indigent.

The establishment of a Health Service along these lines would provide for the needs of the community during the transition period of nationalisation, if housing problems were tackled at the same time. It would involve no drastic change, would provide employment for the doctors, nurses, laboratory technicians and hygiene staffs which will be released from service after the war.

The training of ex-soldiers as doctors could be undertaken as part of a re-employment scheme. They could form the basis of a State Medical Service which I visualise will be possible in another decade.

These suggestions will leave us sufficiently free to exercise a critical influence and expression of our views on the economic system, either with an ideal service or cares, and also, time to adapt ourselves gradually to the change and press our claims for indemnification, as the railway companies did when the state took over.

There are those among us who claim that the first essential is an adequate state medical service for the native and non-European. Here again a benevolent attitude, augmented by our civilized peace-time ideals to relieve suffering, runs away from economic realities responsible for health.

For instance, Dr. A. Tonkin, Medical Superintendent of the United Hospitals, in his address to the Rotary said, *inter alia*:

"That they have one bed for 4,000 natives, that 20 per cent. of the deaths were caused by tuberculosis which was rife in the Transkei. There was hardly a family which had not some member suffering or dying from the disease. Although there were 1,750,000 head of cattle in the Transkei, most of them were oxen, and as Transkei cows were incapable of producing milk, there was hardly any milk for native babies.

They estimated that 65 per cent. of native children died before the age of 2 years."

Now, we know that cows need good grazing to produce milk. We also know that tuberculosis is caused by living conditions and undernourishment, and that the absence of good pastures and the presence of undernourishment are related to medical problems, even the causation, but that their solution cannot be brought about by manipulating medical practice.

The ethnological and cultural patterns of the native are ignored when we view his distress and when we plan to treat the symptoms of his distress. Conscience forces us to treat these symptoms because we are impotent to treat causes. A State Medical Service for the native is thus a Medical Service for symptoms of his distress. Native culture was once associated with economic plenty. Large herds of cattle and good grazing supplied them with the essentials of diet.

This culture is polygamous and its polygamous pursuits has taken no cognizance of the changed economic, pastoral, and agricultural conditions. To-day grazing is poor, land is restricted, and small stock underfed the former great herd of cattle. Hence the cattle are lean and miserable. Polygamy still holds sway: men can take as many wives as they can pay for, and for certain reasons, a large progeny has a cultural, religious and economic significance.

Rural life has changed; we often hear I have not heard the statement, "My daughters are my cattle". The pagan native, in this polygamous culture, is therefore not conscious nor concerned with the economic security and health of the children his wives will bring into the world.

For as long as he fulfils the demands of his culture, it matters little how far he is out of touch with the civilized culture and its demands. A Native may possess three wives, and have four children by each wife, he must therefore feed fifteen mouths. His agriculture is primitive and his crops are poorly planted. He rarely slaughters a beast. His diet consists of mealies—he rarely bothers about vegetables except occasional pumpkins, and then his wives do most of the work. This family may produce twelve children—almost an average for three wives, unless one is sterile. Four children may die, four may live as sickly and undernourished or tuberculous people, and for economic reasons, may be doomed to a life of sufficient constitution to function as physically normal beings. He produces thus 50 per cent. liability and 50 per cent. asset to his family, and since he can't support his sick, the state has to make the policy of providing grants in aid of his medical bills.

While this native's sense of values with regard to the economic aspect of social responsibility is out of touch with that demanded by the civilised section, he continues to produce a large family on polygamous sanction, fill hospitals, or create a need for expensive hospital treatment, feed his offspring inadequately, while all the time humane civilised conscience demands that we relieve the suffering, and so Medical Services to treat the symptoms of his distress. Thus, in fulfilling an ideal of our culture, we tax by direct and indirect means and spend money obtained from less than 2,000,000 Europeans, while the primitive culture continues to create problems.

This burden on the European population must ultimately reach a stage when European culture and standards of living must suffer. And the economic effects are beyond the limiting or diminution of European birth-rate. This immediately opens a tremendous issue with regard to the future of white civilisation in this sub-continent, an issue into which I cannot go here. Wherever mother earth is not capable of sustaining those who live on her, they die of disease or move elsewhere. The industrial organisation reaps the profits and benefits. Is this perhaps a reason why so many great figures of industry have expressed themselves in favour of a state medical service? Because such a service in a capitalistic state would put an end to preventive and curative medicine and not on factors which I call productive health. It would therefore act as a placebo and divert attention from other economic necessities which, if complied with, will interfere with a liberalistic monopolistic industrial policy. Thus, as the territories become denuded of people subeconomy housing schemes spring up in towns to accommodate the people, at the expense of the community, with increase of rates and taxes and overvaluation of property. Unemployment is increased and charity organisations work overtime. In the latter in the absence of the European who earns a living for donations, to meet the need. What solution can an adequate medical service provide for such problems? From the outcry one would almost imagine, if one does not think, that money is the problem, but that the remedy lies in education, development of native agriculture and culture and provision for this purpose; the cultivation of other foodstuffs than mealies; the appointment of inspectors, etc., to see and teach the native to farm, the state to supply seed on loan; the encouragement of religious systems which demand monogamy, and at the same time replace the religious needs of the pagan culture during the transition period of the native. Christianity seems to me to be the best medium for receiving people from a primitive culture into a civilised state. For this purpose religious schools should be established. Mission Schools and Mission Hospitals. The latter and their related activities in religious and ethical spheres will render a service which cannot be replaced by a state medical service for the native, in his present phase of cultural evolution.

The matron of the Royal South Western Hospital, Oudtshoorn, is faced with the dreadful necessity of closing the Maternity Section of that Hospital at the end of March unless she can secure Staff to run it. She writes that more than 7,000 child-bearing women in that area, including wives of the Air Force men stationed there, will be left without any assistance due to confinement.

She appeals to all duly qualified nurses or midwives who have retired wholly or in part from active practice to go to her assistance, particularly any resident in that area.