

A3440 / A3.2.13

On 70382-17

109 ct strips

112 neg strips

Hospitals

66-12-1- / 20

~~66-12-17. Neg and contact ~~missing~~
pulled out~~

Pratika Borwa
out

OA 7038 2 M

ERNST COLE

HOSPITALS

66 - 12

ROLLS 1 - 20

(19)

~~(No roll 17)~~

~~State of Iowa~~

cc

8

Q

DECLINE OF A HOSPITAL

WHAT has happened to Baragwanath? It was once a showplace, hailed not only as the biggest hospital in the Southern Hemisphere, but also as a leading centre for medical research. Doctors were aware of the benefits they could derive from working there and eagerly sought posts. This is no longer the case. Baragwanath is cripplingly short of doctors, to an extent where patients are suffering and even needlessly dying, as we reported yesterday.

The stock official answer is to point to the world-wide shortage of doctors and to claim that all hospitals are suffering. That there is such a shortage is undeniable, but this does not explain why conditions at Baragwanath now rank with the worst. A situation where using wooden chairs pushed together to form beds is a matter of course is surely not explicable only in terms of a doctor shortage.

In any case, it seems little is being done to attract more doctors. In fact, conditions are such as to drive them away. A shortage of clerical staff means that records are incomplete. Doctors who want to do research and write papers for medical journals cannot get their facts. Doctors have to treat patients in gravely overcrowded, rushed conditions. They struggle to get equipment, but sometimes wait up to 12 months for even inexpensive items. And their salaries are quite inadequate. Because of all this, there is no longer any incentive to work there.

Baragwanath's trouble is that population growth has outstripped it. A new hospital was planned nearby some years ago but remains unbuilt. The same applies to a 400-bed maternity section of Baragwanath itself.

The story is much the same as that revealed by the "Rand Daily Mail" in recent reports on other Transvaal hospitals: lack of planning and maladministration on the part of the Province.

Johannesburg General Hospital.

Ward	Number of Patients On the Floor.
N2	16 on the Floor.
N3	15 " " "
N4	30 " " "
N5	10 " " "
N6	Been all removed.
N7	Slum Ward
N9	Packed Maternity Ward.
N10	Better sleeping facilities acquired
N11	30 to 40 and 2 in Clean Wards. <u>bed.</u>
N12	
N15	27 on the floor.
N17	Children's Ward (3 for 4 in bed.)
N18	Clean Wards.
N19	" " "
N20	" " "
N21	" " "
N22	" " "
N23	" " "
Visitors Room	A Mess.



Where a prayer is often:



