



headline

SASOP

OFFICIAL NEWSLETTER OF THE SOUTH AFRICAN SOCIETY OF PSYCHIATRISTS

SASOP ANTI-STIGMA INITIATIVE

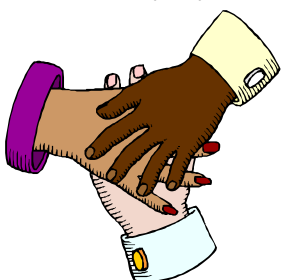


Emotional Health
BE THE BEST YOU CAN

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Unity in SASOP



Working together in harmony

From the President's Desk

UNITY IN SASOP



Time flies when you are having fun—so goes the old saying. While not necessarily having as much fun at the helm of SASOP, a lot of things have happened in the three months since my inauguration.

We have all been shocked or surprised by the recall of our State President and the subsequent mass walkout of politicians who are deemed to have been his supporters. On the business side we have witnessed a near collapse of global economies that resulted from some form of mismanagement by powerful global players. The sweetest collapse was that of the oil price.

While the President of SASOP has not been recalled (fired in simple English, I believe), there has been significant rocky patches within our organisation. These ranged from personality clashes to the resignation of some SASOP members, some of whom were significant role players within the organisation. There were also threats of a split up and the formation of a splinter group.

This prompted the President to assemble a three-man (person) team, viz the President, his immediate Past President and the incoming President. The aim of this team was / still is to visit certain identified subgroups, namely Gauteng Northern and Southern, Western Cape and KZN.

At the time of writing we have visited Northern Gauteng and Western Cape subgroups. We had very frank discussions which were fruitful and provided us with a lot of insight. I personally can't wait to round up the two remaining groups. At the end of it we hope to draw a report for all to see.

As President, I hope to achieve the following objectives, and I believe with your help these are possible.

- a) To encourage open discussion among members irrespective of how controversial a subject.
- b) To forge unity of purpose among all members
- c) To re-ignite interest in SASOP, in view of the perceived lethargy in certain quarters
- d) To improve relations between SASOP and the other role players e.g. the pharmaceutical industry, Department of Health, University Departments etc.

You may all be aware that SASOP is now a Section 21 Company. The implications of our new status are serious. We have to be accountable particularly where matters financial are concerned. We also have to understand the principles of good governance, as we are now regarded as directors of the company. You may want to know why we had to be a Section 21 Company. Well, in short, SASOP manages a significant amount of money and we could not continue to do so without being asked questions—such as our registration, VAT numbers etc.

In concluding my brief I would like to encourage as many of you as possible to attend our meetings with subgroups and ask questions. You are encouraged to visit the SASOP website and enter your comments on the blog area. It is important for me as President to have the views of the 'electorate'. This will go a long way towards steering SASOP in the right direction.

Dr Jan Chabalala: SASOP PRESIDENT <janhab@mweb.co.za>

- SASOP ACTIVITIES -



the Secretariat of SASOP. The Board of Directors wishes her well and thanks her for her dedication and effort.

After the reformation of SASOP, from an association to a Section 21 company, the new management structure had its inaugural meetings. The Voting member of the Board of Directors met on 7 October 2008 and the National Council on 15 October 2008.

The voting members of the Board of Directors consists of:

1. The President – Dr Jan Chabalala
2. The immediate Past President – Dr Thabo Rangaka
3. The President Elect – Dr Ian Westmore
4. The Honorary Treasurer – Dr Willem van Rooy
5. The Honorary Secretary – Dr Gerhard Grobler
6. The Convenor of P3 (representing private practice) – Dr Franco Colin
7. The Convenor of SESIG (representing the public sector) – Dr Bernard Jansen van Rensburg

The rest of the Board of Directors consists of the convenors of the divisions and the task teams, who are appointed *ex officio* to the Board, after approval of by Executive Committee. These members will not have voting power during Board of Directors meetings but all full and life members will have voting powers during the Annual General meeting.

