

## CORRESPONDENCE

Dear Madam,

I read "An Open Letter to an Endangered Species" by Professor B. T. le Roux in your issue of March, 1980 with interest. The angered reaction to this on the part of several physiotherapists surprised me.

Clearly physiotherapy is in a sad state at the institutions where Professor le Roux works and he greatly laments this lack of an essential service and the subsequent ignorance of what physiotherapy can achieve. He hints at factors that may be causative: administrators, work-load, salary structure.

The central theme of his letter is one of strong and absolute positivity: let us do everything possible to reverse the trend. If you look closely, he even suggests ways and means of doing so.

I thank Professor le Roux for making me realise yet again how superbly fortunate we are in this Trauma Unit to have motivated physiotherapy available to chest-injured people by day, by night and over weekends. Perhaps we are just fortunate. Perhaps mediterranean Cape Town has something to do with it. I would not believe that our attitude of respect towards them on ward rounds, pointing out their successes while gently raising hell when the service should have been better, has anything to do with it.

Or would I?

J. W. VAN DER SPUY, F.C.S. (S.A.)

Principal Surgeon and Head, Trauma Unit, Groote Schuur Hospital

Madam,

It is a sobering thought that a Thoracic Surgeon has to remind us that we have hands and should use them, especially as your correspondence column has in fact in the last two years had no fewer than four reminders.

I refer to the S.A. Journal of Physiotherapy of March, 1978 in which I wrote concerning the importance of hands in the practice of Physiotherapy, particularly in the treatment of respiratory disorders. Further correspondence appeared in the June issue of the same year from Miss Runnalls and Miss Lemmer. More recently, in December 1979, as a treatment note, Miss Chatterton made a plea for massage.

Machines are insensitive but have their place as a useful addition to the trained, sensitive hands of an informed physical therapist. If to use one's hands has become unfashionable, where lies the fault? Is it in the pre-registration or post-registration training programmes? Or, once qualification has been achieved, is it that we forget our training and become lazy? Or is it that we have become so bogged down in a pseudo-scientific morass, that the manual skills on which our profession depends are neglected?

I am convinced that ours is a worthwhile profession. Let us take action to prove to our colleagues in the Medical Profession that the Physiotherapist to-day can be as proficient as the physiotherapist of yesterday.

MISS S. H. M. BLACKWOOD, M.C.S.P., Dip. T.P.

Dear Madam,

Prof. B. T. le Roux's letter must reflect the views of many doctors concerning our profession, and perhaps we should thank him for this "warning". However, I would like to present a few facts on behalf of the physiotherapists who are disappearing from the services of the Provincial Hospitals throughout South Africa.

At most training centres in South Africa it will take four years of hard studying to obtain a B.Sc. in Physiotherapy. Sacrifices begin at that stage with shorter vacations and a very full curriculum. University fees are very high and no remuneration is received whilst in training. A fair amount of money is invested by parents, by the State, producing each graduate. Few bursaries are available, but where there is a will there is a way, and loans are made available to students. Most of us feel that this effort is worthwhile because we will have an honourable profession on completion of our studies.

One then starts working with much enthusiasm and pride, and quite justifiably looks forwards to earning one's first pay cheque. For a few months this cheerful optimism may persist, and if one is fortunate enough to continue living at home with parental support, marry a wealthy husband, or inherit a small fortune, the physiotherapist may continue her work happily ever after.

For many, however, graduation also heralds the beginning of life as a single independent person. At the end of the month the rent, telephone and electricity bills must be paid. One also needs a certain amount of stamina to put in a full day's work, so there is also a food bill to pay. Only in rare cases does transport to and from work involve no cost at all, and most centres will provide an out of hours service if the physiotherapist feels the patient will definitely benefit from this. Running a car today is no mean expense, and even motor bikes involve a substantial outlay! That covers the bare essential expenses needed to exist.

As professional people we are expected to have the correct appearance. The rare visit to a hairdresser is necessary and from a practical point of view it is more sensible to wear slacks and tops which we must pay for ourselves. With the miles of walking a day's work involves, a good pair of shoes, which will easily cost 10% of a month's salary, lasts about nine months.

Should a therapist have a loan to repay she will definitely have no more than a few cents to spare at the end of each month. As she can't afford insurances she relies on good luck preventing someone from removing her sparse possessions from her bedsitter or room in a communal set up, or some drunk writing off her car.