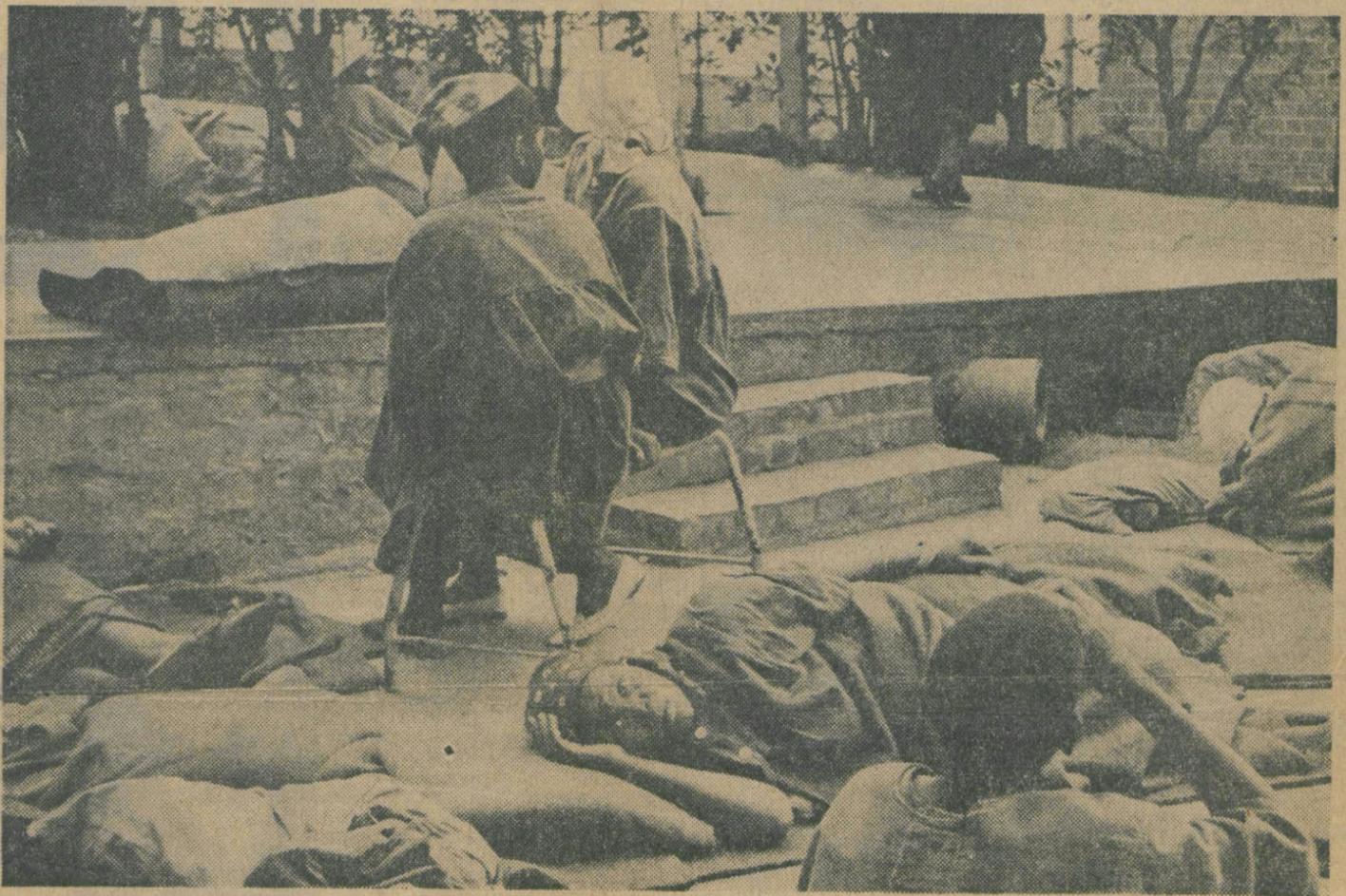
ABOVE: A few moments ago, this child had a bed. But now an emergency case has arrived so . . . it's a place on the floor with the others, until he is fit to go home. It's hard to hold back one's tears on such an occasion.

ABOVE: He is probably ill enough to need a bed. But the need of others is even greater. So he must lie on the floor. Perhaps the bed above him is empty. But some time during the night an emergency case is sure to arrive. So rather than wake him then, nurses empty the emergency beds before putting out the lights.

RIGHT: This is the visitors' room, where discharged patients wait until they can go home. It's not a very cheerful room, and the mattresses are bloodstained. The man in the coat has been there three days, waiting for an ambulance to take him to Bronkhorstspuit. The other man just did not feel well enough to go home.



Please, give me a bed



They are walking patients, though few feel fit enough to do much walking. At night they lie on their felt mats on the floor of the wards. During the day they take their mats outside — and lie and wonder what it will be like to feel well again.

Night time can be a heartache time



He still has a place on a bed—and is the envy of all the little floor patients.



Infant patients often share a cot with two others.

Report by MICHAEL COBDEN
Pictures by ERNEST COLE

In the Pretoria Non-European Hospital lights-out is always a time of apprehension for those patients well enough to worry.

It is the time when new recruits are seconded to the ranks of floor patients—those who are not well enough to go home and not sick enough to have a bed.

