

## 'Excellence and equity in women's health'

As the new president of the South African Society of Obstetricians and Gynaecologists (SASOG), Franco Guidozzi looks forward to building on the foundation of the past to lead the Society into a new era.



Already the first steps have been taken with what he regards as his highest priority – the transformation of SASOG and the council in particular to represent the demographics and gender of the discipline. Indeed the council itself is a 'transformation' with just two of its members – Guidozzi himself and immediate past president Gerhard Lindeque – coming from the previous council and the other 17 members all new to council service. Of these, 12 were elected and subsequently 5 were co-opted from previously disadvantaged communities to broaden the composition.

'The process took some time but it has been a very important exercise,' says Guidozzi, who is professor and head of the Department of Obstetrics and Gynaecology at the Johannesburg Hospital and the University of Witwatersrand medical school. 'It goes to the heart of SASOG's ideal of inclusivity and we hope that it will improve the image of the association in our community.'

This new council has yet to meet – its first meeting is on 18 March 2006 – but Guidozzi promises a

full agenda of work with what he sees as the key issues facing the profession. And arguably the most important is the issue of litigation, which Guidozzi says is at risk of threatening the O&G discipline itself. 'Litigation is becoming more and more common and both the sums being demanded and the costs to protect oneself are becoming so exorbitant that there is fear that people will start practising defensive obstetrics or, even worse, will leave the discipline altogether,' he says.

Guidozzi proposes that there needs to be closer links and more communication between SASOG and the Medical Protection Society (MPS) as well as other parties such as the medical aids to seek solutions to the issue. He also believes that practice guidelines will lead to greater clarity in this area and says that the development of strategic and management guidelines and positional statements, which will also contribute to the practice of O&G in general, will form another focus during his presidency.

Another issue that Guidozzi feels is of key concern is the relationship between providers and suppliers, and in particular the level of tariffs that may be levied by the profession. He says that the current remuneration for services is not appropriate for the level of risk and work being provided. Commenting that a solution to the matter has been long delayed in various forums, he says he feels the Society can play a role in resolving it. 'We need the supplier to understand the level of service of the provider,' he comments, adding that if an equilibrium can be reached it would result in an increase in tariffs around 30% from current levels.

A rather different area of focus will be the meetings of the SASOG which, besides the membership fees, make up one of the primary sources of income for the Society. In addition to its own biennial

meetings, the SASOG will be hosting two international events – the 19th IFFS World Congress of Fertility and Sterility in April 2007 in Durban and the 19th FIGO World Congress of Gynaecology and Obstetrics in September 2009 in Cape Town. While local committees have been appointed – that for the IFFS meeting under Paul Dalmeyer (Eastern Cape) and that for the FIGO event under Gerhard Lindeque – the council has an important supportive role to play in the administration of these events, says Guidozzi.

Turning to the O&G discipline in general Guidozzi, whose main professional and research interests include gynaecological oncology, hormone replacement therapy and high-risk gynaecological issues, says that 2005 was and 2006 probably also will be a year of consolidation and that 'there don't appear to be any startling developments coming through'. There are, however, ongoing developments that he feels are likely to have a positive impact on the practice of O&G, such as the possibility of tissue renewal with embryonic stem cells and the use of human papillomavirus DNA typing in cervical cancer detection, and he notes that refinements in ultrasound technology have led to a new level of diagnostic performance.

Guidozzi also comments on the national antiretroviral (ARV) roll-out programme and says that while the availability of ARVs for the treatment of AIDS is positive the continuing ill advice around the management of the disease is proving to be a major challenge. And Guidozzi likes a challenge, for the overcoming of it allows movement in a forward direction. And he promises that the SASOG and its members will continue to be at the forefront, with their contributions to improving and maintaining women's health strategies in South Africa, as embodied in its vision 'Excellence and equity in women's health'.