



Derelict wards at the Don McKenzie Hospital at Botha's Hill and Charles James Hospital in Amanzimtoti had been renovated, enabling the FOSA TB hospital in Durban to decant 'problematic and retreatment' patients into them, opening FOSA for MDR patients.

Margot said data revealed 279 mono-resistant and true MDR cases in the province in 2000, jumping to 772 by 2005 (mono and MDR), with 683 true MDR (*no mono figures available*) recorded last year.

Urgent priorities included the 'beefing up' of staffing (for counselling, recording, checking and following up), infection control and bigger, less crowded facilities and sufficient beds. 'There's a huge demand for additional beds not just for XDR but for recurrent and ill TB patients as numbers from the HIV pandemic increase – obviously we have to turn back the HIV pandemic, we have to turn that tap off and lift people's immune systems with the ARV programme (KZN has an estimated 8 000 patients on ARVs).

Margot praised the provincial and the national treasuries who 'gave us whatever we needed'. The structural work on developing MDR and XDR satellite centres would cost a minimum of R25 million, of which some R2.5 million was spent between January and March this year. 'We want to spend it all by July this year – particularly on MDR and XDR infrastructure,' Margot added.

### TB burgeoning

Mvusi said that nationally there were 302 000 cases of ordinary TB in 2005 with a 'substantial increase' expected when the 2006 data came in. She said there would be a sharper focus on 'following up' of patients and on strengthening the country's referral system. 'There needs to be proper monitoring at clinic level and wherever we have volunteers and NGOs with a proper system to trace defaulters and contacts'. She appealed to private GPs to 'pitch in' with screening and tracing.

'They could enter into agreements with their districts or sub-districts to supply treatment, help us with

education and counselling and get patients to report back to their sub-district so we can get outcomes. We'll give them drugs, they could help us look after patients and report the results to us so we have the data link.'

The Foundation for Professional Development (FPD), in collaboration with the World Medical Association, is piloting an online MDR and XDR distance education course for doctors who have completed the basic clinical management TB course. FPD programme director, Ms Almie Castleman, said with adjustments from the initial 35 participating physicians, it would probably be available from May or June this year.

It will be free of charge on the WMA website with a link to the FPD website.

Castleman can be reached at [elmiec@foundation.co.za](mailto:elmiec@foundation.co.za).

**Chris Bateman**

## NO QUOTAS PLEASE, WE'RE NEW SOUTH AFRICANS!

Nearly three dozen delegates at the Junior Doctors Association of South Africa's (Judasa's) annual general meeting this March agreed to cast aside 'apartheid baggage' and spontaneously voted in a predominantly black and female executive.

Rejecting a proposal for gender and race quotas that would have meant amending Judasa's constitution and closely mimicking the prolonged drama in their parent body, SAMA, delegates agreed that 'competence' be the overriding election criteria.

Said Duan Lemmer, the outgoing chairperson: 'What was really encouraging during the hour and a half

debate was that people from previously disadvantaged groups said that if they were elected they wanted it to be for competence and not gender or race'.

Contrary to previous AGMs there were delegates from every one of the nine provinces at the gathering, held at SAMA's Pretoria headquarters.

### 'Don't emulate our parent body'

Lemmer spent time briefing the Judasa AGM on the recent history of SAMA's racial and gender transformation and its ongoing struggle with constitutional change, urging delegates to live up to their reputation as a new forward-looking generation.

SAMA's council appointed a Constitution Transformation Task Team (CTTT) 4 years ago after initially amending its constitution to ensure that all SAMA committees had 50/50 representation from former 'partner groups' and the apartheid-era Medical Association of South Africa (MASA).

The redefining of the SAMA on non-racial lines was marked by fierce inter-personal clashes, resignations, forensic probes and threats of litigation that still reverberate through the organisation today. The CTTT is due to report to the full SAMA council this July amid strong lobbying that it finally disband and let the executive decide on its recommendations.



Stefan Basson, Judasa's representative on the HPCSA's Subcommittee for Internship Training last year.

Mathew Gibbs, incoming Judasa chairperson, told *Izindaba* that the swift and 'natural' process of re-electing a virtually 'brand new' executive freed him up to focus on vital student and junior doctor issues like commuted overtime and lack of supervision.

He intended building on 'major progress' made over the last year which included securing the backing of the Health Professions Council of South Africa (HPCSA) and the national Department of Health in cracking down on the exploitation of juniors.

Stefan Basson, Judasa's representative on the HPCSA's Subcommittee for Internship Training last year said the biggest victory was persuading the HPCSA to produce new guidelines saying interns should not work longer than a 60-hour week (40 'normal hours' and 20 hours overtime). This brought the guidelines into line with commuted overtime contracts and 'avoided the semantics'.

He said that until November last year provincial hospitals had almost uniformly exploited the clumsily worded HPCSA guidelines (intended to protect interns) that stated that interns could not work more than 80 hours per week.

## 'Deliberate' misinterpretation

Hospital managers 'turned this around' and interpreted it as a *minimum* work requirement while some senior colleagues had also abused the situation, often resulting in overstressed and resentful juniors who could not wait to head overseas.

Added Basson: 'The HPCSA initially saw the overtime as a labour relations matter, but when we showed that it impeded the training of interns by making them so tired and overworked that they were making mistakes, they began to take notice'.

Hospital managers bent on delivering services had cynically argued that any less overtime put in by interns would result in a lack of basic training but this was refuted by senior academics and retired professors on the HPCSA subcommittee.

