

## *Gauteng healthcare system in ICU*

A HARD-hitting report painting a grim picture of the state of Gauteng's 33 hospitals and clinics is due to be released today. Social justice action group, Section27, which authored the 31-page report, has called for politicians and managers overseeing what it describes as "the systematic collapse of the Gauteng state health system" to face the wrath of the law. In the report, Section27 reveals that the province has experienced a debilitating range of operational difficulties, especially last year, which have directly resulted in increasing morbidity, disability, stillbirth and death at state health facilities. Released on the eve of the delivery of the Gauteng budget speech, "Monitoring Our Health - an analysis of the breakdown of healthcare services in selected Gauteng facilities" - details the systematic semi-collapse of the provincial health system, marked by shortages of medicines, collapsing infrastructure, broken equipment and inadequate staff. The report says subsequent official investigations and enquiries have found clear deficiencies in both the systems and operations in hospitals and clinics run by the Gauteng Department of Health. Instead of acting, the focus has been on putting out fires, and the crisis has been addressed on a piecemeal basis. Section27 director Mark Heywood said it was critical to hold the politicians and government accountable, describing the system as a "nest of snakes where nobody can hold anybody accountable". The report lists several health system failures, including:

- Paediatricians have reported cases of children with diseases they should have been immunised against.
- Tertiary hospitals are reporting that they are increasingly unable to offer specialised care as a result of not having the medicines they require.
- Broken equipment has had a significant effect on medical interventions such as anaesthetics, radiology and oncology.
- A lack of wheelchairs, stretchers and beds is common in many Gauteng hospitals.
- Power outages at Chris Hani Baragwanath Academic Hospital have led to instances where surgeons operated using headlights and cellphones.
- At Charlotte Maxeke Johannesburg Academic Hospital, the delays in appointing critical staff caused the cancellation of between 20 and 25 percent of operations due to a shortage of anaesthetists.
- Newborn babies died or were left disabled at Bara as the understaffed maternity unit struggled to cope.

Heywood said nobody was ever held accountable and people (heads of department and MECs) were shuffled in and out of their positions without any questions asked or consequences. He added that the only ones who faced the consequences were the patients and those working in the institutions. Heywood said Section27 was also discussing whether senior health officials in the government could be held individually liable for incidents of negligence that lead to death and disability of patients. Section27 cautions that unless the documented failures are addressed, the National Health Insurance scheme and the transformation of the health system are set to fail. The report states that "acute crises in these facilities, left unaddressed, are likely to render ineffective any regulatory reforms aimed at improving care, and have the potential to undermine the NHI reforms". In a veiled threat at possible legal action, Section27 states that the "gross disregard" for the legal obligations of the Gauteng Department of Health and the vital oversight function of the national Health Department "is extremely worrying and cannot be allowed to continue unchallenged". Professor Ashraf Coovadia, a senior paediatric specialist at Rahima Moosa Mother and Child Hospital, agreed with the report, saying "the stories are a reflection of what we deal with every day. It is not an exaggeration".

Last year, Coovadia lamented the poor state of the Gauteng Department of Health, and said that despite the so-called turnaround strategy, they continue to face conditions of poor and non-functioning equipment and shortages of medicines and other essentials. He described how Rahima Moosa ran out of the first-line drug for bacterial meningitis last year, saying that for children the implications were grave and they might either die or suffer long-term mental and physical handicaps as a result of inadequate treatment. Coovadia said there was also increasing concern among doctors that, by compromising patient care, they were at the frontline facing a major risk of litigation. He said doctors did not want to knock the government and wanted to be part of the solution, but could not stand by and allow this to happen.

*Anso Thom: Health-e News Service, 3 March 2013*