

## **OPENING ADDRESS: WITS-SAMA CONFERENCE**

Mr Chairman

Ladies and Gentlemen

It is my privilege, as President of the South African Medical Association, to say a few words to welcome all of you to this important conference. I should start by thanking our hosts, the Wits School of Public Health, for partnering with the Medical Association in organising the conference, and for putting this wonderful venue at our disposal. We are particularly grateful to Professor Laetitia Rispel for her contribution of many hours towards the realisation of this event.

I also wish to thank Professor Adam Habib for taking the time out of his busy schedule to be with us this morning and to open this conference. Having been vice chancellor myself once, I know all about the competing demands for your time that you have to contend with every day.

Adam and I go back a long way. I knew him when he was still a young lecturer in Durban – a bit too young to be a lecturer I always thought. He was just as feisty and intellectual and relished debate then as he is today. Our paths have crossed a few times since then. Thank you for coming, Mr Vice Chancellor.

It is my pleasure as well to welcome Sir Michael Marmot to this conference. Sir Michael is professor of epidemiology and public health at the University College, London, and the immediate past president of the World Medical Association.

Sir Michael has a global reputation as a warrior against inequality throughout the world, it being a major social determinant of health. He has been a vocal advocate of preventive care in his own country as well, and I bet he raised a few eyebrows in the UK when he stated that (quote) ‘One might argue that the NHS was misnamed, for while the NHS might remedy a pain, or repair a body or a mind, it is not – or it is very rarely – there in our homes, on the street, in our schools and in our workplaces, championing our health. Wonderful as it is, really it should be called the National Treatment Service. But what if the same principles of social solidarity that created the NHS were applied not just to the treatment of ill health, but to the facilitation of good health – for all, not just for a few?’

Atul Gawande, an American surgeon of Indian descent and an eminent writer, has expressed the same sentiment. Some of you may be familiar with some of Atul’s work. In one of his essays published in the *New Yorker* magazine, he demarcates the health profession into *rescuers* and *incrementalists*. Rescuers are interventionists, such as orthopods, cardiologists, radiologists and so forth. Society is mesmerised by the drama of replacing hips, excising carcinomas,

doing endoscopies, or conducting MRI's. The rescuers are also the highest earners. Incrementalists, on the other hand, are those professionals who focus on lifestyle, the environment, socioeconomic conditions and so forth in order to prevent future adverse health effects.

The truth, according to Atul, is that we don't like to address problems until they are well upon us and unavoidable, and we don't trust solutions that promise benefits only down the road. Health care systems generally don't put great value on care that takes time to pay off.

That is why conferences such as this one are so important, to raise awareness of the importance of an incremental approach to health and longer life.

Have a great conference!