The National Council consists of the Board of Directors with the convenors of the special interest groups and the chairpersons of the subgroups.

The main business of SASOP is to promote, maintain and protect the honour and interest of the discipline of Psychiatry as a medical speciality and to serve the community. The main objects of the company is:

- 1.1 To foster good relationships among the members of the Society.
- 1.2 To promote cooperation with other associations involved in Mental Health.
- 1.3 To monitor, evaluate and advise on policies related to the delivery of clinical services and the protection of patients' rights.
- 1.4 To promote research appropriate to Psychiatry in South Africa.
- 1.5 To promote appropriate training and evaluation of standards of undergraduate and postgraduate students in Psychiatry.
- 1.6 To promote continuing education in Psychiatry.
- 1.7 To maintain standards in Psychiatry by Peer Review.
- 1.8 To promote and uphold the principles of human rights, dignity and ethics in the practice of Psychiatry.
- 1.9 To oppose unfair discrimination in the field of Psychiatry.
- 1.10 To promote the de-stigmatization of Psychiatry and increase the awareness of mental illness.

The Board of Directors has the power to:

- a. To purchase, take on lease, exchange, hire, or otherwise acquire any real and personal property and any rights or privileges necessary or convenient for the purpose of the Society.
- b. To sell, improve, manage, develop, lease, mortgage, dispose of, turn to account or otherwise deal with all or any part of the property of the Society.
- c. To invest and deal with the moneys of the Society not immediately requiring investment, in such manner as may from time to time be determined, including depositing any funds received by the Society at a bank decided upon by the Board.
- d. To borrow any moneys required for the purposes of the Society upon such terms and against such securities as may be determined.
- e. To pay from the funds of the Society all costs, charges, and expenses preliminary and incidental to the promotion, formation, establishment, registration, and advertising of the Society.
- f. To do all such other lawful things as may be incidental or conducive to the promotion or carrying out of the foregoing objects or any one of them, and to enter into agreements with any person in order to achieve any of the aforementioned objects.

continued on pg 3

- g. To register the emblem of the Society with the Bureau of Heraldry.
- h. To form and have an interest in any company or companies or associations having similar objects to the Society for the purpose of acquiring the undertaking or all or any of the assets or liabilities of the company or for any other purpose which may seem, directly or indirectly, calculated to benefit the company, and to transfer to any such company or companies, the undertaking or all or any of the assets or liabilities of the company.
- i. To become a member of or subscribe to or affiliate with any other organisation, whether incorporated or not, having objects similar to those of the Society.
- j. To take part in the management, supervision, and control of the business or operations of any other company or business having the same or similar objects as the Society, and to enter into partnerships with other companies or businesses having the same or similar objects as the Society.
- k. To remunerate any person or persons in cash for services rendered in the formation or development of its business.
- l. To make donations, except to members or directors.
- m. To pay gratuities and pensions, and establish pension schemes in respect of its *bona fide* employees.

The Society is an association not for gain.

Please check the SASOP website for the full list of current portfolios.

Dr Gerhard Grobler HONORARY SECRETARY

Spirituality and Mental Health

Introduction

Spirituality involves a dimension of human experience that psychiatrists are increasingly interested in, because of its potential benefits to mental health. This section outlines the relevance of spirituality to mental health and mental healthcare, and explains some of the benefits. It is not necessary to hold formal religious beliefs, or engage in religious practices, or belong to an established faith tradition, to experience the spiritual dimension.

What is spirituality?

In healthcare, spirituality is identified with experiencing a deep-seated sense of meaning and purpose in life, together with a sense of belonging. It is about acceptance, integration and wholeness.

According to one definition, "The spiritual dimension tries to be in harmony with the universe, strives for answers about the infinite, and comes especially into focus in times of emotional stress, physical and mental illness, loss, bereavement and death." This desire for wholeness of being is not an intellectual attainment, for it is no less present in people with learning disability, but lies in the essence of what it means to be human.

