

## Editor's comment

## A public disgrace



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As we go into 2009 I am once again going to launch into a tirade against the state of our public health services – not against the dedicated staff working under dreadful conditions, but against those in power who simply do not care.

Doreen has worked for us for 13 years and during that time her hard-working family have become close friends. Shortly after Christmas Nelson, her husband, developed extreme pain in the thoracic area. His GP referred him to Victoria Hospital in Wynberg, Cape Town because they live in that institution's catchment area. He was diagnosed with a collapsed vertebra, thought to be caused by TB, and was given an appointment to see the orthopaedic specialist later in January. However, his pain increased and he developed neurological signs in his legs, eventually struggling to walk. The family took him back to Victoria. There his youngest son, fortunately well educated and articulate, had to argue with the overworked casualty doctor for some time to even have Nelson re-assessed. He was seen by another overworked doctor who simply sent him home with pain-killers and told him to keep his appointment.

By now Nelson could no longer walk unaided. In desperation the family jumped protocol and, on a Saturday night, took him to GF Jooste Hospital. There, in the midst of the gunshot and knife wounds, someone took the trouble to examine him thoroughly and he was transferred to Groote Schuur Hospital on the Sunday.

It turns out that Nelson has an unkown primary. At the time of writing the definitive diagnosis has not been made and he is still in an orthopaedic ward waiting for the biopsy that will confirm the diagnosis and then for a transfer to the oncologists. His prognosis is poor and on top of that he is now paraplegic with little hope of reversal of the spinal compression.

Nelson and Doreen are hard-working people who have spent their lives bringing up three children who they, at great personal cost, made sure were well educated. All now have university degrees. Nelson works for the SPCA as an inspector and was looking forward to retirement soon, probably back to their property in Transkei, where he could reasonably have hoped to live out a comfortable old age as a pillar of his community. This is not to be. Instead, after a lifetime of paying his taxes and contributing to his community, Nelson has spent an uncomfortable time being passed from pillar to post in a failing public health system, which now cannot even offer him prompt diagnosis and referral because the facilities in our flagship tertiary referral hospital do not allow it. The orthopaedic registrar caring for him outlined his intense frustration to me early on a Saturday morning when I contacted him to find out what was happening. As he said, nearly a week down the line, the biopsy should have been done and Nelson appropriately referred. But the infrastructure for prompt diagnosis and referral is no longer there - so Nelson languishes in an orthopaedic bed, which may well be needed by someone else.

I used the toilet on the ward when I went to visit. It was a disgrace. Surely it is possible to at least keep the ward facilities clean? Half the lifts don't work and the air-conditioning system appears to no longer function. The corridors are grubby and the hospital in which I spent so many years of my training looks run down and uncared for. But the staff are incredible – porters, nursing staff and doctors alike. I am humbled by their ability to keep going under such circumstances.

What I ask, as we go into an election year, is that our politicians finally stop all their posturing and game playing and show some respect for the people that they are elected to serve. Nelson, and many thousands like him, have been sadly let down by a government that cares more about lining its own pockets than the well-being of the people of this country.

January 2009 is a departure from our usual editions of the journal. We have presented a compilation of some of the most interesting and up-to-date articles of the previous year, aiming to provide relatively easy reading at a time of the year when most people are still easing gently back into work. We hope that this is useful and an enjoyable read. February's issue will provide a series of specialist articles looking at updates in specific topics, so that you have an idea of what is new in important fields such as cardiology and diabetes as you go into 2009.

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