
The ideology of privatisation: self-help and victim-blaming

There has been much debate around the financing of health care. Proponents of privatisation recommend private health care for those who can afford it. Those who cannot afford it, will have to live by the official rhetoric of "community, primary and preventive health care", although these services are almost non-existent in many areas. This article spells out some of the implications of the class-discriminatory health care delivery system proposed under the banner of "privatisation".

"The individual is responsible for his/her own health"

At the 5th GP Congress in Johannesburg in April 1986, Dr A Snyckers, president of the Pharmaceutical and Chemical Manufacturers' Association, laid down the following premises for containing the costs of health care:

- The individual is responsible for his/her own health
- Access to unlimited free health care is a privilege, and not a right
- There must be a unitary health care delivery system
- The individual, rather than the institution, should be subsidised. The level of state subsidisation should be tied to the level of income or the taxation paid by the individual
- User charges should be levied
- Medical aid schemes should be restructured, over-usage of the health services should be curbed, and a more market-oriented health care delivery system should be developed.

Myths about health and ill-health

The assumption that people are responsible for their own health is not new in South Africa. It has been cultivated for a long time in official investigations and reports, and has given rise to a series of myths on health and ill-health:

- If people get cholera, it is because they do not use safe, chlorinated water
- If children are malnourished, their parents do not feed them properly, or they have more children than they can properly look after.

These myths have been debunked by progressive health workers and sociologists. People do not choose to live unhygienically; they are condemned by political and economic factors to live in areas and circumstances where healthy living is impossible.

Myths like the ones quoted above have been created to remove health issues from the political arena. They obscure the relationship between widespread ill-health and exploitation, and they focus attention away from the role of the state and employers in health and health care delivery.

Victim-blaming

Such deflection of responsibility is particularly clear in the victim-blaming approaches adopted by employers and employers' associations when it comes to issues of occupational health and safety. In the cases of many accidents, workers' injuries are blamed on their own carelessness or neglect of safety precautions.

This victim-blaming approach is captured for instance in the National Occupational Safety Association's contention that 88% of work-related accidents are caused by the workers' "unsafe acts"; a further 10% are acknowledged to be caused by unsafe working conditions, and 2% are attributed to "acts of God" or 'misfortunes". On the mines, management seeks to prevent accidents by admonishing individuals to "work safely".

As mentioned earlier, the approach that makes the individual responsible for his/her own (ill) health has been around for a long time. However, under the current privatisation moves, this approach is being revitalised, extended, and is acquiring a new economic, social, political and ideological significance. It also serves as the basis for concrete practices and policies on the part of the state and private enterprise.

One area where the new emphasis on "self-help" is emerging very clearly is that of pharmacists and the pharmaceutical industry.

"Responsible self-medication"

One of the proposals for privatisation and cost-containment in the health sector relates to "responsible self-medication".

This proposed cost-containment measure elevates the pharmacist to the position of a dispensing doctor, according to the principle that "nobody should do a job that anybody with a lower qualification could do equally well". The Browne Commission of Inquiry into Health Services recommends that the public should be made aware of the pharmacists' services, and that pharmacists should be given more freedom to exercise their judgement. This recommendation was accepted by the government.

The Browne Commission relates primary health care to "responsible self-medication". To this end, the Commission recommends that medicines of Schedule 3 and 4 should be rescheduled to Schedules 1 and 2, giving the pharmacist a wider range of medicines that he/she can recommend for "responsible self-medication".



The Pharmaceutical Industry stands to gain from the programme of "responsible self-medication"

Calmettes (S1) Reg No F 2 6 60 Valerian
Valerian 45 mg per tablet.

**WHY YOU CAN
RECOMMEND
CALMETTES
WITH
CONFIDENCE.**

As far as possible you like to ease nervous tension and anxiety with medication of natural origin. That means Calmettes. Being mild and non-

Calmettes help day per at n

**THE IMPORTANCE
OF YOUR PHARMACIST**

With over 10 000 different medicines available today, many without prescription, the need for increased consumer awareness about the seriousness of medicine and health is very important.

"Take better care of your liver."

Just two Litrison tablets help counteract the effects of drinking and eating fatty foods. Litrison is the result of years of research and development, with one objective in mind -- to help you take better care of your liver. The metabolising and detoxifying effects of Litrison are well documented and highly rated the world over.



We haven't the space to give you all the facts, but please consult your pharmacist. He's got all the answers. So next time you're a party, business lunch or night on the town -- reach for Litrison and give yourself an unfair advantage.

Litrison

The scientific way to protect your liver.

Manufactured by and distributed by W & A Galden

Available from your local pharmacy.



THEY STAY CALM WITH
calmettes

MIMS

**MEDICATION GUIDE
SUMMER '85/86**

South Africa
non-prescription
valuable help

- Do read instructions
- carefully. Dosages differ
- for different age groups.
- If you're still in any
- doubt ask your
- pharmacist for advice.

