

***“My name may be Tower Hospital, but my surname and my ‘isiduko’ is the Eastern Cape Health Department”***

By sub-texting his report on allegations of patient mismanagement and patient rights violations at the Tower Psychiatric Hospital and Psychosocial Rehabilitation Centre in this way,<sup>1</sup> referring to an “isiduko”,<sup>2</sup> the Health Ombud, Professor Malegapuru Makgoba seems to imply that although much has been said and reported on the whistle-blowing clinician who at first glance appears to be the main focus of his report, that a more important responsibility for the bigger context of problems reported on at the hospital, still rests with the Eastern Cape Department of Health (ECDoH).

This seems to be evident in his recommendation about the ECDoH, as a department with a track record of “successful failures”, while listing 14 aspects in which such failure has been demonstrated. The Ombud advises that whistle blowing about problems experienced at Tower Hospital was *“just the needed lightning rod and representative of a broader systemic and prolonged poor-quality service delivery for mental health care users in the Eastern Cape”*. It also re-emphasised, according to him, the urgent need to review legislation moving decision-making powers in the provinces back to the national ministry. He recommends that the National Minister appoints an Administrator with respect to the mental health services in the province, while he further notes that the management of the Tower Hospital Complex was so dysfunctional and *“riddled with dead-end power struggles, (that) it must be overhauled with ‘new blood’.*” He pointed out that codes of conduct were also violated by other Tower Hospital staff members, including a social worker involved with users’ money, the clinical manager, as well as the nursing services manager and the CEO of the hospital. The hospital’s management team is reported to have experienced difficulties with role clarification due to a lack of understanding, while decentralizing power rendered hospital management ineffective in discharging their responsibilities.

The Ombud’s summary statement that “institutionalised, systematic” violations of human rights of patients may not have occurred at Tower Hospital, therefore does not rule it out that specific violations of certain individuals’ human rights have occurred. In several respects, the health ombud’s report actually seems to concur with the South African Society of Psychiatrists’ (SASOPs)

---

<sup>1</sup> Office of the Health Ombud. Report on an investigation into allegations of patient mismanagement and patient rights violations at the Tower Psychiatric Hospital and Psychosocial Rehabilitation Centre. 23 August 2018. (Available from: <http://ohsc.org.za/publications/>; retrieved 23 August 2018.)

<sup>2</sup> Xhosa clan names (*isiduko* (sing.), *iziduko* (pl.) in Xhosa) are family names that are considered more important than surnames among Xhosa people. Much like the clan system of Scotland, each Xhosa person can trace their family history back to a specific male ancestor or stock. (Available from: [https://en.wikipedia.org/wiki/Xhosa\\_clan\\_names](https://en.wikipedia.org/wiki/Xhosa_clan_names); retrieved 24 August 2018)

report on the concerns raised at the time, which was released to the Eastern Cape MEC for Health and the Head of Department of the ECDoH on the 19<sup>th</sup> March 2018.<sup>3</sup> In general the SASOP mentioned in this report that *“although hospital personnel of all categories, including senior management, largely seems to have had good will towards patients and patient-care”*, there seems to have been a limited understanding, especially at senior management level, of how long-standing systemic failures and inadequacy of actions taken to address these failures, have exacerbated the situation and affected patient rights. Specifically, the Ombud’s report concurs with the SASOP report regarding problems occurring in specific areas such as poor death records and record keeping, the dangerous seclusion rooms and maintaining patients’ physical health.

With regard to whistle blowing, while the SASOP fully agrees that accurate information should be used and appropriate channels must be followed, the Society, however, wants to caution that Dr Sukeri’s whistle blowing actions about conditions at Tower Hospital must be considered in terms of the Protected Disclosures Act No 26 of 2000, as amended in 2017, No 5 of 2017. In addition, the SASOP as a professional specialist medical association and its adopted program of having a social contract with society, also has a responsibility to engage in communication with the general public, who are one of the stakeholders in the discussion about the professionalism that is expected from society members. SASOPs “raison d’etre” is to promote, maintain and protect the honour and interests of members, the discipline of Psychiatry as a medical speciality and to serve the community. Concordantly, the SASOPs company rules include objectives such as to monitor, evaluate and advise on policies related to the delivery of clinical services and the protection of patients' rights, to maintain standards in Psychiatry by peer review, to promote and uphold the principles of human rights, dignity and ethics in the practice of Psychiatry, to oppose unfair discrimination in the field of Psychiatry, to promote the de-stigmatization of Psychiatry and increase the awareness of mental illness and to act as a lobby group to further the interest of the discipline of Psychiatry in both the public and private sector.

The SASOP therefore wants to reiterate its earlier statement this month that medical professionals are at front lines of health care delivery and witness daily the direct impact of irregularities on the lives of patients.<sup>4</sup> Clinicians should use the mandate according to available legislation to

---

<sup>3</sup> SASOP. Report on the Investigation of the Concerns about Institutional and Patient Rights Violations at Tower Hospital as Submitted by Dr Kiran Sukeri. 19 March 2018

<sup>4</sup> SASOP. It’s time for medical professionals to be advocates. 2 August 2018. (Available at: [https://www.sasop.co.za/Statements/Prof\\_Responsibility](https://www.sasop.co.za/Statements/Prof_Responsibility); retrieved 23 Augusts 2018)

speak out when patients' human rights are violated and should report incidents of malpractice, fraud, corruption, misadministration and management of facilities as well as lack of patient care and or neglect. Reporting on such wrong-doing promotes individual responsibility and organizational accountability however if left silent, the clinician enables and contributes to a culture of impropriety.

**SASOP Board**  
**Johannesburg, 27 August 2018**