

## PERSOONLIKE OPINIE

Dit is een van die primêre take van die algemene praktisyn en die pediater om die kind met verstandelike vertraging, emosionele probleme, sensories-motoriese stremmings, met of sonder hiperaktiewe of abnormale gedragpatrone, uit te ken. Die verantwoordelikheid val op hulle om die behandeling en, indien nodig, die verwysing van die geval na ander dissiplines vir die beste moontlike opinie en behandeling te reël. Hulle moet die ouers met raad en daad bystaan.

Hoe goed kwyf hulle hulself in hierdie belangrike taak en is hulle altyd toegerus daarvoor? Te oordeel na die kritiek wat vry algemeen uitgespreek word deur ouers, mediese en paramediese personeel wat besondere belang het by die behandeling van hierdie kinders, is alles nie pluis nie.

Mediese praktisyns (insluitende pediaters) tree dikwels vreemd op wanneer hulle met hierdie kinders te doen kry. Waar baie aandag en simpatie getoon sal word met die kinderpasiënt (en sy ouers) wat 'n akute siekte onder lede het, wat behandel kan word byvoorbeeld met antibiotika of 'n chirurgiese ingreep, word die kind met hiperaktiwiteit, emosionele probleme of sensories-motoriese stremmings afgeskep met veralgemenings, 'n haastige voorskrif vir medisynes en 'n verwysing van bakboord na stuurboord vir opinies en ondersoek. Dit is 'n gelukkige kinderpasiënt met die genoemde probleme wat ooit 'n deeglike kliniese ondersoek van kop tot tone ondergaan.

Selfs die optrede van verpleegsters teenoor hierdie kinders en hulle ouers is soms moeilik om te begryp. Die suster wat ure sal spandeer en oortyd sal verpleeg om 'n kind met meningitis of ensefalitis gesond te kry, toon 'n koelheid en skynbare gebrek aan belangstelling indien hierdie kind op 'n latere stadium tot dieselfde saal toegelaat word met hiperaktiwiteit, brein-beskadiging of emosionele probleme.

Hulle wat kritiseer het dus in baie gevalle gelyk. Hoe kan hierdie toestand van sake verklaar word? Is die voorhandliggende rede, naamlik dat mediese en verplegingspersoneel so oorwerk is in hulle spreekkamers of in hospitaal binne- en buitepasiënte-afdelings dat daar net nie tyd is om aandag en hulp te gee nie, toepasbaar? Daar is heelwaarskynlik baie ander redes, maar een moet in besonder ondersoek word. Dit is die gevoel van insekureit en magtelosheid in die dokter of verpleegster, wat deur onkunde en gebrek aan onderfinding aangaande die optrede, reaksies, probleme en behandeling van hierdie pasiënte en hulle ouers, veroorsaak word.

Op wie moet die blaam geplaas word vir hierdie tekortkominge in die dokter en verpleegster? Dit is maklik om die skuld op Mediese-skole en Verpleegster-kolleges te plaas. Die balk in die oog van

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diegene wat so vrylik en met reg kritiek uitspreek is egter net so groot. Hulle doen min om die onkunde van die dokter of verpleegster te verminder. Word psigiaters, sielkundiges en para-mediese personeel insluitende spraakterapeute, fisioterapeute genoeg in sale, buitepasiënte en kliniese of ander byeenkomste gesien om op 'n informele wyse mediese en verplegingspersoneel in te lig, of ontvang dokters en verpleegsters net versoeke dat die kind en sy ouers dié of daardie tyd hierdie of daardie kliniek moet bywoon? Stuur para-mediese personeel altyd verslae uit na mediese praktisyne wat gevalle na hulle refereer? Word genoeg moeite gedoen om in eenvoudige en bondige taal die probleem te stel en inligting te verskaf, of word daar net in hoogdrawende tegniese taal by vergaderings, simposia en kongresse gepraat?

Indien sake reggestel moet word, moet studente en verpleegsters sekerlik beter onderrig ontvang en moet mediese- en verplegingspersoneel meer tyd hê om pasiënte rustig te behandel en ouers raad te gee. Laasgenoemde is slegs 'n ideaal wat nie gou verwesenlik sal word nie. Daadwerklike optrede en 'n uitwaartse beweging aan die kant van psigiaters, sielkundiges en ook para-mediese-personeel om dokters en verpleegsters op 'n persoonlike vlak in te lig en te onderrig aangaande die behandeling van die kind met hiper-aktiwiteit, emosionele verstoring of sensories-motoriese stremmings, kan egter bydra tot beter sorg van die kinderbevolking van Suid-Afrika.

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### PERSONAL OPINION

It is one of the primary tasks of the general practitioner and the pediatrician to diagnose mental retardation, emotional problems and sensori-motor handicaps in children; the latter may be accompanied by hyperactivity or abnormal behavioural patterns. It is their responsibility to treat these patients and if necessary to refer them to other disciplines for the best possible opinion and advice. They must advise and help the parents.

How successful are they in this important task and are they always equipped for it? Criticism offered by parents, medical and para-medical personnel who are concerned with this problem suggests that something must be amiss.

Medical practitioners (including pediatricians) often behave strangely when confronted by these children. The child who has an acute disease which can be treated by antibiotics or surgery evokes immediate concern and attention from them; his parents receive sympathetic understanding and advice. The reverse is true of the child who suffers

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from hyperactivity, emotional problems or sensori-motor handicaps; he receives generalizations, a hasty prescription for medicine, and referral from one agency to another for opinions and examinations. It is the exceptional case and the fortunate one that receives a full clinical examination from head to toe.

At times the conduct of nurses towards these children and their parents is difficult to understand. The sister who will work overtime to tend a child with meningitis or encephalitis is cool and disinterested if the same child is later admitted to her ward suffering from hyperactivity, brain injury or emotional problems as a result of the illness.

Those who criticize are often right. How can these circumstances be explained? Is the obvious reason applicable, that medical and nursing staff are so overworked in their surgeries or in the hospital and out-patient departments, that they do not have the time to pay attention? There are probably many reasons, but one especially must be investigated — that is the feeling of insecurity and helplessness of the doctor and the nurse, caused by lack of knowledge and inexperience about the conduct, reactions, problems and treatment of these patients and their parents.

Who are responsible for these shortcomings of the doctor and the nurse? It is easy to blame the medical schools, and nurses colleges. The guilt of those who criticize so freely is, however, just as real. They do not do much to relieve the lack of knowledge of the doctor or the nurse. Are psychiatrists, psychologists and paramedical personnel, including speech therapists, physiotherapists and occupational therapists seen in hospital wards, out-patients' clinics and clinical or other meetings, to enlighten the medical and nursing staff? The answer is that doctors and nurses usually receive requests that the child and his parents attend some clinic at some specific time — there is no attempt to meet and discuss the child's problems. Do paramedical personnel always send out reports to medical practitioners when they refer patients to them? Do they state the problem in brief and simple language to give information or do they use highly complicated and technical terminology at meetings, symposia and congresses?

If conditions are to be corrected students and nurses must certainly receive better instruction and medical and nursing staff must have more time to treat patients calmly and advise parents. The latter is an ideal that is not likely to be realized soon. Purposeful action and an outgoing movement on the part of psychiatrists, psychologists and paramedical personnel to instruct and inform doctors and nurses personally about the treatment of the child with hyperactivity, emotional problems or sensori-motor handicaps can improve the care of the population of children in South Africa.

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