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# BEHIND THE SCENES

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## Hippocrates Reviewed

*By Joan Gelman : Columnist, Medical Chronicle.*

*Paper read at South African Academy of Family Practice, Southern TVL Branch at the College of Medicine, Johannesburg on 10 April 1989.*

A long, long time ago Mark Anthony was called upon to make a speech. He didn't want to make a speech because he knew that whatever he said, he was going to be strung up. He has my deepest sympathy. What I have to say will cause controversy amongst you, but please hear me out before you string me up.

Should Hippocrates be alive and well and practising in South Africa today, would he still have formulated his famous Code of Laws? Whilst the medical profession bathes in the glory of these laws, and whilst it follows its teachings unquestionably, there exists a certain section of the population who take those very same laws and interpret them to their own advantage, and then systematically use them to sever the jugular vein of the medical profession.

In support of this thought, there are a few topics I would like to present, some serious, some flippant and some revolutionary . . . mixed with a little bit of wishful thinking.

Hippocrates *commences* his Oath, and here let me refresh your memories: "To regard my Teacher in this Art as equal to my Parents; to make him partner in my *livelihood*, and when he is in need of *money*, to share mine with him; to consider his offspring as equal to my brothers: to teach them this Art, if they require to learn it, *without fee or indenture . . .*"

You will note that in the very first

breath of the Oath, the Father of Medicine mentions the word "livelihood" and the "need of money" and in the second breath he mentions that medicine should be taught *without a fee*. And all this, before he even mentions the treatment of the sick, which treatment although 2 500 years old, has never been bettered. Evidently Hippocrates must have found himself in very much the same position *then* as the medical fraternity finds itself *today*.

Why does the medical profession cringe and bend its head in shame when money matters are mentioned. It appears that your Father of Medicine in the 5th Century BC did not suffer from the same complex that the medical profession is suffering from in the 20th Century AD.

I feel that I am qualified to express an opinion, being the daughter of a doctor, the wife of a doctor, and the mother of a doctor. I am not a doctor *myself*, but when I talk about "us" and "we", I am talking about the *doctor unit* which includes the wife, especially if she works full time with him in his consulting rooms and is as much involved as he is in the day to day running of the office.

Will the subjects which I discuss really be so controversial or will they perhaps express a viewpoint which the medical practitioner has at the back of his mind and is too embarrassed or too brainwashed by his ethical training and upbringing even to mention?

Medical Schools all over the world only accept those students who have matriculated with the highest academic qualifications. They will not accept just any scholar who desires to

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be a doctor - oh no - only the top young brains in the world are worthy of studying medicine. So, having selected the cleverest, hardest-working, most diligent and dedicated young people they can find, they set to work to turn them into the cleverest, hardest working, most diligent and dedicated professional group of people in the world.

You doctors work long and hard to gain your medical degrees; to maintain your knowledge; to keep updated with current developments; and to attend symposia. All this over and above caring for your patients; all this after hours when other people are taking it easy after a day's work.

Doctors are like Pavlov's dogs. They are conditioned to work like dogs. They hear a telephone bell ring, they start salivating, and immediately start working.

Medicine is an ongoing learning process throughout your lives. There can never come a stage when a doctor can sit back and say, "Well, I know it all!" Therefore are you not entitled to rewards for all your hard work. Surely it is not necessary to apologise for wanting to live well. Surely you do not have to feel guilty for charging for your knowledge. I'll say it again - it is knowledge that did not come easily - it took a lot of hard work and dedication and money to study and qualify as doctor. And yet doctors do not form the upper strata of money-makers.

Further, as you are aware, a medical student who does not pay his varsity fees and examination fees *will not be allowed to qualify as a doctor*, regardless of how much philanthropic work he has in mind to do. Here again I would like to quote Hippocrates: "to

teach them this Art, if they require to learn it, *without fee or indenture.*" Evidently the universities world-wide have ignored this portion of the Oath because the cost of learning to become a doctor increases every year.

People prey on the good nature of the doctor without thinking twice about it - and the doctor is so used to being taken for granted that he doesn't stop to question it.

Take the *doctor and transport*, for example - a flight on a Jumbo 747. In the plane they have all sorts of back up systems to cover every emergency. You have the captain who pilots the plane, you have the co-pilot who is there to take over, should the captain be ill. There are not one, not two, but three computers in operation, just in case one breaks down. There is reserve fuel, reserve emergency generators and air conditioning systems. There are emergency oxygen masks and inflatable boats. *Every single system is duplicated.* Also there are flight engineers on every flight to take care of any electrical or mechanical breakdown. Lately there are plain-clothed security guards on every flight in case of hi-jacking or terrorist attack. Now all these back-up systems and equipment and people cost *money* - a lot of money! The co-pilot doesn't sit there without pay whilst he waits for the captain to get sick. He is paid to sit in the cockpit and twiddle his thumbs, just as everyone else is paid who is on duty on the plane.

