

EDITOR'S COMMENT

Public, private – which way to go?



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We are drawing to the end of 2010 and, from the perspective of medicine, there has been a lot happening. One of the biggest debates this year is the issue of the proposed National Health Insurance (NHI) system in South Africa. It was originally intended to be rolled out as fast as possible with implementation within the next couple of years. However, sense has prevailed and it appears that this is not likely to become a reality until around 2014 – or at least that is what we now hear.

One of the worrying things about the whole proposal is the lack of transparency that has characterised the planning (do we assume that there is some?), with little coming from the committee whose task it is to take the proposal forward. Our local press in Cape Town has seen quite a few letters to the editor and opinion pieces from people on both sides of the debate, with more for than against. But again, what seems to be lacking is an actual outline of how the NHI will work, how, exactly, it will be funded, and how the public and private sectors can work together.

Currently it is not even clear if those who choose to continue to pay for private medical cover will be able to do so for all medical conditions, or if private cover will only be available for certain defined conditions that cannot be adequately dealt with in the public sector. Define 'adequate'!

The debate is largely ideological – on both sides. This is another worrying factor. Personally, I cannot see how a tax-paying base of about five million people can possibly provide the funds required to put something similar to the National Health Service in Britain in place here, and there are economic analysts who would agree with me. However, we are up against some equally careful analysis by local public and economic health experts who disagree and say that it is feasible and very necessary.

What is clear is that, however it is done, the public health sector needs to provide for the health needs of the majority of South Africans who are completely dependent on it for hospital treatment, along with the many who cannot afford to see even a GP privately for minor ailments. My personal feeling is that this would be sufficient – the public health sector would then cover the needs of the many, while those of us who

can afford medical cover can continue to go privately. But there are, I know, practical problems with continuing to split our health services in this way.

This year two of my friends have had excellent experiences with the public health sector, one whose daughter developed breast cancer recently and who didn't have cover to pay for private treatment and another whose grandmother (too old to be taken onto her medical cover) died in Victoria Hospital, Cape Town, after a broken hip. Her death would have occurred in any medical facility – she was 98 – the broken hip was the terminal event, but her care was apparently excellent.

On the other hand, I had a less than satisfactory experience when my father was in a private hospital in Cape Town for three weeks recently. The nursing was patchy, he developed pressure sores (which were healed in a week when he returned to the excellent frail-care unit in his old-age home), he was not helped to eat when it was clear that he was unable to feed himself (I took to visiting at lunchtime to try to ensure that the old man had at least one meal a day), and he was left delirious for a whole weekend while nursing and medical staff alike seemed to sit on their hands wondering quite where the infection was! His rapid recovery after intravenous vancomycin was finally started when his own surgeon returned from a congress on the Sunday evening and his subsequent complete recovery when the offending infected foot was removed in a below-knee amputation the next day, suggest that someone was not looking in the right place. Had he been at Groote Schuur Hospital I could at least have managed to bully the poor surgical houseman into some action, which I didn't manage with the surgeon on call at the private hospital that weekend.

However, my father's care cost in the region of R200 000 once all the bills are added up – and it hasn't stopped because he now needs a prosthesis. Even given that these costs could probably be cut by around 25%, the bottom line is that good, state-of-the-art medical care is costly and you need to pay people appropriately to provide it. If we can sort out the funding issue perhaps public is the way to go – with private top-up for those who choose it. But without that money all we will do is give everyone sub-standard care. Let's hope that the process is driven more by reason and less by ideology.

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