From the spiritual perspective, a distinction can be made between cure, or relief of symptoms, and healing of the whole person. Life is a perpetual journey of discovery and development, during which maturity is often gained through adversity. The relief of suffering remains a primary aim of health care, but it is by no means the whole story.

How is spirituality distinguished from religion?

Spirituality, described as "linking the deeply personal with the universal", is inclusive and unifying. It naturally leads to the recognition that to harm another is to harm oneself, and equally that helping others is to help oneself. It applies to everyone, including those who do not believe in God or a 'higher being'. The universality of spirituality extends across creed and culture; at the same time spirituality is felt as unique to each and every person.

Religions offer community-based worship, each faith having its own set of beliefs and sacred traditions. However, when there is a lack of respect for differences of belief, religion has been used as a social and political tool leading to intolerance and divisiveness.

Components of spiritual health care

Surveys of mental health patients have shown the need for:

- an environment for purposeful activity such as creative art, structured work and enjoying nature;
- Feeling safe and secure. Being treated with respect and dignity allows you to develop a feeling of belonging, of being valued and trusted;
- having time to express feelings to sympathetic and concerned members of staff;
- opportunities and encouragement to make sense of, and derive meaning from, experiences including illness;
- Permission and encouragement to develop a relationship with God or the Absolute (however the person conceives whatever is sacred).
- People need a time, a place and privacy in which to pray and worship, the opportunity to explore spiritual (and sometimes religious) matters, encouragement in deepening faith, feeling universally connected and perhaps also forgiven.

What are the benefits of paying attention to the spiritual dimension?

Patients have identified the following benefits of good quality spiritual care:

- improved self-control, self-esteem and confidence;
- faster and easier recovery, achieved through both promoting the healthy grieving of loss and maximising personal potential;
- improved relationships – with self, others and with God/creation/nature;
- A new sense of meaning, resulting in reawakening of hope and peace of mind, enabling people to accept and live with problems not yet resolved.

Spiritual values and skills

Spiritual practices foster an awareness that serves to identify and promote values such as creativity, patience, perseverance, honesty, kindness, compassion, wisdom, equanimity, hope and joy, all of which support good health care practice.

Spiritual skills include:

- being self-reflective and honest;
- being able to remain focused in the present, remaining alert, unhurried and attentive;
- being able to rest, relax and create a still, peaceful state of mind;
- developing greater empathy for others;
- finding courage to witness and endure distress while sustaining an attitude of hope;
- developing improved discernment, for example about when to speak or act and when to remain silent;
- learning how to give without feeling drained;
- being able to grieve and let go.

An important principle of the spiritual approach to mental healthcare is 'reciprocity' – this means that the giver and receiver both benefit from the interaction. Provided exhaustion and 'burn-out' are avoided, carers naturally develop spiritual skills and values over time, as a result of their devotion to those for whom they care. Those benefiting from care are often, in turn, able to give help to others in distress.

Education and research

Evidence for the benefits for mental health of belonging to a faith community, holding religious or spiritual beliefs, and engaging in associated practices, is now substantial. On the strength of this growing body of research, educational initiatives for mental health care students and practicing clinicians have been developed for inclusion in medical and nursing curricula and Continuing Professional Development (CPD) options.

About the Spirituality and Psychiatry Special Interest Group (SIG)

The Spirituality and Psychiatry Special Interest Group of the Royal College of Psychiatrists (Spirituality SIG) was founded in 1999 to serve two needs.

There was no forum available to enable psychiatrists interested in spirituality to share and explore this important aspect of mental healthcare.

Through a number of patient-led surveys, patients made it clear that they felt deeply the omission of a spiritual dimension, to the detriment of their quality of care.

Since its foundation, the Spirituality SIG has steadily grown, with over 1000 psychiatrists joining the group. An active programme of one-day events for members is held; also occasional conferences open to the general public. Information about these meetings is published in the Spirituality SIG Newsletter, along with the texts of all talks given, on the Spirituality SIG website (www.rcpsych.ac.uk/spirit).

