

Editor's comment

Health for all



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We have reached the final edition of *CME* for 2007. Medically, it has been an interesting year in South Africa – with all the negative connotations of the Chinese proverb that hopes that you may live in 'interesting times'. This edition is on referral – an important aspect of primary care in both sectors of the health service, and one that is going to become increasingly difficult in the public sector with its massive cuts in funding for the tertiary hospitals.

Those who rely on the public health sector are being increasingly marginalised by a system that is buckling under numerous pressures: a lack of leadership from the top; reduced funding for tertiary services; poor co-ordination in secondary and primary services; the increasing pressures from HIV and AIDS patients; an increasing burden of lifestyle diseases that are being neglected in the face of the onslaught from infectious diseases; loss of personnel – the list goes on.

As I write this I am preparing for a trip to visit family in Scotland. My mother and her husband live in a small village in south-west Scotland, where they have access to a general practice surgery, staffed by two

full-time GPs, and at least one nursing sister. Their nearest secondary referral hospital has frequent visits from specialists in various fields and they get specialist appointments very quickly (I know that this is not the case everywhere in the UK). Their nearest tertiary referral hospital is permanently staffed by excellent specialists in all fields – including oncology. And all this is free at the point of service.

Now I know that the NHS is a massively expensive and top-heavy organisation. I have used it as a patient and worked in it as a doctor, both in general practice and in hospitals. So I am aware of its strengths and its weaknesses. And certainly, people in the UK are not happy with the service at the moment – but I can't help feeling that this is because they have no idea just how much they would dislike the alternative – a massively reduced public health service and a private system that costs real money – either at the point of service or in large monthly medical aid premiums. However, the NHS does seem to be one of the most effective public health systems in the world. One of its strengths is its reliance on general practice as the gatekeeper – you cannot self-refer to a specialist (not even in the private system as far as I am aware),

something that has become so common in this country that GPs are often totally sidelined into seeing nothing but coughs and colds and sore backs.

Medication use is rationalised within the NHS by only allowing certain tried and trusted medications to be available on NHS prescriptions – not always a popular move with the patients, but one that helps to keep costs down. Investigations are only ordered when really necessary, preventing the over-servicing that is rife in a predominantly private system.

Can we do this in a country that has the relatively small tax base that South Africa has? I don't know, not being a health economist. But I am certain that there is more money to spend on health than is being spent and I am absolutely certain that there are better people to lead the health service at national level – all that is needed is the political will to do so. Perhaps, with sufficient pressure, that will come.

The *CME* team wishes all our readers a good end-of-year break – those who are able to take one – and an excellent 2008.

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