

Will the budget lead to more doctors being sued for negligence? BizCommunity, 22 February 2019

FINANCE Minister Tito Mboweni's latest budget reveals that per capita spending on public health will decline for the second year in a row - and health infrastructure spending will bear the brunt of the cuts. Total health expenditure in 2019/20 is proposed to be R222.6-billion. This is R700-million less than what was projected in the Medium-Term Budget Policy Statement last year. On paper, the health budget grew by 7 percent. But in reality, it shrunk. In real terms, a 7 percent increase represents a decline in health funding per person once standard inflation of 5.2 percent is factored in as well as a 1.6 percent growth in population.

It is worth noting that medical inflation or the inflation rate for healthcare products and treatment is usually higher than this general inflation rate of 5.2 percent. This decline is despite the government's own White Paper recognising that spending on health will have to double if quality healthcare is to be provided to all through the Health Insurance (NHI). After a decade of stalling NHI funding and the continued failure to regulate the private health market, people will be forgiven for wondering if NHI delayed means NHI denied. That is certainly the effect of the 2019 budget proposals. As most commentators focused on the latest Eskom bailout plan, another illuminating story could be found in health. The lines of numbers presented in budgets always reveal what the state really wants to do - no amount of rhetoric can disguise them. Here are two figures to be concerned about:

- Medico-legal claims have grown from R28.6-billion in March 2015 to R80.4-billion in March 2018. In many provinces, these claims (and their associated legal costs) now equate to more than half the annual provincial health budget; and,
- Accruals by provincial health departments (ie goods and services received but not yet paid for) amounted to R18-billion in 2017/18.

These figures make one wonder what effect further cuts to health spending will have. In the absence of a health quality improvement plan, will the quality of services deteriorate further, leading to even more medico-legal claims? Sadly, a large portion of claims relates to deaths and injuries to mothers and babies during botched births. Are tightening provincial health goods and services budgets likely to end the kind of medical equipment shortages in areas such as oncology that lead to growing waiting lists? And will the nurses and doctors who have left the public health system due to deteriorating conditions be encouraged to return by conflicting proposals on "reducing public sector head counts" and "filling critical health posts"?