***They warned that next year's 2-year internship-induced drop of the Comserve intake by 78% would aggravate the problem which often traded building (or destroying) junior physician confidence off against patient safety.***

The new 2-year internship initiated from within and strongly promoted by the HPCSA subcommittee more than compensated for any lack of previous training exposure.

'Our view has always been that you cannot force work on junior doctors and drive them away,' said Basson. He said it was up to the national and provincial departments of health to address doctor shortages in ways that were non-exploitative of vulnerable juniors.

The Judasa trio warned that although the commuted overtime victory was 'major', membership communication and awareness issues meant that in

several provinces the exploitation continued, making it 'an ongoing battle'.

Basson and Gibbs said the shortage of even ordinary medical officers and the attendant lack of proper supervision remained a countrywide problem, especially in the rural areas. Community service (Comserve) level supervision was often the best interns got. They warned that next year's 2-year internship-induced drop of the Comserve intake by 78% would aggravate the problem which often traded building (or destroying) junior physician confidence off against patient safety.

Basson said that at HPCSA meetings attended by provincial co-ordinators of internship and community service, he consistently observed a 'total lack of plans' to address the looming 2008 staffing crisis. A Comserve doctor at the far-flung Madwaleni District Hospital (Coffee Bay area of the Eastern Cape), Basson said he had not made himself available for re-election because his professional work pressure was otherwise too great.

## Supervision 'shocking'

He said not only rural areas suffered from a 'shocking' lack of junior doctor supervision and support. The supervision at the Port Elizabeth tertiary hospital complex was so poor that it had led to the HPCSA threatening to remove their internship accreditation.

The shortage of medical officers countrywide was so chronic that a stigma had now developed around MOs who 'stayed on' after their community service. 'The tragic and unasked question seems to be "Why don't you specialise or go into private practice?"' he said.

Judasa's new vice chairperson is Dr Muthei Dombi (stationed at Elim Hospital in Limpopo and previously in charge of provincial structures on the exco), Secretary Dr Nokwethemba



Mtshali (of Helen Joseph Hospital, Gauteng), Provincial Co-ordinator Dr Nicola Buchan (Bloemfontein Hospital, Free State), Student Liaison Officer Dr Katlego Mpepele (Prince Mshiyeni Hospital, KZN), and Internship and Comserve Co-ordinator Dr Kgomotso Mogapi, George Stegman Hospital,

North West). Except for Dombi, all are first-time office bearers. The chairperson, Gibbs, who is based at Manguzi Hospital in KZN, said he would focus on strengthening Judasa's provincial structures and communications between these and hospital intern representatives.

He appealed to members to 'initiate conversations' with their hospital managements and to use SAMA's highly professional industrial relations unit if problems arose.

**Chris Bateman**

## E CAPE SWINE FEVER UPS KWAZULU-NATAL HUMAN RABIES RISK

Canine rabies cases in KwaZulu-Natal (KZN) have more than doubled over the last 16 months as veterinary services staff are redeployed to the Eastern Cape border to protect the province against swine fever.

KZN's anti-rabies dog vaccination campaign is less a third of its staff who are still deployed around the clock to 9 swine fever decontamination road blocks in the south of the province.

While the swine fever defence seems to be working, canine rabies figures have since more than doubled, from 141 cases in 2005 to 308 by the end of last year, increasing the risk of human rabies, with 4 people dying of rabies after dog bites last year. Three people died of rabies in the province in each of the previous years.

More alarmingly, according to Kevin le Roux, KZN's rabies project manager, another 6 people, mostly children, were last year fatally savaged by packs of feral dogs scrounging rural and peri-urban homes and their environs for food. The packs were also killing chicken, goats, cattle and even domestic dogs that tried to protect their territory and/or food bowls.

'We're working really hard to try and reintroduce mass vaccination – we've imported oral bait vaccine, and do

sterilisation, removal of unwanted and stray dogs (spaying and culling). But without staff, we're not reaching the animals and there's a corresponding rise in rabies,' Le Roux said.

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### Strong HIV/rabies link

He and his Department of Health counterpart at the local communicable disease control unit, Dr Uma Nagpal, re-asserted their belief that HIV/AIDS was behind an explosion of feral dogs in the province. Said Le Roux: 'You get entire families wiped out by HIV/AIDS and dogs abandoned. Then you also have the situation where breadwinners are ill or dying, which changes the whole emphasis of family life and their priorities. A dog doesn't even feature then'.

HIV/AIDS prevalence in KZN stands at 36%. Le Roux cited a call-out to Sweetwaters township,

Pietermaritzburg, just hours before *Izindaba* called him in mid-March. 'We've just removed 45 uncontrolled dogs that the community managed to help us catch. We'd never had a problem there before.'

Le Roux said reports of problem animals and dog packs come in daily: 'I believe the HIV/AIDS link is very strong, but just as important is poverty and the lack of basic health interventions with dogs, like spaying and sterilisation. Dogs are breeding uncontrolled, aggravating the situation'.

A typical situation would be *Gokos* (grandmothers) looking after a household with a few children and two female dogs. 'The next day they wake up and there are 20 dogs – what happens to those animals?'

With department of health and local authority co-operation, he had managed, by supplementing ordinary vaccination with the new oral bait vaccination (for stray and problem animals), to reach an extra 10% of dogs in some communities.

### Special baiting permission granted

He had also received permission from some municipalities and districts to distribute oral bait vaccine to animals