

Professor Cyril Karabus

To the Editor: The arrest in August 2012 and subsequent prolonged detention in an Abu Dhabi prison of 78-year-old Emeritus Professor Cyril Karabus has justifiably been met with shock and outrage, both locally and globally. To quote our sister publication the *British Medical Journal*, this is nothing short of a disgrace.

Professor Karabus was arrested while in transit through Dubai *en route* back to South Africa after attending his son's wedding. The charges relate to the death of a child with acute myeloid leukaemia who Professor Karabus looked after while doing a locum in Abu Dhabi in 2002. The child was desperately ill and not responding to chemotherapy, and succumbed to an intracranial haemorrhage as a complication of profound pancytopenia. Unbeknown to him, in 2003, well after his departure, he was convicted of murder *in absentia*. This charge was set aside after his arrest and detention and converted to manslaughter. It took five court appearances and almost 8 weeks in prison before the physically unwell 78-year-old was finally granted bail in October. This followed a significant amount of pressure from groups locally and internationally, and eventual assistance from the Department of International Relations and Cooperation. A 12-person medical panel, which has not yet convened, has been tasked to review the case and make a recommendation; however, Professor Karabus's defence lawyer has still not gained access to the patient's medical file to prepare an adequate defence.

The South African Medical Association, like many others, has lent its support and is appreciative of the assistance from the World Medical Association. At the October 2012 General Assembly of the WMA, an emergency resolution condemning this arrest was unanimously supported by the association's 102 constituent members. Through the WMA, assistance has also been received from Amnesty International, Human Rights Watch, the British Medical Association and the American Medical Association. SAMA will continue to support as and where it can. However, this matter has raised two very important issues.

The first of these is the issue of the vulnerability of doctors who work in foreign countries. The United Arab Emirates depends heavily on foreign doctors to support its healthcare system; allegedly 97% of healthcare workers in the UAE are foreign. The above case lays bare the potential risks attached to working in foreign countries, and SAMA urges its members to consider such risks carefully before embarking on such work – particularly, given the above events, in the UAE. It has also highlighted the fact that despite criticisms, we can feel reassured that the South African justice system affords many immutable rights to individuals, rights that have not been afforded to Professor Karabus by the UAE. Perhaps it is time to consider a global boycott of locum skills in countries that treat health professionals in such a manner?

Second is the very real issue of those who dedicate their lives to the public sector but are left financially challenged upon retirement. Professor Karabus, who like many others had dedicated his life to the public sector, was working in the UAE after his retirement from Red Cross War Memorial Children's Hospital because it was necessary for him to do so. The remuneration policies of the public sector can mean that true retirement is financially not an option, as well as being a major reason for the lack of retention of skilled medical staff. Although remuneration structures have improved with the OSD, the issue remains a very important one and the situation must be improved. If people dedicate their lives to caring for the disadvantaged and poor, the least they should have is a certainty of security in their future.

SAMA remains hopeful that the travesty of justice involving Professor Karabus is swiftly brought to conclusion.

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S Afr Med J 2012;102(12):896. DOI:10.7196/SAMJ.6486