

Equitable healthcare a must for SA

BRITAIN'S National Health Service began in 1948, while the country was still shellshocked by World War II. There was very little money Infrastructure in major cities had been destroyed in air-raids and yet it was at this dismal point in history that the nation took the bold step of healthcare for all its citizens. While the system is by no means perfect, what SA can take from Britain's example is that even on the back of tough financial times, a nation can achieve the goal of universal access to healthcare, a right enshrined in the constitution. There is general consensus, and there has been for many years, that healthcare in SA is in crisis. The nation continues haemorrhaging nurses and doctors at an alarming rate, many of whom find working far from home in the US, England and Saudi Arabia preferable to SA hospitals. But the problems don't lie only in the public health system - which is synonymous with long queues, unfriendly staff and overworked doctors. The process to introduce the National Health Insurance (NHI) provides an opportunity for the nation to conduct a full physical examination of its two-tier health system which, on one hand, degrades the poor and, on the other hand, bankrupts the working population. About R84.9 billion in medical aid funds is no small amount. And looking at how much of that money is spent on fees unrelated to healthcare, one has to wonder how long it will be before the bubble bursts. We've seen the anger and frustration on the faces of the poorest communities, who feel they have to protest for basic services which include healthcare. Will we see similar protests outside private hospitals? Often the prices they charge for services defy logic. Consider that people have been giving birth since the beginning of time in more or less the same manner. So why does a simple delivery cost upwards of R40 000 at some hospitals, and be less than R20 000 in others? If the same loaf of bread cost R10 in one shop and R20 in another, surely there would be outrage among consumers. And rightly so. But consumers in the private health system are afraid, because healthcare, unlike other commodities, is a need, not a want. It has an impact on every aspect of your life, and the private system knows this. Behind the high fees lies the threat, "Well, if you don't like it, you can always go somewhere else". But if you're in a diabetic coma, in labour, bleeding or close to death, are you really going to shop around? If your child is sick, are you really going to haggle over the price? Therefore, in addition to the introduction of a decent NHI package, doctors and patients must motivate for major reforms in private healthcare. It's likely that it will take years before NHI can accommodate everyone in the country, yet the private system can start making changes that will benefit everyone. Now. The healthcare system, above everything, must be fair. And it surely does not seem fair that doctors should be paid less than administrators. It is encouraging that the Competition Commission is considering a probe. But to treat healthcare as a normal commodity, as we've done in the past, would be foolhardy. It is not like a pair of jeans and therefore cannot be left to market forces. As a nation we must develop a blueprint of what we expect our health system to offer, and think of how to achieve it in a way that is fair and equitable. What's more, as a country we cannot treat the NHI plan with the apathy we have other important legislation. It is our responsibility to make sure that the final document mirrors our collective expectations, and is interrogated with the same fervour as the Secrecy Bill. Health is too important for us to think someone else will speak up for us.