Making a spiritual assessment is as important as all other aspects of medical history taking and examination. When making a diagnosis, a psychiatrist should be competent in distinguishing between spiritual crisis and mental illness, and able to explore areas of overlap and difference between the two.

Finally, the SIG seeks to promote knowledge of current research linking spirituality with improved physical and mental health.

Advice

Spirituality is a deeply personal matter. People are encouraged to discover 'what works best for you'. A routine daily practice involving three elements can be helpful:

- a) regular quiet time (for prayer, reflection or meditation);
- b) appropriate study of religious and/or spiritual material;
- c) engaging in supportive friendships with others sharing similar spiritual and/or religious aims and aspirations.

It is possible to find advice about spiritual practices and traditions through the resources of a wide range of religious organisations (see overleaf). Secular spiritual activities are increasingly available and popular too. For example, many complementary therapies have a spiritual or holistic element that is not defined by any particular religion. The internet, especially internet bookshops, the local yellow pages, health food shops and bookstores are all good places to look.

Websites

www.rcpsych.ac.uk/spirit

The Royal College of Psychiatrists' Spirituality and Psychiatry Special Interest Group.

www.mfghc.com

The Multi-Faith Group for Healthcare Chaplaincy website has valuable information about traditions, symbols, teachings and practices of nine world religions.

www.happinenssite.com

Includes a 'resources' page with useful internet links compiled by author Patrick Whiteside.

For additional resources, try typing 'spirituality and health', or 'spirituality and psychiatry' into an internet search engine.

Farewell Editorial

I did indicate in my last editorial that the time was arriving for me to leave the executive committee of SASOP. I now feel that that particular time has arrived and I indicated to the president about a month ago that I will be resigning as soon as this headline was distributed. Hopefully my portfolios can be taken over by the wonderful array of bright, young and energetic psychiatrists that we have in SASOP. My decision has nothing to do with the president or president elect. I will always be available in a mentorship capacity and both Dr Chabalala and Dr Westmore have my future support and prayers for them to be successful with their leadership in SASOP.

I came to this decision as my journey in life must now take a different path while the good works of SASOP continue. It is my sincere wish that SASOP becomes an even stronger organisation and I applaud Dr Chabalala, Dr Westmore, Dr Rangaka and Dr Grobler for their efforts in attempting to unite SASOP members by visiting all the subgroups. I will miss the friendships and discussions relating to SASOP but I will replace this with aspects of my new journey.

I've always realised that my career will probably consist of three phases: First, the academic psychiatry phase, which was the longest phase of my career. Second, the private practice psychiatry phase, which hopefully is an interim phase for me, and thirdly, a new and different phase which will incorporate multiple aspects, such as continuing with my private practice, perhaps on a smaller basis and focussing more on other issues of life particularly the spiritual component of my journey in life. In order to prepare myself for this third phase of my journey, I need to relinquish parts of my current journey. Hence my resignation from the executive committee of SASOP.

It is my intention to now travel light!

The spiritual aspects of psychiatry and psychotherapy have always interested me. I hope that the SASOP members will give the new **Spirituality and Psychiatry Special Interest Group**, co-founded by both Dr Fawzia Moola and Dr Bernard van Rensberg, their full support. In May 2007, I was fortunate enough to attend the American Psychiatric Association congress in San Diego. I attended workshops on Spirituality Based Cognitive Behavioural Therapy (CBT). Some pertinent points made by the presenters were that 70% of the population of is spiritually or religiously inclined. 70% of that 70% has religion or spirituality as their prime focus in life. This emphasises that psychiatrists / psychotherapists would be foolish to ignore this huge aspect of patients lives when evaluating them and entering into psychotherapy.

Hopefully, I have also learnt that with age and wisdom that the roles we play in life have to change and evolve. The student often becomes the teacher and the teacher sometimes becomes the student again and sometimes a completely different path is taken. Nothing in life can be static. Detachment from supposed powerful positions or goals is often something that we face at the crossroads of our lives. **Detaching from the external self in order to explore and expand the inner self is an issue related to the wisdom of growth and development.** In my reflections on determining what I should do in the latter phase of my career I am often reminded of some of the interesting material that I have read.

