

Rural Doctor of the Year 2003



An important event at the 7th Annual RuDASA Congress in Worcester, Western Cape, held on 7th and 8th August 2003, was the announcement of winner of the second annual rural doctor of the year award, the Pierre Jaques Award. This is a prize given jointly by RuDASA, the South African Academy of Family Practice/Primary Care and the South African Medical Association. There were a number of excellent nominees. The selection committee chose Dr Victor Fredlund from Mseleni Hospital as the rural doctor of the year 2003.

Dr Fredlund has been working at Mseleni Hospital in Northern KwaZuluNatal since 1981 and has been Medical Superintendent there since 1985. A notable achievement has been the establishment and ongoing running of a programme of hip replacement surgery for the local community. Mseleni joint disease is a particular disabling form of destructive osteoarthritis which occurs in the Mseleni area, creating the necessity for hip replacements in many people. In view of the impossibility of getting large numbers of patients into a programme for hip replacement surgery at the tertiary referral centre in Durban (350km away), Dr Fredlund, flying in the face of conventional wisdom, established a programme of hip replacement surgery at Mseleni Hospital, a rural district hospital. A large number of patients have now been able to receive artificial hip replacements as part of that.

Dr Fredlund strives to maintain a high standard of care in the hospital, and has facilitated an ongoing programme of early morning teaching ward rounds. In addition to his procedural skills and his ongoing involvement in clinical issues, he is actively involved in community projects including the provision of water to the community and an orphanage in the community.

In accepting the award Dr Fredlund had the following to say:

"I was reading a book on management recently in which the author said you must identify the one thing that you can do well to excel. I had problems with that, so I decided the 'one thing' would have to be 'doing many things'. When the need is there and you have a skill that could benefit the people around you, you need to offer your contribution. Don't say, 'it's not my responsibility'. This might involve teaching some mathematics, preparing a VIP latrine programme, facilitating a water programme, delivering babies or doing total hip arthroplasty. Fill the gap.

Training of doctors from the region is key for the development of the future services. I have a vision of Mseleni staffed by a core of local origin doctors with a mixture of shorter stay doctors from various countries and communities. For many years we have benefited from but been too dependent on overseas trained medical staff. However the other extreme of xenophobia and only

.local staffing will lead to medical isolation. How much better to see the free exchange and interaction between communities. I remember one G.P. from the U.K. who told me how he had been a missionary in West Africa and had then been able to take back what he had learnt in community interaction to his general practice in the West of England in a small rural village, reinventing the extended family and community responsibility in that practice. Medicine requires the constant cross fertilisation of ideas and perspectives and a healthy mix of medical staff should be maintained in the future”.

RuDASA congratulates a worthy winner of the Pierre Jaques Award.