

## Healing the Healers: Prioritising Mental Health for South Africa's Young Medical Doctors

As South Africa commemorates Youth Month, we do so amid an uncomfortable truth that healthcare leaders must confront: the same system we trust to heal others has normalised, systematically, the neglect of those who dedicate their lives to medicine.

In 1976 the youth stood up against the unjust education system. Today, within the corridors of our hospitals, a parallel crisis unfolds as doctor interns, the backbone of our healthcare system, face workplace bullying, resource shortages, and mental health challenges that often go unaddressed. This reality has broader implications for the country's healthcare system.

The tragic death of [Dr. Alulutho Mazwi](#), a 25-year-old medical intern at Prince Mshiyeni Memorial Hospital in KwaZulu-Natal, has cast a spotlight on the dire conditions faced by young medical doctors. Reports indicate that despite feeling unwell, [Dr. Mazwi](#) was allegedly compelled to continue working, leading to his untimely death. This incident is not isolated; it reflects toxic work culture, understaffing, autocratic leadership, and institutional neglect issues within our healthcare systems that disproportionately burden young medical doctors.

### The weight of the white coat

Young medical doctors often enter their journey with a sense of purpose and dedication, only to encounter environments that systematically undermine their mental health. The statistics should alarm every healthcare executive. [A study](#) published in the South African Medical Journal revealed that approximately 58% of healthcare staff reported experiencing bullying, with 64% witnessing it happening to others. These figures represent a crisis of leadership and institutionalised abuse. Becoming a medical doctor in South Africa (SA) comes with significant personal sacrifices, with many young medical doctors placed far from home, and far from their support systems.

How can we hold healthcare systems accountable for patient outcomes when the workforce itself is in psychological crisis? A study of 208 community service doctors found 89% had emotional exhaustion and 94% suffered depersonalisation. A survey at Charlotte Maxeke Johannesburg Academic hospital found that of the healthcare respondents, 46% screened positive for burnout while 54% for depression. Factors associated with mental health challenges include age, race, position, the disciplines of emergency medicine and having prior psychiatric diagnoses.

The Health Professions Council of South Africa (HPCSA) mandates that young medical doctors work no more than 40 hours per week, with a maximum of 20 hours overtime, and rest periods, including a 12-hour break, between weekend shifts. In SA's overstretched public health facilities these regulations are frequently disregarded, and in overburdened facilities, young medical doctors routinely work between [80 and 120 hours per week](#). This is not an unavoidable consequence of resource constraints; it is a management choice that prioritises operational convenience over human dignity and regulatory compliance.

The South African Medical Association (SAMA) has documented extreme exhaustion and mental health consequences faced by young medical doctors, including instances leading to suicide yet the medical

professions stigma around mental health prevents help seeking behaviour. The Health and Allied Workers Indaba Trade Union (HAITU) said: “It is a common occurrence for managers to deny leave or even recall leave to ‘patch up the shortage of staff’. [HAITU](#) has received numerous grievances related to gross violations of this basic right.” This represents a fundamental failure of workforce planning and demonstrates how senior leadership shifts operational failures onto the most vulnerable members of the healthcare team. Medical graduates in training are meant to be guided, mentored and supervised, instead, they are treated as expendable resources, carrying operational burdens that should be distributed across more experienced staff. This represents a profound breach of educational and professional responsibility.

Youth month is a time not only to honour past sacrifices but also to be mindful of how far we have come. The struggle for justice, dignity and humane working conditions continues and this time it is existing in hospitals, clinics and community health centres in SA .

### **Leveraging technology for support**

Addressing these challenges requires comprehensive leadership commitment across multiple domains such as:

*Anonymous communication platforms:* implementing secure, anonymous chatbots allows young medical doctors to report issues without fear, facilitating early intervention.

*Leadership training programs:* equipping senior staff with the skills to recognise and address mental health challenges fosters a more supportive environment.

*Data analytics and insights:* regular surveys and data analysis help identify systemic issues, enabling targeted strategies to improve workplace culture.

[Matched Media](#) offers a suite of services designed to enhance communication and support within healthcare institutions. These tools not only address immediate concerns but also contribute to a long-term cultural shift within healthcare institutions.

Ultimately, as [Dr. Kubheka-Chauke](#) powerfully puts it, “a system that exploits its healers cannot heal, just as a system that ignores the dignity of its workers cannot provide dignified care.” The legacy of Dr. Mazwi must compel us to rethink the very ethics of our medical institutions, where ensuring rest, mental wellness, and humane conditions becomes not a luxury, but a moral and professional obligation. Upholding the principles of beneficence (do good) and non-maleficence (do no harm) means promoting the well-being of patients and healthcare workers and, also actively preventing harm caused by unsafe conditions, understaffing, and lack of resources. Just as the youth once fought for our freedom, we must now advocate for a health system that truly serves and protects all.