



PERVERSIETY HEARING ENDS WITH A TWIST

The marathon 4-year kickback and fraudulent billing professional conduct inquiry into Gauteng radiologists, Illes, Swartzberg, Le Roux and Uys ended last month — almost as controversially as it began.

In a settlement with the HPCSA, the radiologists pleaded guilty to over-billing and creating perverse incentives and, with the exception of Uys, were effectively suspended from their practices for between 3 and 18 months. They also paid fines of between R50 000 and R150 000.



Appealing: surgeons Percy Miller (l) and Julius Preddy.

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Until last month they had consistently protested their innocence.

It is the first time that a Medical and Dental Professions Board disciplinary enquiry has been presented with a 'plea-bargain' type settlement proposal — made possible by new laws aimed at unclogging the criminal justice system.

Drs Jozsef Illes, Jeffrey Swartzberg and Leon le Roux pleaded guilty to unprofessional conduct relating to the over-billing of certain patients and/or their medical funds. They also pleaded guilty to paying kickbacks to referring doctors Stanley Levy, Julius Preddy,

Percy Miller, Leonard Nainkin, and Ian Weinberg. These doctors were paid 4.5 - 5% of the monetary value of their referrals less VAT and bad debts.

In a separate enquiry, the referring doctors (with the exception of Levy) were found guilty of disgraceful conduct for accepting payments totalling at least R2.34 million between 1994 and 1999.

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The Australian-based Levy was granted indemnity after admitting that he lied 'in a misguided attempt to assist Illes and Partners and to secrete my involvement'. This became a dramatic turning point in the hearing.

The referring doctors are appealing against their convictions.

Radiology firm partner, Dr Herman Uys, pleaded guilty only to a charge of over-billing as a result of negligence. Uys conceded that as a partner of the radiology firm he failed to take sufficient steps to ensure the accuracy of practice accounts. He denied guilt of willful or fraudulent conduct, or of offering incentives to referring doctors.

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The sentences imposed against the radiologists are:

- Dr Swartzberg: suspended from the register of medical practitioners for 3 years, 18 months of which are suspended on condition that he commit no similar offence for 5 years. He was fined R150 000.
- Dr Illes: suspended from the register of medical practitioners for 3 years, 2 years of which are suspended on condition that he commits no similar offence for 5 years. He was fined R100 000.
- Dr le Roux: suspended from the register of medical practitioners for 3 years, 2 years and 9 months of which are suspended on condition he commit no similar offence for 5 years. He was fined R50 000.
- Dr Uys: suspended suspension of 3 years, on condition that, for 5 years, he does not share fees with any medical practitioner who does not render a commensurate part of providing a radiology service or that he doesn't pay a kickback to a medical practitioner for referring patients. He was fined R50 000.

Dr Richard Tuft, president of the RSSA, said that the organisation had a 'zero tolerance' approach to kickbacks and fraud. The RSSA commended the HPCSA for its 'determination' to act on such matters.

Chris Bateman



STIRRING THE STATISTICAL POT

A provocative article by well-known local journalist and one-time AIDS quasi-dissident, Rian Malan, rubbishing 'apocalyptic' statistical AIDS projections has created a heated polemic in activist and medical circles.

Writing in the December/January edition of the influential investigative magazine *Noseweek*, Malan claims health budgets are 'skewed' to combat and treat a pandemic dangerously 'exaggerated by statisticians and alarmist lobbyists'.

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He claims estimates by the WHO in Geneva are bent on 'forcing a certain outcome' with an agenda set by Western drug companies, scientists and activists — most of whom 'take little heed of politically less interesting diseases'.

His 4-page article, headlined 'Apocalypse When?' toys with mortality and prevalence statistics from the WHO, UNAIDS, ASSA 600, ASSA 2000 and Stats SA, attempting to deconstruct their chronological progress.

He takes a full tilt at 'omniscient modellers', while claiming to have personally found little evidence of the horrors so confidently predicted.

Malan's self-confessed 'obsession' with the subject ironically began when he was commissioned by a US magazine to write an article probing President Mbeki's 'sanity in questioning HIV basics'. Aiming to demonstrate Mbeki's 'folly' and using the 1999 *Yellow Pages*, he called four coffin factories in Johannesburg only to discover two had gone out of business and that the survivors were experiencing 'business as usual'.

His subsequent shift towards the dissidents is strongly endorsed by *Noseweek* editor, Martin Welz, a veteran investigative journalist best known for readily crossing legal swords with aggrieved victims of his magazine's 'exposés'.

In an editorial called 'Glad Tidings' Welz celebrates Malan's 'discovery' that the Medical Research Council had 'quietly been downscaling' their estimates of South African AIDS deaths to half the number cited in 2000.

Both writers back President Mbeki's stance that AIDS is yet another symptom of maldistribution of resources between rich and poor, although Welz says Mbeki's credibility in punting this on the world stage was wrecked by the arms debacle.

The pairs' foray into the political minefield around HIV/AIDS statistics set off an immediate, lengthy and vociferous response from the Treatment Action Campaign (TAC).