The hospital has 971 beds. There are always more than 1,000 patients there. And at night beds have to be left empty for emergency cases.

A staff nurse said it was cruel having to wake a patient in the middle of the night to tell him he must get out of bed and on to the floor. "So we do it at lights out," she said.

Floor patients sleep on 2-in. thick felt mats under beds, between beds, in corners.

If they are children they lie together, boys and girls, blankets scattered over them. Some play and giggle. Others cry. In the morning they go outside. If they are weak they take

their felt mats, find a patch of concrete and lie down. They stay outside all day.

Back in the wards at night they look enviously at those in beds. In the children's wards they may find someone willing to share a bed. If they are infants they may be in a cot with two others.

Dr. P. Swanepoel, the superintendent of the hospital, explained: "Those on the floor are ambulatory patients who are up and about.

WOULD DIE

"We could send them home if there were clinics to complete the treatment.

"But there aren't. And we can't be sure they will be properly treated if we let them go.

"If we sent them home we know that in some cases it would mean they would die. In other cases, all we had put into treating them would be wasted."

Dr. Swanepoel talked about the children who, he said, were "most unhappy alone in a bed."

He wished I could have been there on Christmas Day to see the wonderful time the children had when Father Christmas called.

NO MORE

On other days it is the job of the nurses to amuse the ambulatory children. School classes are held for White children in the Pretoria General Hospital. The Province plans to provide the same facilities for non-Whites.

Mr. Rob Ferreira, M.E.C., told me: "The hospital is overcrowded. In the last two years we've increased the accommodation by 400 beds. We simply can't add any more.

"We are planning new hospitals at Kalafong (in Atteridgeville) and Ga-Rankwa (north of Pretoria). Until they are built we will have to manage with what we've got."

Mr. Ferreira, who is the Provincial Councillor in charge of hospital services, said the mats-on-the-floor idea had been introduced by a doctor who saw it working well in the Congo.

"The Bantu people prefer lying on mats," said Mr. Ferreira. "I have been to mission hospitals and seen it myself."

May '65 RDM

Who's to blame for

HOSPITAL WHERE A PERSON DIES BECAUSE A DOCTOR IS TOO EXHAUSTED

By Benjamin Pogrund

PATIENTS at Johannesburg's Baragwanath Hospital are suffering — and dying — because of inadequate attention. There are not enough doctors to attend to them, not enough nurses, not enough beds.

Doctors at the 2,100-bed hospital, the largest in the Southern Hemisphere, have to work excessively long hours under severe pressure.

"I know that people have died unnecessarily under my care because I have often been just too rushed and exhausted to think straight," a doctor told me.

The staff shortage, always serious, was at present worse than ever before, Baragwanath doctors said.

burg's 600,000 Africans, as well as patients from throughout the Transvaal and other areas as far afield as Zululand and the Transkei.

Last year, more than 600,000 patients streamed into its outpatient, casualty and related departments. More than 94,000 are treated each year as inpatients.

Impossible

Doctors said: "Because of the staff shortage, patients frequently do not get adequate attention. It is impossible for us to give it to them.

"To get through the long queues which confront us day after day we just have to take a quick look at each patient. People are losing their lives because doctors often haven't the time to examine them properly — or are too tired to attend to them properly."

The shortage of beds means that wards sometimes have up to 50 per cent. more patients than they should have. Patients are kept on stretchers, or on impromptu beds made up from four chairs placed together.

Patients are kept in hospital for an absolute minimum period. Often they are sent home too soon — and then take longer to recover or suffer a relapse.

Only the most urgent cases are admitted. Untold numbers who should be in hospital cannot get in — "God knows what happens to them," a doctor told me.

They are supposed to attend township clinics for day treatment, but the clinics are also under-staffed and over-crowded.

Wastage of time is colossal. Patients come early in the morning, wait in long queues to be seen, and referred to a department, wait in a queue, are referred again, wait in a queue . . . This can go on for a week.

