

Ferial Haffajee: The private sector medical complex needs a wake-up call too – Fin24 23 August 2019

Just before Eid, my mom's wrist was red and swollen and it was sore. She's 89 years old, with hardly a complaint, so we don't play around. I took her to the doctor who referred to an orthopaedic specialist. He recommended we admit her to hospital for seven days, two days ahead of Eid.

"What?" I asked him, incredulous. He hadn't even done a proper examination. He put the fear of God into me by saying that was his recommendation and he would take no responsibility if an infection occurred. I took the risk as he was headed out of town for the Muslim religious holiday and would not even be able to treat her for the admission he was recommending.

Anyway, a brace worked, as did arnica and some painkillers.

Last weekend, a similar thing occurred. This time, my mom had a slipped disc but luckily not the lung clot or heart condition doctors had first expected. A long hospital stay wasn't required, but she might still be in hospital if not for my brother, a doctor, who insisted on her discharge by two specialists who did not communicate with our family until phone calls were placed to them.

They left no messages with nursing staff to guide us and instead, they recommended sedation for an old lady who didn't really need it because she was agitated at being at the hospital.

Some years ago, I had a bee sting at a beach and my foot was swollen. I went to a casualty section – it was Christmas and my doctor was away – as you don't want to play with a sting. I found myself in hospital for four days after the doctor basically put more fear of God into me about gangrene and elephantiasis.

From a bloody bee sting? It was a totally unnecessary waste of time and money and a holiday.

South Africa's private medical system is a mafia in desperate need of a shake-up – the health market inquiry by the Competition Commission, which will be finalised by next month, exposes how this system works.

Because there is virtually no competition in the tightly held private hospital system, a complex has developed where doctors who have rooms at hospitals are incentivised to create demand by often making admissions that may not be needed. Profits are stratospheric, as the inquiry's comparisons reveal.

Patients (or customers) are kept in the dark, with communication lines opaque, and the system rendered largely intransigent through techno-medico speak. This is because in such an uncompetitive market, and in a field like healthcare, where risk needs to be mitigated, we are like sitting ducks.

Industry mafia

The impact for us is that costs rise, while the system encourages and allows a system where the customer (patient) is often left in the dark with regard to treatment options and effective and clear diagnosis.

In the public narrative about the national health insurance initiative (NHI), the industry mafia is all over it, seeding the idea that the solution to the state-centric NHI is the status quo private sector.

As much as the NHI is a lulu, because it risks exactly the same state capture and cronyism that have South Africa's energy, transport and infrastructure systems in a vice grip, the private sector is often a similar story of capture. Neither is a panacea for the public, which deserves good and cost-effective service that makes them healthier.