The South African Medical Association's response was curter and more dismissive, although it made common cause with much of the TAC's rebuttal.

Chairman Dr Kgosi Letlape said SAMA's views were informed by the experience of 'working with people on the ground'.

'We're not interested in a nonsensical debate over whose figures are more accurate. We don't speculate that there's a serious impact from HIV/AIDS on our health services.'

Letlape said HIV/AIDS patients overwhelmed medical wards and that 'Mr Malan can go and verify this for himself'.

'Is he saying that these wards are overwhelmed because of the incompetence of the system? We know there's a huge burden of disease out there and we have to work together to deal with it — I don't want to

concentrate on people who are just trying to make themselves famous,' Letlape responded.

Nathan Geffen, national manager of the TAC, in a painstakingly referenced 14-page rebuttal of *Noseweek*, accuses Malan's article of being littered with a plethora of incorrect and misleading facts. 'These have no place in a thesis that purports to be debunking the current orthodox scientific view,' he asserts.

Geffen said that four funeral 'parlours' from Johannesburg's *Yellow Pages* did not constitute a representative sample size and could be biased towards more affluent communities where HIV prevalence was low.

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The MRC report clearly stated that the ASSA 600 model used overestimated AIDS deaths — a candid and 'mundanely benign' explanation in stark contrast to Malan's painting of it as a 'surreptitious admission of failure'.

Geffen said it would be just as easy to write a similar but equally misleading article arguing that there was a conspiracy by epidemiologists to underestimate HIV prevalence in Africa, citing compelling seroprevalence studies.

No respectable epidemiologist, including the MRC and the Actuarial Society of South Africa, had claimed 'perfect exactitude' about South African HIV prevalence estimates. All consistently emphasised that theirs were the best available estimates given the current knowledge, and that with time and more research, they would become more accurate.



'One has to ask whether Malan wishes to re-brand himself as the whistle-blower on exaggerated epidemiological studies,' Geffen added.

He said that far from taking little heed of 'politically less interesting diseases', the South African government had a policy of treating public sector patients with 'pneumonia, cancer, dysentery or diabetes' (cited by Malan) as well as most other common maladies.

Until the launch of its operational plan for the treatment and prevention of HIV/AIDS in November last year, there was simply no HIV/AIDS policy.

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The massive growth in AIDS patients in the public sector coupled with a long period of stagnation in per capita public health expenditure had resulted in

patients with all diseases being crowded out of the system.

Far from 'skewing' budgets, treating HIV offered an opportunity to reverse this trend by reducing the numbers of AIDS-related opportunistic infections and drawing new capital investment into the health system.

Chris Bateman

The South African Medical Journal

100 years ago:

Another very interesting case is that of a young man who was injured at a bush hunt by a stray looper entering his popliteal space. I saw him about two months afterwards, when the whole of his popliteal space was occupied by a large swelling which had slowly increased from the time of the accident. Cutting carefully down I opened the haematoma, turned out an immense lot of clotted blood, and found a small opening in the popliteal vein, oval in shape, and a little over a quarter of an inch in length and a little less than that in width. Carefully separating the vein from its surroundings for about half an inch above and below the injured spot, I found that I was able with a very fine needle and silk to close the little opening by putting two or three stitches through the outer fibrous coating of the vein, and although it was very definitely narrowed at that point, yet there was considerable lumen left along which the blood could find its way. I then carefully raised a small flap of fibrous tissue from the edge of the bed in which the vein had been lying and stitched it over the closed opening in the vein to endeavour to add security to the stitches. I found it impossible to bring the walls of the large cavity properly together, and therefore stuffed it with sterile gauze which was replaced by a smaller quantity at each subsequent dressing. The leg was kept at perfect rest upon a splint, and the patient made a perfect and uninterrupted recovery.

(Some notes on surgery in Natal. A. MacKenzie)

50 years ago: Chloromycetin for a baby

In this age new discoveries appear, comet-like, upon our horizon one moment and are often blown up the next. The lay press and the radio bring to the notice of the public medical news, often before we can read of them in our own journals, much more assess their value. We find it difficult to keep abreast of medical progress. Compared with 25 years ago, we find ourselves speaking a new medical language. At least let us try and do so coherently. We are in danger, at times, of losing our sense of proportion and correct perspective; we need to preserve a critical judgment. Let us view all new discoveries with great interest yet with due discretion; it is essential to put them to the test of controlled experiment before accepting their value. With laboratory, X-ray and ancillary services offering greater assistance, let us exercise care against diminishing our own powers of clinical observation. In paediatrics the emphasis is laid increasingly on prophylaxis. This is right, and as citizens we must strive to improve the socio-economic status of those requiring it. As practitioners we must play our part in the team of preventive medicine; but let us also never fail to remain good doctors...

As a final few words may I quote the Goodenough report which states: 'Teaching in the health and diseases of children should run like a golden thread throughout the whole curriculum'. I would add: '... throughout the whole of our practice of medicine.'

(Seymour Heymann, Paediatrician. Presidential address, Southern Transvaal Branch of the Medical Association of SA)