

A CHANGE OF HEART AT GROOTE SCHUUR

Groote Schuur Hospital's Department of Cardiothoracic Surgery is soon to return to the proficiency and pride of its Chris Barnard heyday — in the face of potentially crippling provincial tertiary health care cutbacks.



Top cardiothoracic surgeons Professors Johan Brink, Susan Vosloo and Peter Zilla.

One man's idea and the passion of several cardiac surgeons and their colleagues have helped to overcome the constriction of financial cuts which 14 months ago saw administrative permission required for emergency surgery.

In stark contrast to that crisis a year ago, which had the province's cardiothoracic surgeons Professors Peter Zilla and Johan Brink angrily contemplating legal action against provincial Director- General of Health, Dr Craig Househam, to force the release of funds, equipment and manpower are now flowing.

The catalyst came in the form of Leon de Pradines, South African CEO of Edwards Life Sciences, who, upon hearing the woes of the Groote Schuur Hospital cardiac surgeons, asked how he could partner them in order to 'put some dignity back into academic medicine'. What followed was the aptly named 'Change of Heart' programme that, backed by Pradines's international company and the medical industry, has pumped R2 million into the Chris Barnard Cardiothoracic Wards and Academic Suite.

The funding will also bring the service, teaching and research capacity of all departments caring for patients with cardiovascular disease under one umbrella. This cyber matrix will be called the Christiaan Barnard Institute of Cardiovascular Medicine.

Says an enthusiastic principal cardiothoracic surgeon, Johan Brink, 'It will enable us to speak with one voice in negotiating with industry, the universities and the province for the core equipment and staff we need'.

A staff of 30 surgeons, cardiologists, scientists and technologists, together with an infrastructure boasting four electron microscopes, cutting-edge cell culture laboratories, molecular biology laboratories and several other aspects of modern technology, has allowed the department to re-enter the world stage.

Patients, mostly the indigent, will be the biggest beneficiaries. Brink says an institute committee will set priorities after discussions with all medical and surgical departments and has already reached consensus on purchasing cardiac software and hardware for their new MRI machine.

Because of the general degeneration of the working environment and facilities in academic hospitals during recent years, revenuegenerating patients were increasingly opting for private hospitals.

The rebuilding of the clinic itself and upgrading of the ICU, operating theatres and surrounding corridors to the tune of another R3.5 million are set to transform the patient and health care worker environment.

Says Brink, 'We've also managed to get a new heart-lung machine and the Department of Public Works has so far come up with R250 000 of the R400 000

promised for refurbishing and reequipping our wards'.

Reminded of the daggers-drawn legal drama with Househam a year ago, he responded, 'We realise we were a bit overenthusiastic at the time, but in the process we did show our commitment to doing something about the plight of our patients, of our Department and academic medicine in general. There's no point in continuing to challenge our province — we needed to see what we could do to change things for the better. With province's help as a partner rather than as an adversary, major benefits for our patients can materialise.' Brink said state medicine did not have to be equated with demoralised staff working in a run-down environment.

The Chris Barnard department is the only academic/public hospital in Africa performing heart transplants. Because of the general degeneration of the working environment and facilities in academic hospitals during recent years, revenue-generating patients were increasingly opting for private hospitals. This deprived the academic hospitals of both the revenue needed for indigent patients as well as the patient numbers required for sound academic pursuit.

Brink emphasised that collaboration with the University of Stellenbosch, the University of the Western Cape and Tygerberg Hospital was vitally important in the future and said the key players in the cardiovascular fields were aware of the importance of an initiative to consolidate cardiovascular services, research and teaching under one umbrella.

He said all tertiary medical services would eventually have to work together because the province was 'forcing the issue' in line with the national health department agenda.

Chris Bateman



WALTER SISULU PAEDIATRIC CARDIAC CENTRE OPENED BY NELSON MANDELA

Only 20% of South African children with heart defects have access to the kind of medical care that could enable them to live normal, healthy lives, and for Africa as a whole the figure falls to less than 1%.

In Tanzania, for example, even simple defects cannot be corrected. Tanzanian patients travel to India for surgery — if the money can be found.

But there is hope that this dismal situation could improve.

It is the aim of the Walter Sisulu Paediatric Cardiac Centre at Netcare's Sunninghill Hospital in Johannesburg, officially opened on 7 November 2003 by Mr Nelson Mandela and Walter Sisulu's widow, Mrs Albertina Sisulu, to make life-saving cardiac surgery available to disadvantaged children throughout southern Africa and beyond.

Dr Robin Kinsley, head of the unit, stressed that while heart anomalies in children are common, affecting around 1 in 100 babies, 95% can be successfully operated on, and it is time to dispel the



Nelson Mandela and Mrs Albertina Sisulu were presented with artwork done by former patients.



Nelson Mandela and Mrs Albertina Sisulu open the centre.

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myth that this sort of surgery does not take place on the African continent. 'We have to be able to look after ourselves', he said, and it is envisaged that the Sunninghill unit, a facility comparable with the best in the world, will become not just a referral centre for cardiac patients from countries as far afield as Zimbabwe, Kenya and Tanzania, but a centre of excellence providing teaching and training for visiting doctors. 'The benefits to the continent will be incalculable,' said Kinsley, but the unit will stand or fall on funding. While funding has been kick-started by a generous donation from Vodacom, more money will be needed.

Mr Mandela paid tribute to his old friend Walter Sisulu, whom he described as 'head and shoulders above all of us' but at the same time a man of simplicity and humility who preferred to remain in the background. Mandela said Sisulu's heart would have gone out to the children the centre is seeking to assist, so it is very fitting that the unit should carry his name. Reiterating the call for funding, Mandela stressed that the centre needs financial as well as moral support, and that donations would be a precious investment in the future as well as homage to a great leader.

The opening ceremony was attended by members of the Sisulu family, government representatives, business people, unit staff, doctors and specialists, some from beyond South Africa's borders. Tea afterwards had a happy, party feel due to the presence of former and current heart surgery patients and their families, ranging from small children (dressed in their best and clutching cupcakes and heartshaped helium balloons) to young adults (a medical student and a Cats rugby player).

To pledge support to the Walter Sisulu Paediatric Cardiac Centre, call (011) 254-1767.

Emma Buchanan