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MEMORANDUM ON THE MEDICAL AID SCHEME

By Dr R.T. Bokwe, M.B., Ch.B. (Edin)
A.D.S., Middelrift

For some time after its inception in 1934, the Medical Aid Scheme has been viewed with suspicion by both (a) The Medical Profession, and (b) The Native People generally.

Medical Men generally thought it unwise to introduce, however urgent the need for some action might have been, a partially qualified element to practise medicine, surgery and midwifery. They see in this certain dangers which might crop up, such as, for example, some overlapping of functions which are bound to occur whatever the limitations placed on the activities of such Medical Aids.

The Native People also have had fears and suspicions. Thus, e.g.

- (a) It was considered to be an attempt to give them a second-rate service.
- (b) That it would be a means of discouraging Natives from receiving the full Medical training and reserving this as the special preserve of the European.

These suspicions have now been partially allayed by the commendable action of the Witwatersrand University and the Government in sanctioning and encouraging the full medical training of Africans at that University. This action is immensely appreciated.

I said specifically that our fears are only partially removed as there is still remains the question whether an inferior medical service for Africans should be instituted because an admittedly serious state of affairs exists as regards Native health generally.

Consideration of this question raises various problems.

- (a) Would a mass production of medical aids partially trained as medical men afford the relief so urgently needed?

Our opinion is that it would afford some relief but that it would certainly not be the ideal method of affording such relief and that it would sooner or later be scrapped because, I think, such a scheme loses sight of the whole trend of medicine today which is to lay greater emphasis on preventive measures than has hitherto been the case. I think this medical aid scheme should guard against the dangers of weighing heavily upon the curative aspect if it is adequately to meet the needs for which it was instituted. We as a medical profession I think today realise more and more that our concern should be to see that people do not get ill rather than that we should be paid when people are ill. Conservatism and tradition still bind the profession to this but recent discussion in the medical press on State Medical Services have shown that a change of attitude is imminent.

- (b) What is the attitude of the Native people towards the Medical Aid Scheme?

I think it is one of a somewhat lukewarm acceptance. There is not that confidence in what is commonly and openly regarded as

a lower grade of medical profession. It is accepted as something which is at least better than nothing. This at once prejudices the scheme at its very infancy.

(c) What is the status of these Medical Aids? Are they to be regarded merely as somewhere between doctors, nurses and laymen? What can they really claim to be after their four years of post matriculation study and subsequent experience? Were the opportunities open to them for completion of the medical course after further study and experience or for the gaining of some degree which would secure their progressive employment, then the course would not seem the cul de sac it at present appears to be.

(d) Relationship of Medical Aid to Medical Practitioner is another important question.

If I may be personal and perhaps blunt in illustrating my meaning I should like to refer to my own practice in the district of Middledrift. This consists of a population of nearly thirty thousand, quite 99% or so being of the very poorest and hardly able to pay the small fees usually charged for treatment. It is most unsatisfactory both for me and the people I serve that I should be the only medical man in their midst. I cannot adequately serve all their needs and yet my very presence there is financially dependent on the great numbers who call for my services. It is all wrong and yet a fact.

Now place four or five Medical Aids in that district and one of two things would have to occur. Either (a) I should have to leave the district to earn a living elsewhere; or (b) I should have to be incorporated in a State Medical Service and be subsidised by some authority.

Assuming now that the latter alternative was offered, some relief would undoubtedly be offered both the people and myself by the distribution to Medical Aids of some of the work I now have to do. What would that work be? The same dishing out of scores of bottles that these half-starved, disease-ridden people now demand of me? I am afraid many of our hopes would be unrealised. Most of my time is today taken up by treating diseases these people need never have—tuberculosis, deficiency diseases, infant diarrhoeas and bronchial affections, venereal diseases, fevers and so on. I think I have placed them in their proper sequence of importance.

On the other hand give me those thirty thousand people adequately fed and next give me five or six Medical Aid specialists with a sound basic scientific training in the particular sphere of preventive medicine. Call them District Health Officers or something like that and give them a graded service with perhaps a degree for those who wish to obtain one. Their special duty should be to study and correct local conditions which contribute to the creation of preventable diseases. Under such circumstances there would not be present the constant feeling that had fate been kinder they might just have been the real thing—a doctor with stethoscope round the neck or scalpel in hand but rather take pride in this specialised branch of medical science. With such men distributed at various parts in the district and with a medical officer paid to do such work as they are unable to do, my work would be considerably lightened, and I should quite naturally insist upon it being even more so lightened by seeing to it that greater efficiency is exercised by my district officers. This may at present sound utopian and yet is I think the ideal Medical Service of the future and one which our present Medical Aid scheme should develop towards.

With such a service in view I do not think that a more ideal place could be chosen for their training than Fort Hare with its excellent equipment for scientific teaching and its situation—right in the midst of those very conditions which such officers would be called upon to fight against.

Then again we have a large Hospital across the river where the effects of these preventable diseases could be admirably illustrated. In conclusion we suggest that this scheme should be modified into one for training preventive health officers at Fort Hare and that the present policy of encouraging a full medical training at centres more suited for it be pursued, all of this with a view to having a State Medical service with no suspicions or fears of overlapping of standards of a profession which needs must always be of the very highest.

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