As the years continue the physiotherapist may scratch together an airfare to go on a working holiday abroad. This I must admit is one of the big perks about being a physiotherapist — work is available world wide. What's more, out there in the big wide world salaries allow one to save in order to do post-graduate studies, further one's skills, as well as to continue travelling and living. In most countries South African physiotherapists are welcome because of their high standard and willingness to work.

On returning home to Provincial Service the old weary routine of scratching for an existence begins once more. Many physiotherapists have done post-graduate courses which are not accredited by the Province.

The time spent working abroad is also ignored unless one spends two years in the same hospital, for which one is given one year's credit by Provincial standards. It is

discrepancies such as these which must be rectified if teaching hospitals wish to have fully staffed physiotherapy departments. This would also relieve the frustration of having too few physiotherapists treating too many patients which inevitably results in inadequate treatment, so that indeed the remaining few may ultimately be labelled superfluous.

In spite of a heap of dedication and a real love for my work the prospects of continuously scratching to remain above the breadline for another thirty-five working years, forces me to look to an alternative way of earning my living as a physiotherapist. The choices open are to go into private practice which allows one more freedom in spite of having to work extremely hard. Alternatively one can choose to work abroad as many good South African physiotherapists have done and are doing.

So in reply to your challenge, dear colleague, may I remind you that the white rhino was only able to make a come back, because "certain people" sat back and analysed the facts. They then decreed that white rhinos *should* become a protected species and a great deal of effort was put into helping them to remain alive and healthy, so that they could proliferate. May I suggest that a similar supportive effort be invested in the return of physiotherapists to Provincial services.

V. A. DALLE VEDOVE (Miss)  
B.Sc. in Physiotherapy

Dear Madam,

I wish to take this opportunity to reply to Professor B. T. le Roux's open letter to an endangered species, as it allows me to rectify a few of his misconceptions.

The concern he shows regarding the deficiencies in the Provincial physiotherapy service is shared by all of us within the service.

We are fully cognisant of the shortage of physiotherapists and are aware of the reasons. The situation in Natal is not unique, other Provinces also have their difficulties in filling vacant posts. There are many good physiotherapists in the Natal Provincial Service who, against great odds, have given excellent service for many years and they continue to do so, despite the fact that they could increase their earnings by not working for the Administration.

Professor le Roux's reference to a "central pool" of physiotherapists is erroneous. No such pool exists. Each hospital has its allotted number of posts and applicants may apply for posts, in the hospital of their choice. It is a well known fact that physiotherapists, who have an open field when it comes to employment opportunities, prefer to work in areas of their own choice and, in some cases, would rather resign than be transferred to another hospital, as could well happen if there were a central pool.

To my knowledge Professor le Roux and his staff have never taught large classes of student physiotherapists in Natal. The largest class I can remember was twelve. Due to the many difficulties, which Professor le Roux is obviously unaware of, large classes have never been admitted to the clinical years of study. Physical facilities and teaching resources have limited us to an intake of a maximum of twelve. Student training on an ethnic basis has severely curtailed the numbers of students whilst enquiries have remained high. Fortunately there has been some relaxation in the ethnic clause and that, together with a change in the physiotherapy curriculum has led to twenty-eight new student registrations in 1980. The

physiotherapy school is now fully integrated and has students of all race groups in training.

Regarding post-graduate training, between 1971 and 1978, nine courses in Inhalation Therapy were given by the Provincial Medical Rehabilitation Services on an in-service training basis. Sixty five physiotherapists were awarded the Certificate in Competency in Inhalation Therapy. It is proposed to raise the status and standard of the above course to that of Diploma in Respiratory Therapy so that it may become eligible for recognition by the South African Medical and Dental Council as an additional qualification.

If the overall motive behind Professor le Roux's letter is sincere and meant to be constructive, it is to be welcomed and he may be forgiven his lapse in not going to the right source to obtain the true facts. I hope he will give support to the South African Society of Physiotherapy and all of us who, through the years, have striven to improve the lot of the Provincial physiotherapist.

C. A. LIGGINS

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Natal Provincial Administration/University of Durban-  
Westville

Dear Madam,

In your March 1980 issue, Professor le Roux makes a number of unsupported statements to which space does not permit an adequate reply. We would, however, like to make the following comments.

