

Medical doctors employed in the South African state sector – unshielded on the frontline?

Most medical doctors working in South Africa (SA) are aware of a widespread video posted on social media on 3 September 2024 by Mr Thomas Alan Holmes, also known as Tom London.^[1] The video exposed the conditions at Helen Joseph Hospital (HJH), a tertiary public hospital in SA. Mr Holmes detailed his admission, including the hospital infrastructure, hygiene concerns, safety, theft, death of patients around him and care by healthcare workers, focusing on the medical doctors and medical students. The video was one of many as he documented his experience at the hospital, referring to medical doctors as ‘cockroaches’ who ‘don’t deserve to exist’.

The narrative that unfolded following these videos was an interesting one. On 8 September 2024, the Gauteng Department of Health issued a media statement saying that ‘while the matter is being investigated it is important to note that the department has 9 months ago launched a provincial campaign called “I serve with a smile”, which is aimed at improving staff attitude and patient experience of care.’^[2]

The South African Medical Association (SAMA) issued a statement on 9 September 2024 declaring that ‘while there is no justification for doctors and nurses to mistreat patients, the conditions they work under cannot be ignored. While there are many doctors who treat their patients well, there is still a significant number who don’t have the attitude that patients require doctors to have.’^[3] Most medical doctors working in the state sector in SA are affiliated with SAMA rather than the Medical Protection Society (MPS), as generally medicolegal cover is provided by the government. One of SAMA’s mandates is to represent medical doctors experiencing challenges at work.^[4]

On 10 September 2024, the dean of the Faculty of Health Sciences at the University of the Witwatersrand (Wits) (affiliated with HJH as a teaching hospital), Prof. Shabir Madhi, issued a statement.^[5] He urged Wits staff and medical students to treat patients with dignity, compassion and respect. He ‘acknowledged and thanked the many doctors and healthcare professionals who carry out their duties impeccably and with distinction, despite the challenges they face’, but the conclusion was ‘should you come across students or staff members who do not adhere to these values, please direct these complaints to the head of school, Prof. Daynia Ballot, and the deanery, so they can be addressed immediately’.

There were no statements specifically defending medical doctors and/or medical students working at HJH at the time against the attacks made by Mr Holmes.

On 11 March 2025, the Office of the Health Ombud released the ‘Investigation report into allegations against poor management at Helen Joseph Tertiary Hospital Gauteng Province’.^[6] The report found that Mr Holmes’ allegations of unavailability of hospital beds and poor infrastructure in the hospital were substantiated. Additionally, leadership challenges, substandard support services, staff shortages, finance and supply chain issues and governance challenges were highlighted. However, Mr Holmes’ allegations that doctors disrespect patients and treat them like ‘cockroaches’ while providing poor clinical care were found to be unsubstantiated.

This editorial does not focus on the facilities, infrastructural challenges, staff shortages, working conditions nor the dignity of deceased patients in the public healthcare sector, although this does not minimise these challenges in any way. The separation of the

medical doctors from the hospital environment is important in this case, specifically to avoid scapegoating. The focus is on the content of the videos targeting the medical doctors and medical students at HJH.

While patient feedback is extremely valuable in improving the quality of service medical doctors provide, aggression on social media targeting medical doctors and students is concerning. Weatherbee and Kelloway^[7] define cyberaggression as ‘aggression expressed in a communication between two or more people using information and communications technologies, wherein at least one person in the communication aggresses against another in order to effect harm’. Cyberbullying is differentiated from cyberaggression in that the former involves repeated acts and a power disparity between perpetrator and victim.^[7]

One might argue that Mr Holmes’ social media post mentioning the doctors at HJH constitutes cyberbullying. Statements such as ‘shame on the doctors that think they have the right to call themselves doctors, that run around this hospital and treat every single patient like a cockroach ... you ... doctors. You’re the cockroaches ... you don’t deserve to exist ... not the patients you are busy experimenting on and killing’, and in another post, ‘the treatment is bad. I don’t know why doctors expect that ... I don’t know why doctors become that’ can be considered aggressive, patronising, an overgeneralisation, demeaning and harmful towards the emotional wellbeing and reputation of the medical doctors and medical students targeted. The risk of this includes prejudice, and will likely affect the way the public view and treat all medical doctors and students at HJH, and possibly all doctors in the public sector. Such statements also span across multiple videos in repeated acts, and a unique power disparity exists between doctor and patient virtually. While patients have the freedom to disclose the names of medical doctors publicly, medical doctors are bound by doctor-patient confidentiality and the Protection of Personal Information Act 4 of 2013.

Patients have the right to report medical doctors and students to the Health Professions Council of SA (HPCSA), hospital management structures and/or university authorities, whereas medical doctors do not have this right, are largely unaware of and/or have poor access to such avenues to report patients – perhaps another flaw in the system. In the report released by the Office of the Health Ombud, it was declared that all requested documentation was received from HJH, barring the occupational health and safety certificate of compliance, as HJH does not possess one. While legally this is a major concern, it can also be interpreted as inadequate in creating a safe workspace for employees (including medical doctors).

Communication, professionalism and health advocacy are part of the core competencies expected of healthcare practitioners by the HPCSA,^[8] and these are qualities all medical doctors and medical students should display. However, should a medical doctor or medical student fall short in any of these domains, this does not constitute grounds for cyberbullying or cyberaggression. There are proper channels for patients to follow in these instances, which should aim to protect the dignity and human rights of all parties involved, including medical professionals. If these channels are not followed, and allegations towards doctors are found to be unsubstantiated, who is responsible for picking up the pieces from the harm done to the morale and reputation of medical doctors and students in the SA public sector?

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