

Onslaught on private healthcare is relentless

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HEALTH Minister Aaron Motsoaledi's relentless war on private health and lifestyle freedom conceals the catastrophic state of government healthcare for which he is directly responsible. Instead of attacking what works, he should fix or privatise the shambles over which he presides. Verbal sleight of hand diverts attention from reality, which is the healthcare tragedy to which most South Africans, especially the poor, are subjected. The nation is dazzled by denunciations of pharmaceutical companies, patents, medical aid, private hospitals and lifestyle freedom (tobacco, liquor, salt, sugar, baby food, junk food, etc). My wife and I encountered the shameful state of government healthcare when we visited the Johannesburg General Hospital in response to a distress call from our retired housekeeper, who had been admitted to a previously excellent hospital. She begged us to bring bedding, toiletries and bedclothes. Uninterested nurses resented being asked why they ignored a patient crying for relief from pain. We felt so soiled by filth that we drove home in silence, where we headed for the bathroom to wash. Bed bugs and cockroaches had better health prospects than patients and staff. The assault on private healthcare knows no bounds. The greatest benefactors of humanity, creators of medicines, have been subjected to vicious denunciation by Motsoaledi. He accused them of "conspiring against the state, the people of SA and the populations of developing countries, and of planning what amounts to mass murder". "I am not using strong words, I am using appropriate words. This is genocide ... a conspiracy of satanic magnitude." He called on us to fight "to the last drop of their blood" against people who spend billions developing medicines without which we would be dead, dying or in excruciating pain.

I attended a South African Chamber of Commerce and Industry function at which Motsoaledi dazzled business people by telling them that nine percent of the gross domestic product is spent on healthcare, more than half of which is spent on "the rich". Clearly, he said, justice demands equal spending on "the poor". Business people, who should be perspicacious, fell for the rhetoric and gave him a rousing ovation. When I asked some of the brightest over tea if they realised that what he was saying was, in effect, that they not be allowed to spend their own money on themselves, they were shocked and embarrassed. By his logic, private security services and the "restaurant spend" should be redistributed to the poor. People who care for themselves are denounced and threatened instead of being thanked for reducing the burden of failed government healthcare. The much-vaunted National Health Insurance is a misnomer. What is proposed is nationalisation, not insurance. Real insurance would give everyone access to efficient private providers. People who can afford it would insure themselves, and the government would pay for the indigent. That government finances healthcare does not mean that it should produce it. Instead of investigating government healthcare, private costs are being investigated. Few people know that the government perpetuates the apartheid travesty of prohibiting private healthcare for which bureaucrats do not grant a "certificate of need". All the government needs to do to ensure competitive pricing is allow competition. Private training and certification of nurses is suppressed, despite the shortage and inferiority of government colleges. The war of words entails monumental misrepresentation. It is asserted, for instance, that 16 percent of health spending is private and 84 percent government. These numbers represent historical ratios of people belonging to medical aid schemes and ignore growth in black membership, out-of-pocket spending, and the fact that all spending is privately funded through taxes. Tobacco, liquor, sugar, junk food and salt are said to have no benefits, when they obviously have manifold benefits, satisfaction being top of the list.

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