Responses to G.P. Masters:
1: MASA

Reg Magennis

1) In formulating plans to solve the problems of private medicine in South Africa, it is important to take care not to destroy the good with the bad. This requires an accurate assessment of the nature and extent of the service delivered by the private sector. A common myth is that the private sector looks after only 20% of the population while consuming 45% of the country's health resources. Many facts indicate that this is not true. In a recent survey of the ICS employees who were not covered by medical aid or benefit schemes (that is, lower paid employees), 63% used the private sector exclusively for their own and their families' primary health care needs. A further 20% used a mix of private and public sector services. A study published in South African Medical Journal (January 4, 1992) showed that 66% of rural TB-meningitis patients receive care solely from the private sector. In representation to the government over VAT on medical services, MASA has asserted that the poor will suffer the most due to imposition of VAT on private medical services. Various private doctors provide services to the poor in the community by the so-called package deals whereby consultation and medication are given to patients at a very low rate.

All of the above is not meant to deny the serious cost problems associated with the private sector, but rather to keep these problems in perspective.

2) The high cost of services in the private sector can be attributed largely to requests for special investigations, prescribed medicines and the use of expensive hospital care. Cost conscious investigations and prescribing should be encouraged. Managed health care, including a review of the gatekeeper role of the GP in determining the use of expensive services and medicines, may affect savings in the private sector, but the patient must be *protected against exploitation and poor quality care. Continuing educa-*tion, the use of practice parameters and peer review are among the

management procedures under consideration to assist in using scarce funds more efficiently.

3) Compulsory service has many drawbacks. It may, for example, discourage people from entering the medical profession and encourage graduates to leave the country. Voluntary service can be encouraged if the government provides the facilities and funds for the under-served areas, and invites the private sector to provide services. The overpopulation of doctors in urban areas, and the declining incomes of these doctors will provide a further incentive for those doctors to provide services in currently under-serviced areas. If all graduates were to go to under-serviced areas there would need to be adequate infrastructure and resources to accommodate them and enable them to be productive. It is also important to realize that South Africa has a rapidly urbanizing population. It is estimated that by early next century, 50% of the population will live in and around Johannesburg alone. Any system to provide service in rural areas should take this into account and continue to plan for the anticipated service load in urban areas. Generally, under-serviced areas require a higher degree of medical expertise than those areas with easy referral paths and expert back-up.

4) The medical profession is aware of, and supports the need to restructure health services in line with the needs and demands of all South Africans. National responsibility for the welfare and health of citizens is necessary to foster conditions for economic and cultural growth. If serious attempts are not made to meet very basic needs (food, water, shelter and sanitation) and fundamental social needs (education, health care and the franchise), despair, crime and violence will be perpetuated. In addressing these needs, the medical profession plays a crucial role. Care should be taken not to destroy the valuable service already delivered by private medical practitioners in promoting health and economic prosperity for all.

5) Plans to make health care more accessible to all should encompass the following issues:

- infrastructure and funding to involve the profession in under-served areas;
- a partnership between the public and private sectors to avoid duplication and make best use of resources, both human and financial;

· a positive working relationship between medical practitioners and other PHC workers;
· appropriate undergraduate education to develop PHC skills and awareness; and
· the development and approval of clinical and ethical guidelines for the managing or delivery of health care in situations involving inadequate support facilities and activities. This is particularly important where these circumstances may lead to difficult ethical and practical decisions.

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