

The NHI A tale of two hospitals — Politics Web 26 August 2019

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I recently visited two hospitals in a farming town in rural Limpopo as part of AfriForum's watchdog role on health matters. These hospitals – one private and the other public – are located close to each other, and yet my experience of both couldn't be more starkly divergent. In Charles Dickens' parlance, it was "a tale of two hospitals".

At the private hospital we were greeted with initial scepticism (granted, civil society doesn't often make impromptu visits to any of the hospitals in the area), which quickly switched to amicable engagement and candour. The security guards at the gate immediately knew who we should meet with and were helpful in every aspect. One of the managers took us on a comprehensive tour of the hospital. We didn't have to ask to see anything specific and they obviously had nothing to hide. Everything is impeccably maintained, members of staff are courteous, knowledgeable and professional, and a few patients we spoke to were all very satisfied with the service they received at the hospital.

In the discussion I had with the CEO of the private hospital, he raised some challenges that I had encountered in discussions at other private hospitals as well. After submitting an application in 2017 to enlarge the hospital to accommodate more beds and specialist services, they are yet to receive any feedback from the provincial department of health. They have already purchased additional land – the extra demand certainly exists, and the hospital is willing to take on the risk. Unfortunately the government is slow in approving something which would be an immense boon to the community and local economy.

In fact, more beds, doctors and specialists are a necessity for the future health needs in this particular town and the surrounding towns. Moreover, even though it is a private institution, this hospital bears the significant burden of additional patients when the public hospital's staff are on strike – and even when they are not.

Following this, we drove to the public hospital a few blocks away and the contrast was immediately noticeable. The hospital's entrance looks dilapidated and we were confronted by several scowling, gruff guards. Why there were so many guards to do menial tasks – whilst the entrance looked so doleful – is open to debate and a serious question. We were treated with nothing but hostility and incredulity.

The first guard I encountered was extremely brusque and right off the bat wanted to know with whom I have an appointment. I could have been a patient, but he didn't seem to care. After I told him who I am and that I'd merely like to have a look around the hospital, he treated me with even more suspicion and searched my car several times.

After this, he escorted a colleague and myself to the human resource (HR) department (why he did that, we still don't know) and made us wait at several other places, giving us stern instructions "to wait here". In short, he didn't seem to know what he was doing and wasn't conversant with protocol he should be familiar with by now. At each point a new person came out with a different feeble (even absurd) excuse as to why we cannot view the hospital. In the end, we left without seeing most parts of the hospital, but we saw enough to make our skins crawl. Grubby floors, broken windows (some of them unsuccessfully taped shut with plastic and insulation tape), a horrible stench, long patient queues and lackadaisical staff are the name of the game at this hospital. A local doctor and pharmacist I spoke to earlier that day said you are unlikely to even receive antibiotics at this hospital. This is what our tax money is going towards and we – as taxpayers – are not even allowed to walk around and observe the hospital.

The security guard watched and followed us closely as we drove through the boom to leave. As I drove away, I couldn't help but think about how this hospital is symptomatic of

everything that is wrong with the South African government and its institutions. The abundance of workers who are not needed and a paucity of those who are; tremendous decay and rot; a complete lack of maintenance; viewing the public as enemies and servants rather than human beings to be served and accommodated; a total lack of accountability and transparency – the list goes on and on.

And, of course, I mulled over how the National Health Insurance (NHI) will be implemented in view of all that is wrong with public hospitals such as this one. In this particular town, one currently still has choices as far as medical treatment goes. People drive many kilometres past a myriad of public hospitals and clinics to visit this private hospital. But if the private health sector is nationalised (which is what the NHI ultimately boils down to), we will all be left with no choice but to make use of public institutions. Those that can, will emigrate and leave an ever-shrinking pool of taxpayers behind to fund the NHI nightmare.

Yet again, these two case studies impressed some lessons upon me: Leave the private sector alone to care for those that can pay and voluntarily seek their treatment, and vastly improve the public health sector to properly cater for the needs of the poor. It's an absolute shame and tragedy the ANC doesn't see it this way.

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