

Editor's comment

Failing health



BRIDGET FARHAM ugqirha@iafrica.com

Sitting on the fringes of medicine as I do now, I hear a lot more about lay people's attitudes to doctors than I used to when I was in practice. Some recent experiences of medical care have been worrying to say the least. At coffee with a friend recently I heard what amounts to a horror story about medical care in this country and, of particular concern, the horror story extended to the private system as well.

Let's call them Dan and Jane, British immigrants to South Africa of long standing. Being British they had assumed that serious medical problems would be picked up by the public health system and they would carry the cost of private GP consultations. They are not excessively wealthy people, but by South African standards they are far from poor. Dan is in his mid-50s. About 6 months ago he developed a change in bowel habits and went to his GP, who diagnosed irritable bowel syndrome. Dan was apparently not examined fully and neither was he referred for further investigation - even in the face of a change of bowel habits in a middleaged man. Unfortunately his 'irritable bowel syndrome' became considerably worse and he was finally diagnosed with cancer of the bowel. Without medical aid or a hospital plan, his only option was Groote Schuur Hospital. He was admitted for surgery last month, where he had part of his bowel resected and the diagnosis of cancer was confirmed. Apparently the care from the doctors was everything that Dan and Jane might expect.

Their experience of Groote Schuur was something else entirely. The nursing staff were rude and unhelpful. Jane took in decent bedding so that Dan was at least under clean sheets and blankets. She took in food, because he was not being fed properly, and this food was stolen from his bedside at night or during the day if he was away from his bed. He was discharged with what they thought was indecent haste after surgery (I know the pressure on beds, but this obviously was not explained to them). Dan was understandably weak after his surgery and had difficulty walking. When Jane arrived to pick him up she asked for a wheelchair and was told that she should have ordered this several days in advance. So she virtually carried him back to the car, with no help from hospital staff. There was no discharge letter for his GP. There were no instructions about changing dressings. He was simply given a follow-up outpatient appointment for 2 weeks later, when he would get the results of tests to show 'whether or not the cancer had spread'.

Jane arrived home with Dan to find yet another bill from their GP for a further diagnosis of irritable bowel syndrome. She had no idea what to do about Dan's dressings and spoke to my friend, her neighbour, who many years ago was a nurse. Ideally, she should have contacted their GP to find out what to do, but that relationship has broken down entirely. Eventually she went to the nursing sister

at a local pharmacy, who helped her sort out what to do about Dan's dressings and offered the help and care that she should have received at the hospital.

Now I know that lay people sometimes get the wrong end of the stick with medical matters and I have spent a considerable amount of time defending my former profession. But recently I have found it increasingly difficult to do so, hearing stories of apparent clinical incompetence among private practitioners that make me wonder if we really went through the same training systems. We have all made mistakes, but it does seem as though there is an increasing reliance on referrals from general practice, which could lead to less care being taken in the first instance.

The stories coming out of our public hospitals are truly appalling. This massive deterioration of public health services is truly unforgivable because, as a country, we are failing the people who need lowcost or free health care the most. Lack of care in both public and private health, in my opinion, is essentially down to one factor - the increasing emphasis on material wealth that has become the hallmark of our globalised world. This is a debate that I would love to start and take part in. Any takers?

October 2007 Vol.25 No.10 CME

CME is published monthly by the South African Medical Association Health and Medical Publishing Group,

Private Bag X1, Pinelands, 7430 (Incorporated Association not for gain. Reg. No. 05/00136/08). Correspondence for CME

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



