

## The intolerably brutal equation faced by SA's ill

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THE entrance to the state hospital was reminiscent of a street market. There were vendors aplenty, selling anything from boerewors rolls to vuvuzelas and football shirts.

There were also taxis aplenty and clearly transporting the sick and injured to and from the hospital was good business.

Taxis were also making a mint out of transporting loved ones to and from the hospital — to the extent that the area immediately in front of the entrance, ostensibly protected by yellow lines, was a crush of vehicles jostling for the best spot, closest to the doors.

In addition, there were numerous patients with a wide variety of injuries and no doubt infections, hanging onto drip poles and sitting in wheelchairs immediately outside the doors so they could replenish their nicotine levels.

Cigarette butts littered the area.

Upstairs, the ward in which our patient was being treated was clean and supervised by a large matron who took no nonsense. She, however, was not unfeeling and responded sympathetically to a request to speak to the doctor involved in the case.

The patient, a dear family member, was clearly close to death. The myriad pipes going in and out of her body bore testimony to that. The young doctor was professional and very sympathetic but the news was not good. The patient was suffering from complete renal failure and, if left in the state hospital, would surely die because at her age the doctor was not allowed to offer dialysis — the only treatment that could save her.

So it was off to the phone book to find a private hospital with a dialysis unit.

Here, there were uniformed men waiting at the entrance with wheelchairs and umbrellas for visitors and for patients arriving. But this patient did not have a medical aid. This meant that before she could even be wheeled into the lobby a deposit of R140000 had to be paid.

Once that was done, the treatment was extraordinarily good. But clearly for a 70 - year-old without medical aid, and indeed for her family, this was unaffordable.

The dialysis, which in a remarkable four days gave the patient a bit of colour in her cheeks and her appetite back, costs about R1000 a shot with three treatments required a week: about R15000 a month or R170000 a year. Pay up or lie in a state hospital and die — that was the brutal equation.

The first thing that is immediately apparent is that a 70 -year-old who has contributed labour and taxes to the country's future for more than 50 years should be able to access more than is on offer at state hospitals. I know that the argument about not dialysing the elderly is about resource constraints, but the death sentence that goes with the ruling is truly brutal.

The other thing that is abundantly clear is that something is needed between the public healthcare on offer and the private care that is beyond the reach of anyone without medical aid. And I suppose that this is where the African National Congress's (ANC's) plans for a national health insurance (NHI) comes in.

In a paper on the NHI published on the eNews website, **Di McIntyre, professor at the University of Cape Town's Health Economics Unit**, makes some key observations, the first being that the South African healthcare system is in "deep crisis".

The problems in the public sector “are a direct result of underfunding of the public health service for more than a decade. From 1996, government spending on healthcare did not keep pace with inflation and population growth, let alone the AIDS epidemic.

“It was only in 2005 that spending levels on public health services returned to 1996 levels. Health budgets have increased in recent years, but the years of severe underfunding had taken its toll on staff morale and on buildings and medical equipment that could not be maintained.

“Although given far less media coverage, the problems facing the private health sector are no less severe. Medical scheme contributions have increased yearly at rates far exceeding general inflation, since the 1980s. The range of services covered by schemes has declined and scheme members have to pay more and more out of their own pockets to cover the portion of the bill charged by a healthcare provider that the scheme will not cover. A far greater share of our salaries is being consumed by medical scheme contributions than 20 or even 10 years ago. It is becoming increasingly unaffordable for South Africans to belong to medical schemes. And medical scheme members seem to be dissatisfied with this situation. A recent national household survey found that 71% of medical scheme members were willing to join a publicly supported health insurance scheme if their monthly contribution was less than for current medical schemes.”

She also maintains: “Some argue that an NHI will be unaffordable for SA, and point to what it would cost to extend medical scheme cover to all South Africans. The question is, why would we want to follow this path anyway? This would lead us even further down the route of the American nightmare, where over 15% of GDP is devoted to healthcare but where millions remain uninsured and unable to get the healthcare that they need (as is graphically illustrated in Michael Moore’s film Sicko).

“The NHI envisaged for SA would be more akin to the excellent publicly funded health systems found in countries such as Costa Rica, where the NHI as a large, single purchaser of health services is able to improve resource use in the overall health system and to get ‘value for money’ for its citizens.”

That is the key, but given the state of public hospitals citizens could be forgiven for being highly sceptical. But something needs to be done.

- Hartley is parliamentary editor

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