

Obituary

Dr Norman Mphata Mabasa (1960 - 2025)



On 27 September 2025, we laid to rest Dr Norman Mphata Mabasa, a towering figure in South African medical politics. Dr Mabasa was not only a brilliant thinker, but also a steadfast champion for the rights of both patients and medical professionals. Unlike many politicians and bureaucrats tasked with overseeing our healthcare services, he truly grasped the vital role that doctors play in our society.

I first met Dr Mabasa at Medunsa in 1983. Hailing from the remote village of Nhlabeni in the former Gazankulu homeland, he was a humble soul with a passion for gospel music, possessing the rare talent of playing any musical instrument. Fondly referred to by me as 'Basi', likewise he would refer to me as 'Net'.

He entered the second year of his 6-year medical degree at Medunsa, after completing a pre-med year at Turfloop University. During student gatherings, Norman impressed everyone with his mastery of the English language and sharp intellect, helping to resolve even the most challenging issues. This earned him respect from both fellow students and university management, many of whom came from conservative Afrikaans-speaking universities such as Pretoria and Stellenbosch. At Medunsa, Norman was active in the Christian Fellowship Movement and the Azanian Student Organization (AZASO). He was eventually elected to the student representative council (SRC), and served as chairperson of the medical student council. It was during this time that he led students in a protest in the coloured township of Eersterust in Pretoria against the co-option of coloured and Indian communities into the tri-cameral parliament under the government of PW Botha. Together with the late former deputy health minister Dr Paul Sefularo and other students, Norman was arrested and incarcerated for a week. They were released after the intervention of the late human rights lawyer and anti-apartheid activist, Mrs Priscilla Jana. After their release, Norman and his fellow students turned their ordeal into a play, which brought laughter and momentary relief to the student body.

In between all these activities, we studied together, particularly as fifth-year medical students, during which time we both seemed to struggle with the subject of psychiatry, particularly the DSM diagnostic criteria for the various mental conditions. He suggested that we should memorise them as if they were a poem. We did just that, and eventually managed to pass this subject quite well.

On completion of his internship at the then Ga-Rankuwa Hospital in Pretoria, Dr Mabasa joined Dr Khoza's practice in Soweto, and

thus began his journey as a medical practitioner, eventually setting up his own practice in the West Rand township of Kagiso, near Krugersdorp. He practised there for many years until his untimely death in 2025. Today, Dr Mabasa's surgery remains a household name that continues to serve the community of Kagiso.

While managing his practice, Dr Mabasa was deeply involved with the South African Medical Practitioner Association and the National Convention on Dispensing, serving as its chairperson for many years. Through these organisations, he defended the right of medical practitioners to dispense medicine, especially in rural areas where pharmacies are scarce.

Dr Mabasa also served as chairperson and acting CEO of the South African Medical Association (SAMA). I often visited him at his SAMA office in Pretoria, and could only marvel at the extent to which staff members adored him. He was passionate about the issues affecting doctors. He travelled to every corner of the country, visiting SAMA branches and helping to establish new ones where none existed. Leaders in the National Department of Health as well as in the medical aid industry will admit that Dr Mabasa was a highly skilled negotiator (probably one of the best in South Africa), but he did this with the utmost humility and respect. It was this ability that resulted in a breakthrough during negotiations for the occupation-specific dispensation. This ensured that public health doctors and other healthcare professionals received salaries commensurate with the level of their expertise. This was implemented in all provinces except Gauteng, where it has not been fully implemented and subspecialists are still paid at the level of general specialists. Dr Mabasa believed that improved salaries for doctors would help to retain them, particularly specialists, in the public sector, or to encourage them to stay in the country instead of migrating overseas.

It was during his tenure at SAMA that he was invited to serve as MEC for Health in Limpopo. Despite misgivings that I had, he took up the offer, as he believed he could improve things for the benefit of poor citizens in Limpopo. He often confided in me about the challenges he faced in the Limpopo Department of Health. He once noted the procurement of enough Elastoplast bandages to cover the whole body of every citizen of Limpopo, including those based in Gauteng, all while funds for medicines and vaccines were lacking. He also questioned a peculiar tender for cleaning computers, which he promptly cancelled – sparking debate and amusement about its practicality.

Throughout his career, Dr Mabasa served on the disciplinary committee of the Health Professions Council of South Africa, saving many doctors from de-registration for minor infractions. Even as his health declined, he remained committed, participating virtually up until 2 weeks before his passing.

Dr Mabasa's journey was remarkable. To countless doctors, he was not just a colleague, but also a friend, mentor, saviour, financial adviser and marriage counsellor. He offered guidance with unmatched gentleness and calmness, and without judgement. The country at large and the medical fraternity is much the poorer without you. Rest in eternal peace, my dear friend.

Prof. Mashudu Richard Nethononda

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