"Who determines what it means to be a success? Are you your clothes, are you your name, are you your profession? Stop identifying with them. They come and go." (Anthony de Mello)

"If you get caught up in the suffering of life, rather than knowing it's for your soul's perfection, you can become bogged down and not live up to your mission." (Sylvia Brown)

"The real power in life is internal. To be able to see the world in the light of love, which can only come from within, is to live without fear in unshakeable peace." (Deepak Chopra)

I have enjoyed my work on the SASOP executive. As a past president I will be available to serve as mentor in an organisation for which I have tremendous respect. **It is my sincere hope that SASOP remains a united body and that there will always be a sense of fair play within the interactions at SASOP.**

As I bid farewell to being on the executive committee of SASOP I would sincerely like to thank my assistant, **Winston Padayachee**, who has worked selflessly in order to assist me as either Assistant editor or Editor of Headline since he was ten years old. He worked 'pro bono' until 2008 when Dr Rangaka arranged that SASOP pay him for his work. Winston is now twenty years old and is a third year medical student. Working on Headline and the anti-stigma initiative has shaped part of his life as well. **I also need to thank the assistant editor Dr Allers.** It is sad to note that Dr Allers has resigned from the executive committee of SASOP a month before I did. Dr Allers was the founding member / developer and creator of Headline. It was he who taught my assistant how to run publisher and how to put together all the different Headline articles. I certainly will miss Dr Allers' creativity / energy and tremendous amount of work he put into the executive committee of SASOP. As outgoing Editor I wish him well in whatever future endeavours he has. I'm sure that he will busy because he is a man who can never keep still. He has been SASOP's rock for a number of years. His energetic zeal and go-getting behaviour can sometimes be a source of criticism from members of SASOP. However, it is important to realise that those who work hard will be criticized. **The tall trees catch the wind.**

I bid farewell as the editor of Headline and as the convenor of the Academic Development Committee. It was a pleasure to serve SASOP.

Margaret Nair EDITOR - HEADLINE



I have recently taken over from Dr. Eugene Allers as the P3 representative on the SASOP board of directors. I must confess that Eugene Allers' shoes are very big shoes to fill and I hope that I will follow his example.

There are a few issues on the private practice front that I think members should be informed of. The first one is that **psychiatrists' cost studies** submission at the department of health has been accepted, one of only eleven to succeed. We are at this stage also taking the DOH on legally to see whether we can in fact get a bigger increase than the 8.7% that was given by the DOH. **Cost studies at the moment are a statutory requirement for every specialist discipline within medicine.** It is very important that SASOP continues with cost studies in the future and it is therefore very important that all psychiatrists in the country belong to SASOP and pay their membership fees. You are getting a very valuable service from SASOP.

Other things on the horizon: We have a new minister of health, Barbara Hogan. From statements that Ms. Hogan has made, it is clear that we are dealing with a totally different person from our previous minister of health. (Interactions with her were abominable.) Ms. Hogan certainly has a better way of looking at things, she is cautious, and she plans to engage the medical fraternity in the country and we hope that we will be able to have a good communication with her.

Another issue on the horizon is that despite the **problems with the CME points system at the HPCSA** there seems to be a planning at the HPCSA to introduce another system. In this system patients will be asked to rate practices that they are patients of and these ratings will have to be submitted to the HPCSA. The system was adopted in the UK and unfortunately caused huge problems. We hope that we will be able to avoid this atrocious system in South Africa.

It has certainly been the impression of people in the leadership of SASOP that there is a big apathy under members nationwide. Also in terms of practice we would like to communicate with members and members to communicate with us for us to understand their problems although we cannot solve every single problem with every medical aid but at least we can advise on how to approach them and who to speak to.

