

ETHICAL ISSUES IN FORENSIC MEDICINE

To the Editor: The article 'Ethical issues in forensic medicine' by M A Dada and D J McQuoid-Mason in the March 2006 issue of *CME* refers. The paragraph, left bottom corner, page 139, is not quite clear.

It implies that all district surgeons complied with political pressure, resulting in the violations mentioned. While this may be true of some, it is certainly not applicable to all or even the majority of district surgeons – during my limited experience of 38 years. I hope the implication was not intentional.

Without going into detail, the commonest clashes with the police were when I wanted to admit a prisoner to hospital, but when there were no police available to guard said prisoner in hospital. The inside of a police 'prison' was hardly ideal to treat even a simple cold. I was certainly never under any pressure to issue false paperwork.

The few times I did notice irregularities I reported these, at times even going over the head of the station commander. I cannot remember these irregularities being 'politically' motivated.

It is nice to read about the way it 'should be' from those in the ivory tower, but the reality is different. Imagine the sinking feeling when you receive a phone call on a Monday morning when you are double booked, with even more patients in the waiting room, to inform you that all 8 fridge cubicles are full with 2 bodies each and 'we have no place to put the rest'. Those in the fridge are clad only in a tag on the big toe and washed clean of blood or other evidence. That was usually after an earlier call from the hospital to say that there was a problem in the maternity or casualty ward.

The life of a lonely district surgeon in a far-flung South African rural area is quite different from that of a 'family physician' in a rural area in Saskatchewan or Newfoundland. I experienced both. In Canada I was plagued by guilt feelings for receiving money for doing virtually nothing.

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