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Text to accompany slides: Guy De Klerk lecture.

Slide 1 No text.

Slide 2. Laurence van der Post claimed that the Afrikaans expression, translated as "salt penis" describes a man with one foot in South Africa, and the other in England, his penis therefore hangs in the salty sea! Many South African Urologists have spent part of their working careers in the UK, and would therefore meet the van der Post criteria, and qualify for this name.
It has been my good fortune to work in three very different environments:
Teaching hospitals in South Africa.
The Institute of Urology in London, operating within the national health service.
The central hospital, Maputo, where I established post graduate urological specialist training.

Slide 3. Various aspects of the different environments are compared.

Slide 4. In the UK 80% of medical manpower is dedicated to the NHS and only 20% to private practice.

Slide 5. In South Africa the inverse applies.

Slide 6. The duration of training, before the young doctor becomes a fully fledged specialist, is longer in the UK, but more intense in South Africa.

Slide 7. No text.

Slide 8. In the UK trainees move freely between hospitals and institutions. This provides much diversity, but little continuity.

Slides 9, 10 & 11: No text.

Slide 12. Early subspecialization, makes for the development of centres of excellence, but does not equip the trainee for comprehensive Urological practice, as would be needed in a smaller centre.

Slide 13. With the emergence of hi-tech equipment and procedures, a degree of sub specialization would be mandatory, if we are not to be left behind by the developed world.

Slide 14. No text.

Slide 15. This is a generalization, as there are many warm and caring colleagues who have retained their humanity in dealing with their patients.

Slide 16. Long may this last! Even in the face of the efforts of lawyers and medical insurers doing their utmost to dehumanize us.

Slide 17. Because we do not have well recognized subspecialties (except paediatric Urology) and there is a reluctance to refer, the patient might not find himself in the hands of a Urologist expert in the management of his particular condition.

Slide 18 & 19. No text.

Slide 20. In the public sector, long waiting lists for consultation and surgery, can compromise the outcome.

Slide 21. No text.

Slide 22. In Mozambique, international non government organizations, poach doctors and nurses from the state sector, often from clinical to administrative duty, with a negative effect on clinical health care. Many private patients hop across the border to South Africa for their health care, with a negative effect on the development of private facilities in Mozambique.

Slides 23 & 24. No text.

Slide 25.
Mozambique developed a system that includes health care workers less qualified than doctors. The "medical agent" in remote villages, is a "bare foot doctor" who can treat malaria, bilharzia, pneumonia and gastro enteritis.
The anaesthetic technician, is a nurse anaesthetist, with practical ICU and anaesthetic training.
The "surgical technician" is a qualified scrub nurse, who has had a further 3yrs training in practical surgery, and can do c-sections, ectopic pregnancy, hernias, and the conservative treatment of fractures.

Slide 26. The training of our primary health care nurse, falls far short of what it should be, and medical services in many rural areas, is very poor indeed.

Slide 27. No text.

Slide 28. In Mozambique, both the public and private sectors, in rural and urban areas, are under served.

Slide 29. In South Africa, the private sector is either, well or over served, while the public sector is under served, due to various factors including work load, maladministration and trade unionism.

Slide 30. It was interesting to see that UK specialists, are a bit ashamed of doing private practice. There was something not very nice about it. The massive NHS bureaucratic management of medical practice, makes the lives of doctors miserable, and few choose to work beyond the age at which they can retire.

Slide 31. In order to maintain the illusion that all doctors are equal, and to prevent undesirable advertising, excellence is hidden from public view, and perceptions are based on word at the tea party circuit.

Slide 32. Many doctors who qualify in Mozambique, never practice medicine, as they can do much better as bank clerks or in business.

Slide 33. This slide is self explanatory.

Slide 34. I have no doubt that these examples could be very effective, but would require a change in the mindset of our medical administrators.

Slide 35. No text.

Slide 36. The colonial mentality referred to here, is the belief that we cannot do well enough, and our doctors need to be trained abroad, as it was in a previous era.

Slide 37. No text.

Slide 38. It is proposed that a coordinating body be established, to regulate urological training in Africa, appropriate to the needs of each specific country. Numerous bodies could feed information into this, and it could function under the auspices of the S.I.U.

Slide 39. Inappropriate equipment is often donated to African countries, such as high tech instruments for the treatment of kidney stone, in an area where kidney stones hardly ever occur. Instrument maintenance and repair is generally very poor in most African countries, and assistance from donors and instrument companies in teaching instrument care, and facilitating repair, would be invaluable.

Slide 40. We can be of great assistance to those of our neighboring countries where Urology is less developed than in South Africa.

Slide 41. Very little urological research is done in the vast expanse of Africa between Egypt and South Africa, yet unique problems exist here in large numbers, the solutions to which will only be found locally.

Slide 42. This is a prominent sign in the Maputo Central Hospital, diligently respected by all. Perhaps it is time for me to do likewise.