FAREWELL TO P3 MEMBERS

Eugene Allers recently resigned out of all committees of SASOP. I would like to use this opportunity to pay tribute to this psychiatrist who has probably single handedly done more than any other psychiatrist in the history of SASOP for people in private practice especially. Since private practice (P3) is my portfolio at this stage, I am going to focus on his contribution in that regard.

Eugene is a tireless worker that has spent thousands of hours of his own time (and by implication money) in the pursuit of the interest of private practice psychiatrists in South Africa. As past president of SASOP he also instituted several of the now well known institutions within SASOP such as the very newsletter that you are now reading as well as starting the website. He also helped initiate the anti stigma campaign that lead to **the white paper on psychiatry being presented to parliament (an ongoing issue).** Eugene is a very creative thinker. He is visionary and acts rapidly and with efficiency in everything he does. I am however glad to say that Eugene has moved on to bigger issues as he is now the **chairperson of the specialist private committee in SAMA** and will probably still be the chairperson of the South African Private Practitioners Forum, a company which was created to look after the interests of all specialists in the country. This company will still be loosely affiliated to SAMA but will have independence to act swiftly against many of the onslaughts against private practice that has recently taken place. **It pleases me to say that Eugene is now respected on a much wider level amongst all specialist colleagues in South Africa, which contrasts starkly to the respect that he has recently received from colleague psychiatrists in South Africa.** His presence in private practice politics will sorely be missed but I hope that as the chairperson of a National Specialist Forum he will still be able to look after the interests of us in private practice psychiatry.

I would also like to pay tribute to another P3 member who has recently resigned viz Margaret Nair. Margaret was SASOP President from 1998 to 2000 and was the 1st person of colour and 1st woman to hold this position. Under her leadership the entire structure of the SASOP executive committee changed. She introduced the task teams. Special Interest Groups had to elect their conveners. The entire constitution underwent fundamentally important changes. With Eugene as her assistant administrative secretary the 'Headline' and the

SASOP website were established. She was the **founding member and creator of the anti-stigma initiative** and launched this initiative in 2000 with Dr S Salduker and Dr Eugene Allers. She also initiated the prescription privileges team, and was very successful in lobbying the HPCSA to monitor who prescribes Psychiatric drugs.

She maintained excellent relationships with international organizations during her term of presidency and was subsequently asked by the WPA president to stand for elections for the WPA executive committee. She politely declined because of family and work commitments. She continued to work in various portfolios, particularly as assistant Editor or Editor of Headline, the anti-stigma initiative and the newly formed Academic Development. We wish her well.

WE SHALL MISS YOU BOTH!

Dr Franco Colin CONVENOR - P3

Shrink Tank

Lose everything, and the real will still remain” Gain and loss are the two faces of the same things. The only thing in life that brings an absolute gain is the gain of awareness, which is what the quest is all about.



Nothing (no-thing), no person, no event, or circumstance has the power to hurt you. The only power it has is what you give it. Refuse to hand over such power.

Life is a symphony. In the symphony of life, you don't care whether you are the flutist or the drummer. You are the music, the march of the band. There is no need to lead. The inner self is quiet content to be the trumpeter, the flutist, even part of the audience. It is drugged ego that insists on being the drummer major or the orchestra leader. - J Francis Stroud

When you are seemingly diminished in some way and remain in absolute non-reaction, not just externally but also internally, you realize that nothing real has been diminished, that though you becoming “less” you become more. When you no longer defend or attempt to strengthen the form of yourself, you step out of identification with form, with mental self image. Through becoming less, you in fact undergo in expansion and make room for Being to come forward. True power, who you are beyond form, can shine through the apparently

People are often unreasonable, illogical, and self-centered; Forgive them anyway.

If you find serenity and happiness, they may be jealous; Be happy anyway.

If you are kind, people may accuse you of selfish, ulterior motives; Be kind anyway.

The good you do today, people will often forget tomorrow; Do good anyway.

If you are successful, You will win some false friends and some true enemies; Succeed anyway.