Because of clerical shortages, the X-ray department, which

handles 68,000 patients a year, is a "shambles." X-ray plates are often lost, and patients must repeat the drawn-out process, wasting their time and that of the doctors and the R2 cost of an X-ray plate.

Delay in obtaining equipment causes harm. One doctor reports he had been waiting nearly a year for a piece of equipment costing less than R30. In the meantime at least four patients lost the use of their limbs because makeshift methods had to be improvised.

"The shortage of doctors is mostly due to the conditions of working," I was told. "We cannot attract staff because they

can get the same salary at other hospitals. So why should they come to Baragwanath and kill themselves? We probably have to work harder and in worse conditions than at any other provincial hospital."

The staff shortage extends also to nurses, clerks, porters and messengers — in fact, virtually every department of the hospital.

The unanimous view of the doctors I spoke to: "Money is needed, urgently and in large amounts, to provide more buildings and beds, to improve facilities and to give better pay to attract enough doctors for the job."

Poor pay

They put the blame on the Transvaal Provincial Administration — for the poor pay, lack of facilities and bad working conditions including gross overcrowding and shortage of staff of all kinds.

The position has deteriorated so much that, on a recent Tuesday morning, the hospital authorities asked Pretoria headquarters for permission to close the casualty department gates because no more patients could be handled that day. Permission was refused.

One of the departments hardest hit by staff shortages is the key 24-hour-a-day casualty section which sees all the patients who go to the hospital. Instead of its required complement of 18 full-time doctors it has four doctors at present. Part-timers are used whenever they can be obtained.

Gynaecology should have 17 full-time doctors. It has seven together with two part-timers.

Surgical should have 16 doctors. It has four.

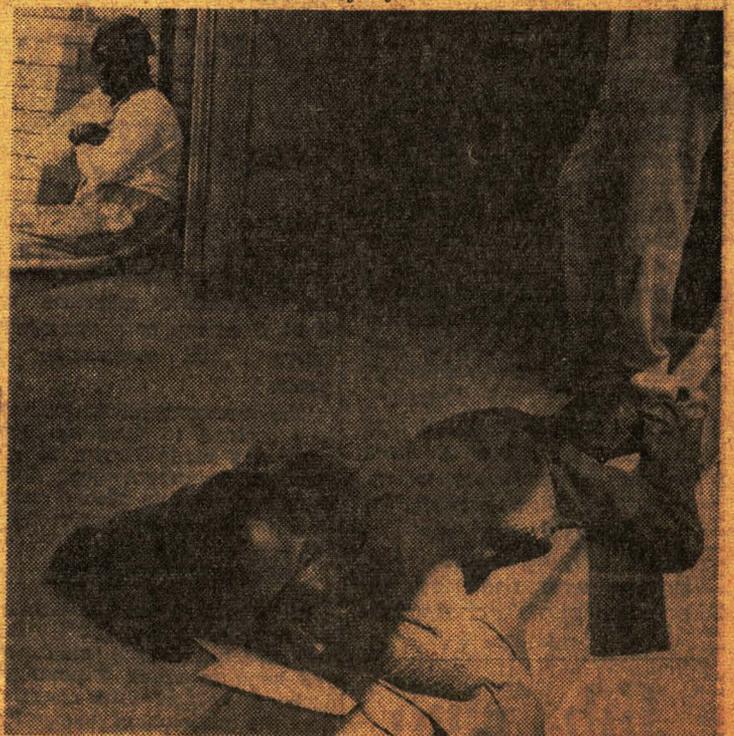
Radiology has three instead of seven doctors.

Doctors work from 55 to 80 hours a week, sometimes up to 30 hours non-stop.

However serious these shortages, even the established complements were too low, doctors told me, and this added to the strain of working.

There are five orthopaedic surgeons, for example, to look after about 400 beds.

The hospital serves Johannes-



One man who got tired waiting stretches out on the edge of a passageway.