So what happens if someone gets sick in the air? They have all sorts of expensive medical equipment and drugs on board to cover practically every contingency, but they don't employ someone who knows how to use them. Why should they? They

know jolly well that there is always a doctor on board who will do the work for nothing.

Now, let us analyse this situation. In the unlikely event that there is no doctor on board, what would they do? In the case of a life or death emergency, they would have to divert to the nearest airport and request a landing.

Unscheduled landings cost about R30,000, all the excess fuel from the aircraft would have to be jettisoned at a cost of about R60,000. So the whole process would cost at least R90,000.

Now to save R90,000 the airline should employ the services of a doctor as a back-up system. But do they? No! They get him for *nothing*. All they have to do is ring Pavlov's bell again, and the doctor will jump out of his economy-class seat like Superman, and fly to the rescue. Someone is ill, someone needs him and he cannot, in all conscience, refuse.

Surely a practical solution then would be that when a doctor books an air-ticket, the airline should offer him a free flight in exchange for him being on duty during that flight. It would not cost the air-line anything and there would always be a doctor available.

Our doctor has now arrived in New York. On travelling in the USA where the SA medical degree is not recognised, should he treat an emergency, and should that patient unfortunately die, then the next of kin of the deceased can sue him for:

- Manslaughter
- Masquerading as a doctor
- Practicing without a licence.

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This is not far fetched. When one reads your Malpractice Insurance Agreement, you will note that there is a specific clause which definitely does not cover the SA doctor in such an emergency. In fact the Medical Protection Society and Medical Defence Union stress the point in their Professional Indemnity Schemes that they will give you *worldwide cover except in North America*.

In reality, what does this Insurance Company say?

"Do not treat any emergency in North America, and if your philanthropic desires overcome your sense of prudence, and you do treat an emergency and get into trouble ... then my fine fellow you are on your own, we will not pay."

And so Medical Association was contacted and this dilemma put to them. The answer was, "Should you want to treat an emergency, you can buy an extra insurance for the period you are in the USA." It was then pointed out to them that it would be best to leave all these emergencies strictly alone and to look the other way, to which the answer was, "How can you do that ... you're a doctor" There is indeed the Good Samaritan Law in the USA but that only refers to American physicians and not to foreign physicians.

Don't get me wrong, I am not knocking the insurance companies. They are absolutely essential and the medical profession could not practise without the cover which they provide. Yet in spite of this, why are they not prepared to cover the South African medical practitioner whilst attending philanthropically to an emergency in the United States? The answer is simple. It would cost them too dearly.

It would be much too expensive. It is not good business.

History relates that Hippocrates and his Greek colleagues were not too popular when they travelled to Rome to practice their art. They were also treated with suspicion and distrust.

We switch now to the *doctor and the pharmaceutical companies*. Do you doctors realise how many multi-billions of rands worth of medicines

your pens write out in prescriptions every year? What other salesman would sell so much for his supplier, and not get a commission. The Drug Companies do indeed sponsor delicious dinners, but I do feel that you doctors are entitled to more.

I can just hear the shouts of "unethical" from many of you, but think closely for a minute. If all the drug companies put a small percentage of their profits from the

## THE GOOD NEWS ABOUT ARTHRITIS TREATMENT



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prescriptions that doctors write out into, say a central fund, and that fund used for the benefit of the medical practitioners as a whole, it would be most well deserved. It could be used as a pension fund for doctors who would like to retire after 30 or 40 years in practice; or it could be used to help a doctor when he gets that inevitable heart attack; or it could be used as a travelling fund to enable every doctor to attend an annual congress overseas – and not just a select few. Is that asking too much? Their earnings are hundreds of millions of rands every year.

People who actively support other big businesses and public companies are offered preferential shares in that company. Why not the doctors? A close friend who is involved with a well-known computer company was given the opportunity to buy huge quantities of shares at a price of 1 cent a share. Each share is now worth R7,00 which is an increase of 7 000 times. Does the medical profession ever get such a bonus?

Which brings us to the *doctor and old age*. So you think you've got a business? You have worked for forty years, built up an enormous practice, and now comes the time when you want to sell it and retire. And what do you think you can sell your practice for? For the goodwill you will get nothing, for your 50,000 case histories you will get nothing. For your equipment you will get almost nothing because there are newer models on the market. All you will get if you are lucky, is the book value of your outstanding accounts.

Now, pick up The Star and look at the column "Businesses for Sale" in the classified section. A Sandwich Bar netting R10,000 per month and

going for R130,000. Was it really worth your while to study as hard as you did when in the final analysis a Sandwich Bar has the edge on you?

My husband had a branch practice on the West Rand for 20 years. When he decided to close it down, he took out his desk, a few chairs, a filing cabinet or two, he locked the door and that was that, it could not be sold.

Well may Hippocrates shudder when he thinks of how the modern day doctor continues slogging at his practice long after retiring age. Is it that he loves working at his chosen profession so much, or is it that he cannot afford to retire?

