

Health minister: Save life first, chase pay later

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Durban - The “uncaring” practice by some private ambulance companies of leaving patients who cannot afford to pay for medical services to “die” instead of stabilising them and taking them to hospital is soon going to be a thing of the past.

Health Minister Aaron Motsoaledi told journalists in Durban on Thursday that “no ambulance will be allowed to abandon patients who cannot afford to pay for services”.

He had attended a discussion on “unveiling a continental solution to avoidable blindness” organised by an international non-profit organisation Orbis. Former president Kgalema Motlanthe was a guest speaker.

Motsoaledi painted a depressing picture of the private health sector, saying it did not care about the poor, despite getting a staggering R46 billion subsidy from the state each year. He said this had to be corrected by the National Health Insurance.

Motsoaledi said the government would soon pass a policy that would see private and public ambulances dispatched from a central service to attend to patients.

“The ambulance dispatched first must not demand money from the patient. They must save them first and look for money later.”

He said the law in the pipeline emanated from a study conducted by Professor Lee Wallis of the division of emergency medicine at the University of Cape Town, which was conducted around the world.

Motsoaledi said Wallis also recommended that both private and public ambulances should have similar colours.

“They recommended that we get one (emergency) number for all ambulance services in the country.”

Motsoaledi said the country had enough ambulances, but most were only available to 16% of the population, which was either wealthy or had medical aid.

The minister said the new law would be implemented “very soon”, and the NHI had already started “at a low scale”.

He said through the current health-funding policy, which he wished to amend, private health institutions were eating up a big chunk of state funds through subsidies from the National Treasury and tax incentives.

He said South Africa had “far” exceeded the World Health Organisation’s recommendation that countries should spend at least 5% of their gross domestic product on health. South Africa was spending 8.5% on its health, which was closer to the 9% spent on average by European countries.

He expressed concern that more than half - 4.4% - was spent subsidising health care for 16% of the population.

Motsoaledi said the department recently conducted a pilot project on the NHI in which it screened the health status of 2 million schoolchildren in poor communities, and found that many of them could hardly cope at school because of eyesight, hearing and speech problems.

They needed to be treated by audiologists, optometrists and oral hygienists.

“I want them to go and see those kids, but it cannot happen in the present situation. To go to the private sector, you have to have lots of money and medical aid.

“So the National Health Insurance, which we want to introduce, will put funds for everybody in the population regardless of economic background,” he said.

ER24 spokesman Russell Meiring said his ambulance service did not abandon patients who could not afford to pay. He said the company made claims from the government.

“This is something we stand firmly against. If you can or cannot afford (the service), we will assist you.”

He said his company would discuss the issue of similar colours for private and public ambulances with the department because it would affect its brand negatively.

“There are obviously pros and cons to using a central emergency number. The pro is that you only have to remember one number to get emergency medical practitioners. The problem is that there are different standards. A set standard would have to be achieved for all emergency services,” said Meiring

By Bongani Hans