We thank him sincerely for his concern and obvious awareness of some of the dangers we are exposed to in what he seems to regard as our struggle for survival, yet feel sad that his outlook is rather parochial, if not ill-informed.

We sympathise with the drought he and his colleagues are experiencing in Durban and hope that the rains come soon. The "puddle" we at Groote Schuur Hospital had in 1979 has now become a lake which has been intermittently topped up with tributaries from overseas.

The nationwide staff shortage leads to areas of depleted departments, an unsatisfactory situation which is self-perpetuating. It produces physically and emotionally exhausted staff, dissatisfied with their treatments which they have to pare in order to cope with the sheer numbers — not exactly a gratifying feeling for them. We do assure Professor le Roux that we dislike having to do this as much as he and his colleagues dislike seeing us do it. We are aware that this can in turn lead to a drop in the standard of treatment. This we regret and do our utmost to avoid. The situation is not improved by the abuse of physiotherapy departments, using them as dumping grounds. Some doctors, when at a loss what to do next will refer a patient "for a bit of physio". However, we do acknowledge that our use as placebos has its place. In some elective cases this is acceptable. An essential part of any medical professional's make-up is that of supporter or active listener.

Throughout the severe staff shortage our department experienced last year, we maintained our normal 24 hour service to the best of our ability. We feel rightly proud of the ladies who worked hours over and above an average day in order to complete the work.

Thus we have no need to hark back to the seemingly glorious era of the 1950's. Here and now such "good" physios are alive, well and plenty living in Cape Town!

Strange as it may seem to Professor le Roux, the 1980's also has physios who *are* around at extubation time, who do work their patients up for operations, who do come in early for ward rounds, who do join in tutorial groups where work allows, and who feel their job is worthwhile.

Having worked in a variety of physiotherapy departments we would like to inform Professor le Roux that the word "worthwhile" is our password to job satisfaction, and also assure him that there are plenty of us around who *do* care about this. We care about our standard of work, about improving patient care, about furthering our knowledge. Ours is in very essence a caring profession. Thus it saddens us that he seems not to have appreciated the majority of us who still regard it as such.

Professor le Roux mournfully feels the days of conviviality have faded with the passage of time and that a generation of doctors know not of our abilities and scope. We at Groote Schuur Hospital have enjoyed the encouragement and good communication from not only the interns and registrars but from many of what he regards as the "Antique generation" (although all should be aware the Cape Antiques are rather special and nationally acclaimed!).

Most of us would agree with his anatomical observation. Our hands are indeed one of our greatest assets; sometimes sadly underused, sometimes abused, sometimes replaced by a variety of machinery. In so doing, we lose the valuable and essential communication we and the patients gain by touch.

His theory that post operative sputum retention is of a higher incidence than in those sputumless days of the 50's is debatable. Does he have any figures to substantiate his claim? They would, we feel sure, make fascinating reading.

Now to salaries, which does become rather boring, but the issue should be clarified. Since the majority of us know roughly what salaries we are likely to receive before we commence training, no one in their right mind would start if they wanted to get rich quick! Money is certainly not a reason for going into the job. Most choose the profession because it is a fascinating, stimulating, rewarding, although at times a madly frustrating job. If we do have complaints to make about our salaries or conditions of work, we refer them to the National Executive Committee, which is our elected spokesperson. We know they are unrelenting in their attempts to present whatever grievances we may have to the Department of Health. We do not, as you put it, simply "withdraw our labour". Most of us are realistic enough to know that they cannot change the system overnight and recognise that they have been instrumental in obtaining several recent rises in salary for us.

Surely Professor le Roux is not so naive to think that clockwatchers are a phenomenon of the 80's alone. They have existed since time immemorial. The existence of such folk is recognised throughout the whole of the medical profession but is by no means the norm nor is it unique to physiotherapists.

We feel in no way nearing the fate of the Dodo. We are confident we hold a rhino-like stand — strong, resolute and determined. Perhaps once a threatened species but not endangered. There are enough of us around to propagate what real physiotherapy is and now have a thriving herd — certainly here at Groote Schuur Hospital.

CINDY TYRRELL, on behalf of the Senior Physiotherapists, Groote Schuur Hospital.

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