**Guidelines for using
non-prescription medicines re**

The Report recommends that the public should be made aware of the pharmacist's services

Pharmaceutical industry and retail

Ever since these recommendations were published, there has been a noticeable shift in the advertising campaigns of certain drug manufacturers. More adverts are addressed directly to the consumer. The doctor is bypassed in the programme and practice of "responsible self-medication". The authority s/he would provide is represented by a reassuring "results guaranteed" quote in the advert itself. Drug adverts contain more information in the instructions and prescribed doses. But it is not only drug manufacturing companies that are stepping up and/or changing the content of their advertising and marketing campaigns. Pharmacies themselves are entering into the marketing business with slogans like: "Health indeed, advice in need, ... all the pharmacy you need"; "Your pharmacy knows best"; etc.

Although the pharmacist might give valuable advice in the case of some ailments, it is unrealistic and unethical to accord the pharmaceutical industry and retail such an important role in the development of health services on a national scale. The majority of people will not be able to afford medicines directly from the pharmacy. The pharmaceutical industry and retail have a vested interest in people's (ill) health, and cannot be expected to offer their advice and remedies without regard for the industry's financial returns.

A disproportionately large section in the Commission's Report is devoted to the pharmaceutical industry and retail trade. This indicates that the government allows health professionals with vested interests to play an important role in central decision-making on health matters.

Financing of health care: the individual, medical schemes and the state

The premise that the individual is responsible for his/her own (ill) health implies, among other things, that the cost of health care should be borne by the individuals concerned. It has thus been suggested that medical aid packages available to individual subscribers should be restructured, allowing greater differentiation of benefits available to those contributing differential amounts. This means there will be different standards and qualities of health care: private care for those who can afford to pay the corresponding medical aid fees; state health care for the indigent, who will face extreme difficulties in proving that they cannot afford to pay; and "community health care" for those in remote areas without easy access to state health institutions. Formalising these three tiers of health care delivery institutionalises the class privileges that determine access to health care. State health officials have chosen this path, rather than that leading to a more healthy society.



Differential standards of health care: "State health care for the indigent"



"Community health care" for people in remote areas

Furthermore, as an ad-hoc committee on privatisation recommended, costs could be cut by making the patient pay for the first consultation each month, and by abolishing guaranteed payment of practitioners by medical aid societies. Another recommendation states that patients should be discouraged from overutilising health services. A spokesperson from Barlow Rand suggests, "we are all simply going to have to exercise more restraint over the number of visits we make to doctors and specialists, the treatments received, and the prescriptions dispensed". This suggestion seems inappropriate, as people do not choose to become sick.



Long-term patients - too expensive for private and state health systems

"Community health" - Third class health services

The call by official reports for "community health centres" represents an extension of the assumption that everyone is responsible for his/her own health. "Community health centres" form the third tier of health care. They are suggested for those who cannot afford private health facilities, and who are not catered for by state health institutions. The Browne Commission Report makes it clear that there is a need for community health care centres, but only in areas where private sector services are not available, and for the purpose of alleviating pressure on out-patient departments at hospitals. "The provision of community health centres by the public sector should be determined by the number of persons who are dependent on the state for their health services..."

The criterion of cost-effectiveness

In certain cases, "community health care" is seen to be more cost-effective than state or private health care. This is very clearly expressed in a statement by F.P. Retief, director-general of the Department of National Health and Population Development:

"The greater the use of high technology medicine in the private sector the more we have to give attention to cost. The big capital outlay on expensive equipment demands that it has to be used frequently to cover its cost ... The same principle holds for private hospitals where rapid turnover surgical patients are economically better propositions than long-term medical, psychiatric or paediatric patients."

It is therefore the principle of cost-effectiveness which underlies the authorities' and private sector's demand for community-based services. Longer-term patients do not make for profitable material and are therefore relegated to "community care". "Communities", however, are not equipped with the resources to care for the aged, the disabled, and people suffering from chronic illnesses.



Primary health care is advocated as a cheap service; yet this area is the most neglected in private and state health policies

Primary and preventive health care

The Browne Commission deplores that too much money and effort is being spent on expensive tertiary care, and too little on primary health care. This is supported by the government decision quoted in the Report: "...the solution to health problems does not lie with the provision of more hospital beds, but in the provision of adequate primary health care services." Public sector curative services take up 65% of the total health expenditure, with only 4,7% being allocated to preventive services. This imbalance is what both the Browne Commission and the National Health Policy Council address themselves to - not by making more resources available for community-based primary and preventive care, but by appealing to "people's own initiative" and "people's responsibility for their own health care". Such a crusade cannot replace the struggle for social justice. The equality of access to health services depends on this struggle.



It is recommended that the private sector should play a role in health education