



Perpetual medical politics

Barack Obama, in a rousing speech, accepted his nomination as the Democratic Party candidate for President of the USA, 45 years after Martin Luther King, Jr. delivered his famous 'I have a dream' message to the people on 28 August 1963 at the Lincoln Memorial, Washington, DC.¹ At about the same time, at the SAMA Annual General Meeting in August 2008, the chairman, Kgosi Letlape, expounded on his dream for medical practice in South Africa, which included taking personal responsibility for medical actions rather than relying on third parties. The new President of SAMA, Ralph Kirsch, reflected on past political problems but also stressed the important historical influence that the Medical Association(s) have had in South Africa. These included playing a critical role in establishing the first medical school in South Africa in Cape Town (the second in Africa, Cairo being the first), and in establishing the Colleges of Medicine of South Africa.

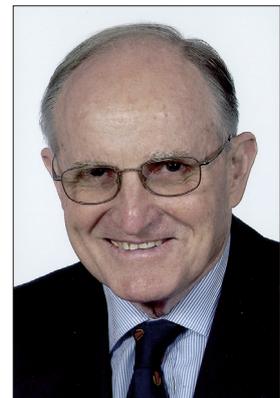
It is not surprising that much of SAMA's present activities involve internal and external politics. The first *South African Medical Journal*, published in East London on 19 January 1884, reported on the establishment of the South African Medical Association (SAMA) whose work 'fairly commenced' at a meeting on 19 October 1883.² Political activity recorded included joint action of the medical profession to petition the government against proposed new taxes. They explored the 'advisability of establishing a fund for the relief of widows and orphans of medical men'. Even before the establishment of SAMA, Dr Liesching's South African Medical Society had engineered the revised tariff of fees in 1830, and there was a short-lived *Cape Town Medical Gazette*.³

In March 1886 the 'Eastern Cape Medical Association of South Africa' was formed as a separate association. It had decided 'to secede on the grounds that they received insufficient benefit from the connection to warrant their subscription fees'. At the beginning of 1888 there were four independent medical societies in the Cape Colony only. Attempts to unify the splintered profession resulted in the Fourth Congress in 1896 agreeing that the 'Council of the Association would be comprised of representatives from fourteen areas'. Despite this apparent solution to provide a unified medical body, several local bodies still continued to exist.³ Following the merger of the various associations/bodies 10 years ago to form the new SAMA, a transformation task team was established to provide a new constitution including a logical membership structure. True to history it is unable to satisfy all, and SAMA remains stuck with an outdated representation formula. Numerous new members have since joined who owe no allegiance to previous bodies and are vocal in their criticism of this state of affairs. Time will of course see the natural end to this as older members fade away, but it

would be a pity to have to rely on the old chestnut, 'while there is death, there is hope'!

As of old, SAMA members today wonder whether the membership fees they pay are warranted by what they get. Reports for the SAMA National Council Meeting of 2008, however, revealed a pro-active organisation that is alive and well. It has engaged with economic and political issues. SAMA has joined with the Treatment Action Campaign in taking the Minister of Health to court on the question of Matthias Rath and his vitamins peddled as a treatment for AIDS. From being in dire straits a few years ago, SAMA is in good financial shape. Its membership numbers have increased to over 17 000, with numbers working in the private sector and in private practice now roughly equal. Real and perceived differences in needs and the outlooks between them are being addressed by assisting in finding common ground for an equitable health care system in South Africa. SAMA's journals, of which the flagship is the *SAMJ*, are housed in the Health and Medical Publishing Group (HMPG), an independent company. The journals have gained in stature and are freely available worldwide on the web, the HMPG financial situation has improved substantially, and members' contributions, to the journals now comprise a small percentage of their total membership fees.

Present and past medical politics have striking similarities, and party politics should have no place in this. The quality and enthusiasm of the contributions by the young members clearly demonstrated that they have the political will to tackle divisions in the association, the appalling public health services and medical political incompetence. The medical profession provides two characteristics that are part of the human evolutionary process. Its altruism and social belonging (membership of an 'in' group) are powerful factors that positively influence our wellbeing by providing a dopamine fix. These alone will ensure the continued existence of the Medical Association in South Africa. Now, as then, its strength and relevance is determined by the political commitment of its members.



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1. www.americanrhetoric.com/speeches/mlkihavedream.htm (accessed 7 August 2008).
2. Herman GL. The South African Medical Association. *S Afr Med J* 1884; 1: 11-12.
3. Burrows EH. *A History of Medicine in South Africa*. Cape Town: AA Balkema, 1958.