A foreign doctor's experiences with the HPCSA

To the Editor: Mr Mkhize's letter[1] in response to the Editor's comments[2] on the performance of the Health Professions Council of South Africa makes interesting reading.
One might have expected the registrar and CEO of our professional registration body to substantiate his defence of the performance of his institution by providing structured evidence, such as a 'customer' satisfaction survey or auditing results. In the absence of such evidence, I have to rely on my personal experiences with the HPCSA. At best these have been frustrating. Never, since I first made contact with this institution in 2003, have I experienced timely, appropriate or well-informed service. I have written a detailed narrative of my experiences during the process of my registration as medical practitioner and family physician, which included visiting the HPCSA premises some 20 times from Rustenburg to 'get things going'. I would honestly love to hear from any medical practitioner who wholeheartedly applauds the HPCSA for its performance.

To use a more recent example, however, I would like to outline the events around my application to have my (German) Master of Public Health (MPH) degree recognised by the HPCSA. I personally submitted an application to this effect at the HPCSA offices in Pretoria in October 2007, at which time I also paid the respective fees. I received a letter dated 29.11.2007, acknowledging receipt of the application and its assessment by a subcommittee. Several further attempts (by telephone, fax and e-mail) to enquire about the matter were futile, until finally a complaint to the 'service@hpcsa.co.za' address was answered in May 2009. Recently I received a letter (dated 11.09.2009) stating that the Executive Committee of the Council in a meeting on 10.07.2009 noted that the same committee in a meeting in February 2008 had considered my application and recommended approval. What this in fact means is that my application lay in some file for 15 months without any further action. I don't want to appear ungrateful: I am glad that the documents were finally rediscovered. Better still, the Council is apparently also busy recovering my application regarding my doctorate (I quote from a recent email: 'I am still trying to find out what happened to your application of the recognition of Dr. Med because the copy of your application is in your file but it does seem like it was served at any of the meetings of the relevant committee').

To summarise, Mr Mkhize seems to have fallen victim to a common fallacy prevalent at management levels in this country: failure to distinguish 'visions' from 'hallucinations'. A 'vision', as far as I am concerned, means that somebody visualises the image of a good situation that he or she wishes to be reality, yet understands well that hard work and focused efforts are needed to get there. A 'hallucination', on the other hand, means that somebody sees something and wrongfully believes it to be reality. The latter condition should not be accommodated in health care management in this country, but rather treated appropriately by our mental health care teams.

I tried to make Mr Mkhize aware of the realities in the HPCSA a year ago, obviously unsuccessfully. Clinicians often refer to the inability to face harsh realities as 'denial', and it is a common stage in the process of coping with a threatening diagnosis.[3] In this country, collective denialism has been an attribute of public policy and governance for far too long. In my view it is because of this legacy of denialism that the new national Minister of Health, Dr Motsoaledi, when talking about the situation of health care in South Africa, has stated that health 'paddled backwards' in this country over the last decade (e.g. when addressing rural doctors at the 2009 RuDASA conference in Broederstroom on 28 August 2009).

An HIV-infected patient will be able to face the dangerous truth once the denial is overcome, and can then make informed choices about lifestyle, nutrition, medication, etc. to improve his health situation. Similarly, an institution needs to be able to critically assess and acknowledge its shortfalls in order to tackle them. The national Minister of Health seems to have taken this first step. It is to be hoped that the HPCSA is on the right track and recognises its dismal failures, to enable it to 'protect the public' and 'guide the professions' in the future.

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1. Mkize B. HPCSA: A mess in the Health Department's pocket (Correspondence). *S Afr Med J* 2009; 99: 484-488.
2. Van Niekerk JP. HPCSA: A mess in the Health Department's pocket (From the Editor). *S Afr Med J* 2009; 99: 203.
3. Kübler-Ross E. *On Death and Dying*. New York: Simon & Schuster/Touchstone, 1969.

Facebook is smoking

To the Editor: As part of our Family Medicine rotation at a community health centre, we were struck by the number of patients who had started smoking at a very young age, some as young as 5 or 6 years old! These patients present in their late 20s and 30s with significant chronic lung disease. We were motivated to look into this public health tragedy as our group project.

The latest Cochrane review on the subject reveals the dismal fact that there is very limited evidence that any interventions up to now have been successful in curbing the long-term smoking habits of young people.

It was clear that something new and fresh was needed. An informal study of a class of Grade 8 learners showed that although most learners knew that smoking was 'bad for you', the learners were less knowledgeable about specific effects and