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THE CRISIS OF CARE: THE RETURN OF THE "RIGHT AND PROPER" PERSON

Acknowledging that South Africa is a developmental state, confronted by gross inequalities and grappling with legacy handicaps, the purpose of government is to improve the quality-of-life of all citizens.

Quality-of-life is clearly profoundly diminished by the prevailing lack of Value for Life.

There is growing recognition that the legacy of especially the violent unrest of the 1980's plays a significant role in the disregard for value of life. Indeed, killing in most inhuman ways was, at a time, an almost "glorious manifestation" of mob justice. Life was cheap; death could be a result of mere suspicion. A generation of children grew up learning that the death of "other thinking" individuals was the right way to resolve differences and pursue objectives. Those children are today's adults, continuing not only to place no value on life but also continuing to teach children that life is valueless. Those children have, over the last 25 years, not learned differently.

Hence manifestations of numerous social ills, including disregard for an appreciation of what is right for the benefit of the majority. Perversely, most frequently it is the majority who have limited access to social benefits that are the very victims of those social ills.

Within our particular context, the disregard for life, and indeed disregard for humanness, manifests in medical malpractice. However, medical malpractice is merely one symptom of this devaluation of life. Others include rampant criminality, devaluation of education, an unskilled workforce, unhealthy lifestyle, *et cetera*.

It is clear that urgent and novel intervention is required. It is also clear that interventions are required in the immediate/short-term, medium-term and long-term. Interventions, from the current perspective, must be aimed at what was euphemistically called "moral regeneration", but which is aimed at re-instilling value for life. Paradoxically, punishing those who do not value life can perpetuate that demeaning cycle.

Interventions could include, for example;

- in the short-term: revising the curriculum of Life Orientation to focus on morals, values, ethics and appreciation of rights having reciprocal duties; requiring “community service” from primary school scholars, for example from grade 5 upward, aimed at instilling pride and care in communities; holding individuals in State employee *personally* liable for acts and omissions that cause harm
- in the medium term: reintroduction of nursing colleges with a focus on practical, hands-on *caring* for patients; return business processes to those whose core business it is to provide those, for example, return third-party insurance (currently RAF) to insurers and allow the government, through the appropriate department, to guide and hold those industries to account; reinstitute the *election* of statutory professional board representatives rather than maintaining political nominees (enhancing the moral authority of those regulators); location of liability and budget within the appropriate state department or cluster - for example, victims of personal injury compensated, but that compensation, a social security benefit, is not accessed through the Department of Social Security but rather from the operational budgets of, for example, Department of Health, Transport or Labour; restrict Social Security benefits to South African citizens (e.g. visitors take own insurance)
- in the long term: re-instilling the value of life, perhaps through “modernising” traditional communal values; revitalising unity, sameness and shared national dream/vision

Each one of these possible solutions opens up myriad of others, to be explored, evaluated and where indicated implemented. We are committed to participating in that process.