And now, the *doctor and the nursing home entrepreneur*. A few months ago, a big business man in our area who has never been involved in anything medical since his circumcision, decided to build a new Nursing Home. He invited all the doctors in our area to come and discuss it with him so that he could get an idea of what was needed. He wanted to know how many wards he should build, what equipment he would have to buy, which was the best equipment for each specialty, which of the doctors would support him, how many patients each doctor saw, how many patients they could each expect to have admitted at any one time, and many other technical questions. The doctors spent a whole Saturday afternoon answering his queries. What other profession would give expert opinion for nothing? An attorney's fee per hour is astronomical. And what did our doctors get? They got a cup of tea!!

If that Nursing Home should ever come to fruition, the doctors will be the ones to fill it with patients and

make it a payable proposition, but will they get anything out of it? Almost certainly not. Business men know how to manipulate doctors to their own advantage.

*The doctor and the pensioner*: A couple of months ago two old gypsies had an appointment in our office. They immediately informed me that as they were pensioners, they expected to be charged a reduced fee, to which we agreed. Whilst they were sitting in our waiting room, the one old girl said that she could see in my eyes that I had a major decision to make and that I should consult her.

Why am I telling you all this? Because I have never been to a fortune teller and so I asked about their fees. Tarrot card readings are R50,00 and palm readings are R30,00 which equals R80,00 a consultation. A GP gets paid R17.50 a consultation.

Recently we had one old man who was a visitor to this country from England. Whilst here he spent all his time travelling around with his wealthy hosts, and then he had the audacity to tell me that, as he belongs to the National Health Service in London, he expected to be treated for nothing here. I told him "no ways" whereupon he grinned and paid up quite happily, saying it was worth a try.

Everyone always quotes Hippocrates. It would be interesting to know ... *was Hippocrates a poor struggling physician or was he a rich man from a rich family?* Was he able to afford to treat his patients free of charge or was he forced to charge them in order to put Souvlakia in the mouths of Mrs Hippocrates and the junior Hippocrateses? What sort of *chariot*

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did he drive, I wonder. A smart, powerful, eight horse-power job, or a beat up old chariot pulled by one old nag. It is easier to say "Thou shalt not charge" if one has a lot of wealth, than if one is struggling oneself...

People don't resent paying for good restaurants, entertainment, gym clubs, holidays, nice cars and homes, but they do resent paying for their health. They consider it their right to have good health, so why must they pay for something that is their right?

I have yet another controversial subject which may not be too popular. I call it the *doctor and percentages* for want of a better title.

Should a person have a diamond that he wants to evaluate, he goes to a jeweller who will charge him a percentage of the value of the diamond for his services. The fee for the very same service which he renders will vary proportionately with the value of the diamond. The higher the value, the higher the fee.

An executor of an estate gets a set percentage of the value of the estate he is administering. An estate agent earns as his fee a set percentage of the value of the property which he has sold.

When someone decides he would like to buy, for example, a big building in town, he calls in the assessor to examine the building, to say what it is worth, will it be a healthy business proposition and will it be a sound investment. The assessor gets paid a percentage of the value of the building as fees for his qualified opinion.

When that same somebody decides to take out an insurance policy on his

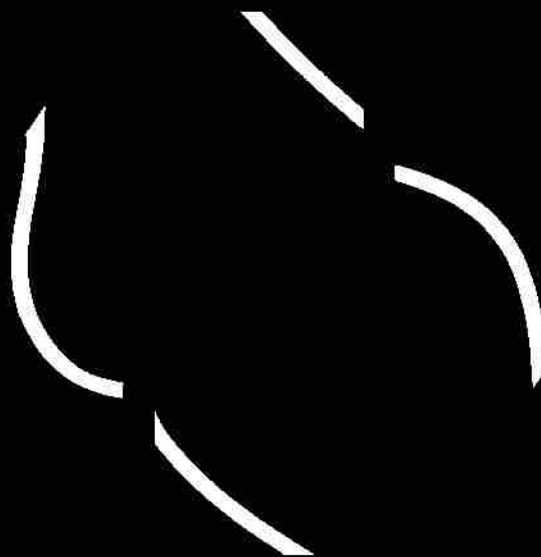
life, the insurance company sends the person to the doctor for a medical check-up to assess that person's health and to decide whether it will be a sound investment to insure him or not. Will he live long enough to pay off his premiums? Will it be a healthy business proposition?

For this the doctor gets a fee of R45. Surely the doctor should get paid a percentage of the value of the policy that the patient is taking out, just as

the assessor gets paid a percentage of the value of the building. It is a wild idea, but in both cases the professional man is assessing a property to see if it is a viable proposition for the businessman to undertake. Same job, but once again the doctor is taken for a ride by those who throw Hippocrates in his face without ever having read the Oath.

And now we come to the *doctor and his accounts*. In Hippocrates' day, the

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the possible adverse effects  
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