Editor's comment

The public-private debate – again

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Maybe I am going on about this too much – and many of you who read this journal are in private practice. But many are also in the public sector. There are frustrations associated with both I am sure – in the former the biggest problem is probably prescriptive medical aid schemes that try hard to get in the way of treating patients. However, in the public sector I still suspect that the frustrations must be greater – you often cannot treat your patients optimally.
I'll go back to two personal experiences again – and apologies to those who, over the years, have complained that I do this too often. This time I am using it to talk about the medicine involved.

A couple of weeks ago I landed up taking my elderly, diabetic father to the emergency department of a private hospital in Cape Town. His problem was probably something that could have been dealt with by a GP, but we couldn't get hold of the GP on call for the practice he uses. The emergency department was, mercifully, quiet. He was taken in and clerked by a very efficient nurse while I sorted out the paperwork. The doctor on duty examined him and diagnosed pneumonia, which was confirmed on X-ray. He didn't need intravenous antibiotics and he lives in a home for the elderly where there are nursing staff on duty 24 hours a day, so he went home on antibiotics. This all took about an hour.

A few days later, he developed rapid atrial fibrillation – something that he has experienced before. His GP immediately referred him to the cardiologist who looks after him and I again took him to the same private hospital. He was admitted to medical ICU, successfully cardioverted, and was home by lunch time.

Now contrast this with the experiences of Nelson – the man I wrote about in an earlier editorial this year who had an unkown primary and was paraplegic as a result of vertebral collapse and spinal compression. Having gone into the sequence of events that led up to him becoming paraplegic, it seems that there was some serious mismanagement at the first public hospital that Nelson was referred to. It is perhaps not entirely appropriate to send a person with a collapsed vertebra home on pain killers with an appointment for outpatients in 3 weeks' time. I didn't want to dwell on this in my first editorial, but the more I think about it, the more apparent it becomes that this is probably one of the most pertinent facts about Nelson's treatment – or lack thereof.

By the time he was finally referred appropriately he languished in an orthopaedic bed for several weeks before a tissue diagnosis was made and he could be referred for definitive treatment. It turns out that he has multiple myeloma – not curable, but apparently often successfully treated for many years. However, because he is paraplegic and has an indwelling catheter, he is not eligible for the treatment that is most likely to induce remission because this involves a bone marrow transplant and he would be at risk of a life-threatening opportunistic infection. Having looked at the alternatives, it still seems that this may be a risk – not least because of his home circumstances.

The hospital staff have done their very best. They have given his wife instruction on how to care for a paraplegic, but they don't live in a nice house in a suburb. They live in staff accommodation at the premises of a national animal rescue NGO – far from ideal, with shared toilet facilities and on very rough ground.

He now has to get to and from the hospital for follow-up appointments – not something that will be easy for the family to manage. The nature of his treatment means that he is at risk of infection – he is in a communal environment, among other people of poor socioeconomic circumstances, who are more likely than my neighbours to pass on some potentially life-threatening disease.

I will say it again – the contrast is too great. Both patients have contributed to society all their lives. My father happens to be lucky enough to be able to afford a hospital plan that allows him access to private medicine. Nelson, having paid his taxes all his working life, should be able to expect similar facilities. I am not sure what the answer is, but I am sure that people should be able to expect more from the nation's health services.

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