

## Thieves of the state

**To the Editor:** I do not discount what has historically occurred and, according to Erasmus' article,<sup>1</sup> is apparently still occurring. A decade after my internship, I still recall calculating that I was, in effect, earning R12 per hour at that time. The culture dictated that one 'sucked it up' – and that is what we did. In the academic institutions where I've recently worked, however, this attitude seems to have changed. Hospitals are now limiting the hours that interns work. I trust that this policy will spread to involve the former institutions, from my intern days, where this unfortunate practice is apparently still in place.

The flip-side concerns me – the elephant in the room. Everyone knows it, but no one blows the whistle. The consultants and registrars who abuse the system. The specialist who spends 3 hours in the morning at the hospital before spending the rest of the day in private practice – yet still draws a full salary with overtime and benefits from the state. The radiologist who arrives at work after 9 a.m. and leaves at 2 p.m. The internal medicine registrar who does the ward round at 10 a.m. with the intern, goes to the medical outpatients department, then disappears at lunch. The sense of entitlement that the state 'owes them' for the hardships of internship or the tough working conditions they have to endure every day. What about the patients they are cheating; the state resources they are abusing; the registrars and junior doctors who are left to fend for themselves without supervision? Some specialists justify this theft from the state by maintaining that the health system would fall apart if they were to leave. That may be so – but surely they should be honest enough to declare the hours they've actually worked and only get paid for those? Would that not help our failing health system, which could re-distribute the funds saved to other more useful resources – medication, equipment and staff?

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1. Erasmus N. Slaves of the state – medical internship and community service in South Africa. *S Afr Med J* 2012;102(8):655-658. DOI:10.7196/SAMJ.5987