

Editor's comment

Running on empty



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Some time ago a relatively young black woman started arriving at my house in Noordhoek regularly to ask for her fare back to Khayelitsha. I asked her why she was so far from home; she was looking for a day's work here and there and found that the closer suburbs were less fruitful hunting grounds. The first couple of times that this happened I gave her some money and suggested that she make sure of work before travelling all that distance. Then she started to arrive regularly – always with the same story. I don't know about you, but regular beggars start to irritate me and I am ashamed to say that this woman was no different. Sometimes I gave her money, more often I just told her to go away.

Then one day she arrived again after a considerable absence. She looked different and her speech was slurred. It was apparent that she had suffered a stroke. I asked her what had happened and she described a relatively mild stroke. She had apparently been to a private doctor near her home who had given her an injection and told her she would get better eventually. I asked if she had been given any pills. 'No,' she said, 'just the injection.' Now the dilemma. This woman lived in Khayelitsha – a long

way from Noordhoek. Did I put her in the car and take her to one of the day hospitals in the suburb? To be fair on myself she did arrive on a particularly busy day and this would have taken up the rest of it. If she had lived in the nearby suburb of Masiphumelele I would have had no hesitation in taking her through to the clinic there. But, this time I had a long chat with her about how important it was for her to go to a clinic, not a private doctor, and get proper treatment, and gave her a fairly large sum of money – paying my way out of my dilemma.

I haven't seen her again since. It is quite likely that she suffered another stroke and is now either seriously disabled or dead. I am not proud of my lack of action. She almost certainly suffered from high blood pressure that was never diagnosed and treated, given her pathology.

This issue of *CME* is on renal medicine. Chronic diseases are an increasing burden on the developing world. In a recent article in the *Cape Times*, Pat Commerford points out that chronic diseases such as cardiovascular disease are now on the decline in the USA and Europe and

that something like 80% of the burden of chronic disease is now found in the developing world. Collectively, we need to be ashamed.

This same woman, assuming that she had long-term, untreated hypertension, probably had chronic kidney disease as well. She would never have had any hope of the treatment that would delay her inexorable progression to terminal kidney disease. This situation is prevalent across the developing world – and not just with renal disease. Acute illness, such as infectious diseases and trauma, is so much easier to concentrate on – and even that is not well managed in these settings. How much more difficult to provide the resources to manage chronic diseases, and, even more importantly, to prevent them in the first place. The world continues to be a seriously unequal place and the inequalities are getting greater. It is time to take stock of our actions as the wealthy sections of society. I know what I should have done for that woman in the short term, but chose not to. None of us can make that choice on a national level. The consequences are too terrible to contemplate.

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