Give the world the best you have, and it may never be enough; Give the world the best you have anyway.

If you are honest and frank, people may cheat you; Be honest and frank anyway.

You see, in the final analysis, it is between you and God; It was never between you and them anyway. - Ken Keith; engraved on Mother Teresa's shelter in Calcutta

What you spend years building, someone could destroy overnight; Build anyway.

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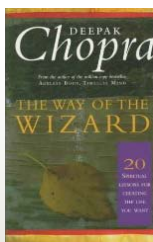
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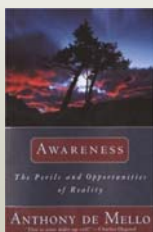
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The Way of the Wizard

by Deepak Chopra
Ebury Publishing, 1995

The Wizard is the inner guide within. The purpose of learning from a Wizard is finding the Wizard within. Having found the inner guide, you've found yourself. The self is the ever shining Sun that may be an eclipse, but once the shadows pass, the sun is simply there in all its glory. In short, the Wizard's way is the way of the spirit.



Awareness

by Anthony de Mello
Doubleday Publishing, 1992

The heart of Anthony de Mello's bestselling spiritual message is Awareness. Mixing concepts from many different religions, de Mello's words of hope come together in Awareness in a grand synthesis. He cajoles and challenges us to leave this go-go-go world of illusion and become aware. And this only happens, he insists, by becoming alive to the needs and potential of others, whether at home or at the workplace. This is a masterful book of the spirit, challenging us to wake up in every aspect of our lives.

Book Club

26 November 2008
For immediate release

HPCSA SCRAPS ETHICAL TARIFFS

The Health Professions Council of South Africa (HPCSA) at a meeting held in Pretoria on 24 November 2008 took a decision to scrap its ethical tariffs used by doctors as a ceiling for patient accounts. This decision follows the establishment of a new National Health Reference Price List (NHRPL) by the Department of Health including an extensive consultative process with stakeholders, as well as healthcare practitioners.

“The HPCSA ethical tariffs were previously used to guide us in determining whether or not a practitioner had over-charged a patient,” explained **HPCSA Registrar, Adv. Boyce Mkhize** “however, the Department of Health’s new processes around the NHRPL which embraces all healthcare players within the country, eliminates the need to determine our own tariff which has historically been three times higher than the NHRPL.”

As a regulatory body protecting the public consumers of healthcare services, the HPCSA will, however, still retain its authority to determine whether a practitioner has overcharged a patient or not, in terms of Section 53 of the Health Professions Act 1974. In order to make this determination, the HPCSA has adopted the following principles:-

- a practitioner shall charge a non-insured patient the NHRPL rate except where the patient provides written informed consent for a billing higher than the NHRPL rate and any charge above the NHRPL rate without the patient’s consent shall be deemed to be overcharging;
- a practitioner may charge a private-paying insured patient a rate payable by the Medical Scheme in which that patient belongs or is a member if it is higher than the NHRPL rate provided that any rate higher than the rate payable by the Medical Scheme shall be deemed to be overcharging, except where the patient has given written informed consent for a charge higher than the Medical Scheme rate; and
- for the purposes of determining whether the patient has provided informed consent, the practitioner is required to indicate to the patient the prevailing NHRPL or Medical Scheme rate for whatever procedure the patient presents for as well as the difference between that rate and the rate the practitioner intends to charge as well as the amount that the patient may have to pay in addition to the stipulated rate.

“We believe this pronouncement by the HPCSA will not only provide guidance to our healthcare practitioners while clearing the confusion prevalent within the healthcare industry where there is more than one tariff, but will also provide protection to the South African public by ensuring that costing models do not unduly hamper access to healthcare.”

About the Health Professions Council of South Africa (HPCSA)

The Health Professions Council of South Africa is a statutory body established in terms of the Health Professions Act no.56 of 1974 with a mandate to protect the public, all consumers of healthcare, and to provide guidance on educational, professional and ethical issues to its practitioners.

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