

Editor's comment

Health care in crisis



BRIDGET FARHAM
ugqirha@iafrica.com

Some years ago I had the privilege of interviewing Jerry Coovadia for *Perspective* magazine. At the time he said that public health care in South Africa was worse than it had ever been under the previous regime. This was in 2003, the year of the first South African AIDS Conference, held in Durban, at which Manto Tshabalala-Msimang finally announced a nationwide, free antiretroviral service. Then in 2005 I had a letter published in the *Lancet*, written in response to a feature article on the medical brain drain from African countries, in which I suggested that what was needed in South Africa was government commitment to patient care and perhaps the rest would follow.

This issue of *CME* is on advances in surgery. The contributors are largely people who still have the patience and dedication to work in the public sector, in increasingly appalling conditions. Today's *Cape Times* (27 May 2007) has a heartfelt article by Lydia Cairncross, a surgeon at Groote Schuur Hospital – one of the nation's flagship medical facilities – where many fine and dedicated doctors have been trained and have served. I took my South African training overseas proudly and was sought after purely on the strength of it. But my return to this hospital in 1995 was a huge shock even back then and, reading today's article, I am doubly glad that I have left clinical practice.

The conditions described in Lydia Cairncross's article are shameful. It is astonishing that anyone is still able to work under these conditions and I understand that our other national flagship, Tygerberg Hospital, is suffering in the same way. The medical staff are not at fault. They work long, hard hours. But, as Cairncross says, '...health workers go home every day knowing that we have not been able to provide adequate care or a safe and dignified environment for many of our patients.' And, in the face of this appalling deterioration in public medical services, budgets are being cut still further. What exactly is the rationale for these budget cuts when, right now, there is only one theatre available at night, patients wait up to 48 hours on trolleys in casualty before beds can be found for them and there are 1 000 patients on the waiting list for hernia surgery at Groote Schuur Hospital? How can any politician, provincial or national, seriously say that there is not enough money available for public health care when administrators receive large salaries and luxurious offices and, further afield, we are about to spend billions on soccer stadia. I will not even start on national spending in other areas such as the arms trade and national and provincial spending on entertainment and luxury cars.

As Cairncross says, the rot is not just at tertiary level in the Western Cape. It

is across the board, from tertiary level right down to district hospital level. And I know, from a friend who works for an international NGO and travels extensively in the country visiting rural clinics, that basic services are at least as bad. The argument has been that we need to cut at tertiary level to provide more at primary level. When Nkosazana Dlamini-Zuma started to improve primary care services across the country, she was rightly lauded. But I am sure that she did not intend this to happen at the expense of the tertiary level. We now have a Minister of Health who provides no leadership at all, her recent illness notwithstanding.

We are seeing a very real, potentially catastrophic deterioration in our public health services. People are dying for lack of medical care. This is not acceptable in South Africa, the richest country in Africa, with an economy that is growing faster than that of Australia. Those of us who have access to the private health sector need to speak out in support of people who can only access public health care. This is the shameful underbelly of South Africa's apparent economic success.

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should be addressed to the Editor at the above address.

Tel. (021) 657-8200 Fax (021) 683-4509 E-mail: publishing@hmpg.co.za

Head Office: PO Box 74789, Lynnwood Ridge, 0040. Tel. (012) 481-2000 Fax (012) 481-2100