

Protector to probe hospital baby shambles

Accountability institute believes that cadre deployment is at heart of 'systemic failure'

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THE PUBLIC Protector is investigating the Department of Health for the shocking treatment of babies and children in its public hospitals. Hundreds of infants and children die every year because there are not enough ICU beds, and they get put into general wards where there are too few specialised nurses and the treatment is not good enough.

This is at the heart of the complaint laid with Thuli Madonsela's office this month by the Institute for Accountability in Southern Africa (Ifaisa). It asked her to investigate why doctors in the public health sector have to effectively choose which children will live and which will die because of inadequate paediatric facilities.

Ifaisa director advocate Paul Hoffman believes it is "a systemic failure, attributed to the deployment of cadres into the senior management of public administration in hospitals.

"Doctors are put into a disgusting dilemma where they have to decide which baby will live and which one will invariably not pull through. There's not enough in the way of equipment, care, facilities and personnel. It's a question of organisation." Ifaisa is using the constitution to fight its case - and this is not only around the fact that the 'Bill' of Rights guarantees access to health care for all. That guarantee comes with the condition, "within the available resources of the state", but Ifaisa says this does not apply to babies and children.

"No one may be refused emergency medical treatment, and children get special mention in the constitution that excludes the 'available resources' aspect. In our constitution, the



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Picture:
Bongiwe Mchunu

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best interests of children are paramount. A child at death's door in need of life-saving treatment in an ICU is surely an emergency

"Our complaint applies to cases where a child, if put into ICU, would survive, but who is instead put into a general ward, which can be a death sentence. Whether it is capacity constraints, a lack of expertise, the budget... this makes no difference when a child dies because of a lack of proper organisation. It's not about money. It's about political will."

SA has one of the highest mortality rates in the world for children under the age of five.

Dr Mark Sonderup, acting chairman of the SA Medical Association, agrees that there is a "very serious lack of ICU beds" and that the management of public hospitals "leaves much to be desired".

"Critical-care nurses are a globally scarce resource, and we are deeply challenged when it comes to this. We also have to

sometimes be very honest about our severe challenges around appropriate funding for what we are being asked to deliver in terms of health care. But this is also a grey matter issue.

"When managing a hospital, you have to ensure that the systems in your hospital work. Let's just get the right people in the right job to do the right thing and then start turning the ship around."

But Professor Keith Bolton, head of paediatrics at Rahima Moosa Mother and Child Hospital in Coronationville, worries the complaint is "naive".

"There's always a finite limit to what the health budget can provide. You can push it a little, but you can't just say ICU for babies should be there. There's no excuse for poor administration and poor quality of care, but the use of ICU as an entry point is naive.

"We have so many priorities other than the right to an intensive-care bed."

Department of Health spokesman Fidel Hadebe said that if the matter was referred to the Public Protector, the department would "commit by all means to co-operating".

"The ultimate goal is to save the lives of babies. It is there in our plans. We know there are still a number of shortcomings in terms of quality services."

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Date: 27 July 2012

Page Number: 11

Language: English

Categories: Health - General

Publication: The Star

Author: JANET SMITH



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List of fatalities goes on

• Hundreds of babies have died at Frere Hospital in the Eastern Cape because of overcrowding and negligence.

• Nearly 200 infants died at Nelson Mandela Academic Hospital in the Eastern Cape in the first six months of 2010 - the equivalent of 45 deaths per 1 000 births, which is considerably more than the national average of 36 per 1 000 births.

• 15 newborn babies shared eight beds in the ICU at Or George Mukhari Hospital in Ga-Rankuwa, near Pretoria, last year. Only three ventilators were available for the babies.

* Six premature babies died at Charlotte Maxeke Academic Hospital in Joburg last year after being infected with the norovirus. They were among 24 infected out of 50 babies in a high-care ward for 35. Gauteng health authorities said there were "no specific acts of negligence", although a report listed overcrowding, under-staffing, and a lack of antiseptic sprays and paper towels at the hospital as "contributory factors".

* Five premature babies died last year at Jubilee Hospital in Hammanskraal, near Pretoria. Four of the hospital's six incubators were broken, while the remaining two were faulty.

* A baby had seizures and later died after being turned away by a doctor at Tshwane District Hospital in May.

In 2010, a three-month-old baby died in a queue at Natalspruit Hospital. The infant had been taken to the hospital twice.

TRAGIC: Hundreds of infants and children die every year because there are not enough ICU beds in public hospitals countrywide.

Jennifer Bruce

Picture:

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