

## A proud contribution

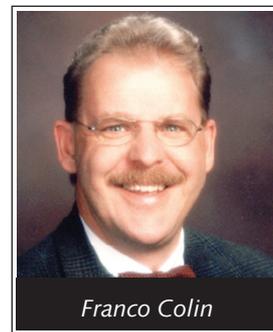
Franco Colin is a psychiatrist in private practice and a part-time consultant in the Department of Psychiatry, University of Pretoria. He also serves on the Executive Committee of the South African Society of Psychiatrists as member for private practice and the Specialist Private Practice Committee of the South African Medical Association as member for consulting disciplines.

In the August 2004 issue of *Medical Chronicle*, the Dean of the Faculty of Health Sciences at the University of Pretoria, Professor Thanyani Mariba, is described as 'passionate about academic medicine — and about being a role model to South Africa's future doctors'. He is quoted as saying: 'However I never went into medicine to make money. What message would I have been sending had I gone into private practice? That only patients who could afford my fees were deserving of my care? In effect I would have been telling the patients who couldn't afford to pay, "Go home and die!" That was not an option for me.'

Professor Mariba is further quoted as saying that he 'sees medicine first and foremost as a service — and not as a business'. He feels that private practices approached as businesses will be governed by the rules of business, and that this 'greatly increases the risks of over-servicing and perverse incentives.'

Firstly, as one of the private practitioners proud to be related to the University of Pretoria (in my case to the Department of Psychiatry), I find that these comments leave a bad taste in the mouth. Private practitioners have contributed to the health care system in South Africa for many years, often at rates far lower than the private rates suggested by the South African Medical Association, and sometimes *pro deo*. I have never heard of a private practitioner saying to a patient: 'Go home and die!' It has never been an option for us! Many of us have taken part-time academic appointments and have made significant contributions to under- and postgraduate training at universities, as well as contributing to state clinics as session workers. Private practitioners have also participated in pharmaceutical research, involving private patients in these studies. Professor Mariba's suggestion that only full-time academic specialists can make a contribution is therefore a slap in the face to those of us from private practice who give up our time to the academic cause.

Secondly, there seems to be a subliminal message in Professor Mariba's statements: to make money out of medicine is somehow not acceptable. I respectfully disagree. I feel that any



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professional person deserves adequate remuneration for his or her services, even if one feels that one should not say 'Go home and die!' This socialist attitude that seems to pervade government, and now to influence a University Dean's (openly stated) opinion and policy, is in my view not balanced. Voicing such opinions runs the risk of 'muddying the waters' of relations between academic and private practice in South Africa.

Thirdly, many of the state health services are in a poor state at present, precisely because they are run as services and not as businesses. If business principles were to be employed more often, improvement in the service would follow.

The solution to many of the state health service's needs is to enter into public-private relationships and, among other things, allow private practitioners a larger role in the various aspects of academic medicine . . . before state health 'goes home and dies'. We are willing to assist, have done so in the past and will continue to do so in future. I only hope that sentiments such as these of Professor Mariba will change.

The views expressed in this piece reflect the opinion of the writer only, and no other organisation to which he belongs.

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