

# **SASOP** supports same-sex marriages

On 1 December 2005, the Constitutional Court made a judgement legalising same-sex marriages. This includes the right to adopt children for gay and lesbian couples. The only restriction recognised by the Court was that marriage officers could refuse to marry homosexual couples if it was against their conscience.

While the ruling political party, opposition party and many churches responded favourably to the ruling, population surveys have documented that most South Africans are uncomfortable with homosexuality. Traditional leaders, such as Zulu King Goodwill Zwelithini, have repeatedly labelled homosexuality as 'un-African'. A survey conducted by the Daily News in Durban found that most people were strongly against same-sex unions.

South Africa is the first African nation endorsing gay and lesbian marriages at a time when many other African states – notably in East and Southern Africa – are enacting laws prohibiting same-sex unions.

SASOP notes this ruling and strongly supports it. SASOP also feels that there is a need to clarify its position on this issue in the face of public debate. The public may be aware that in the past, psychiatry has judged homosexual unions as abnormal. Hence, gay and lesbian individuals in past generations suffered discrimination at the hands of psychiatrists.

In 1973, the American Psychiatric Association removed homosexuality from its list of mental disorders (*DSM-III*). Subsequently in 2002 the World Health Organization also accepted the APA's view and removed the diagnosis of homosexuality from the *International Classification of Diseases (ICD-10)*.

SASOP believes the Constitutional Court's ruling is a positive move that is in accordance with the scientific literature supporting same-sex couples and parenting.

SASOP's position statement on homosexuality is available on the website, **www.sasop.co.za** 

### Insurance medicals

Many SASOP members have had difficulties with insurance companies requesting medical reports on patients. Some practitioners have outstanding debts from insurers who have not paid for the reports received. Hence, private psychiatrists have decided to charge the insurers for the reports when they come to collect the reports. If there is no payment, the reports are withheld.

A private psychiatrist was recently reported by a major insurer to the HPCSA for unethical practice in requesting payment up front. It appears that insurers are becoming belligerent and more practitioners will be reported if the practice of requesting payment for service continues.

A second issue is that psychiatrists must obtain informed consent from the patient about whom the report is requested. An old signature that the insurers fax to the psychiatrist is not acceptable. The patient must be aware that the report will be written and must sign consent in the doctor's office within a week of the report being written.

SASOP has noted this trend and requests members to write in their thoughts. Please post them on the website (**www.sasop.co.za**) or submit them to Headline.

# Coding fraud?

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Several Cape Town colleagues have been reported to the HPCSA for fraudulent practice in charging the incorrect codes. Since the start of 2006, there has been a great deal of confusion around which codes to charge. However, it is always very disturbing to be reported for unethical practice.

What are peoples' experiences in dealing with the new codes? Please send your comments to Dr Dora Wynchank,

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### **SASOP 2006**

The 14th National Psychiatry Congress of SASOP will take place from 10 - 14 September 2006 at the Royal Swazi Sun, Swaziland.

The theme, 'Facts and Values in Psychiatric Practice', will address the complexities of scientific evidence as well as the complexities of the ethical and the personal values with which psychiatrists and other mental health practitioners are dealing at the coalface of psychiatric practice.

The programme also includes the annual general meeting of SASOP. Importantly, the congress will provide opportunity to strengthen collegial and friendly ties and to exchange information. Moreover, it will promote psychiatry for patients and mental health practitioners of Swaziland as part of SASOP's increasing involvement in the rest of Africa and an approximately 80% discount on the registration fees is offered to mental health practitioners of Swaziland.

The convenor is Professor Werdie van Staden, Department of Psychiatry, University of Pretoria, from whom more information may be obtained on tel. +27 12 319 9748, fax +27 12 319 9617, e-mail: **cwvanstaden@icon.co.za** 

Volume 12 No. 1 March 2006 - SAJP



