

How much support is there for an NHS?

by Critical Health

In this article, an attempt is made to assess what users and providers of health care in South Africa expect from a health service. The article is not exhaustive and it does not deal with the attitudes and feelings of health personnel and patients in a comprehensive way. The intention is merely to highlight the very different expectations that various people may have. This suggests that it can not be assumed that there is overwhelming and unqualified support for an NHS and, when moving toward this goal, it will be necessary to take the range of different views into account.

Introduction

South Africa is a fragmented society. This fragmentation is reflected in the diverse experiences that people have had of the various health services that have been provided. Workers and the unemployed have had different experiences to those of the middle and upper classes. The same can be said of women and men, people of different races and people living in rural and urban areas. This has resulted in a wide range of perceptions of the existing health care system. These views have undoubtedly played an important part in shaping peoples' attitudes towards and expectations of health services.

Most existing services have been provided by the private and public sectors. The private sector includes general practitioners, specialists, chemists and private hospitals. It caters only for those who can afford private care, that is, approximately 20% of the population. It consumes about 45% of the resources spent on health care.

The public sector includes state clinics and hospitals. The remaining 80% of South Africans receive health care from this sector. It only accounts for 55% of the total expenditure on health.

From these figures, it is clear that the public sector spends far less on each individual than the private sector. The public sector, moreover, services the poor and the unemployed, in other words, those parts of the population who are more prone to disease and in greater need of health care.

The state health sector in South Africa has, furthermore, developed along racial

lines. After coming to power in 1948, the National Party developed a reasonably comprehensive public health service for white South Africans for which they had to pay only minimal user charges. The majority of whites have been able to afford private care, but even those whites who have made use of public health services have received a reasonably high level of care.

Inadequacy and dissatisfaction

Black South Africans have, on the other hand, been provided with an inadequate health service. Black patients have suffered as a result of shortages of doctors, nurses, hospitals and hospital beds. They have experienced endless queues, overcrowded hospitals and impersonal care from overworked staff.

This has led to widespread dissatisfaction with the public sector, as well as, an increasing awareness of the excessive privilege enjoyed by a minority which has access to private services. Many black users of the state sector may be hoping that the political changes currently taking place will lead to easier access to private health care.

The majority of South Africans are, however, unlikely to be predisposed against state services or in favour of private health services, as the private sector has always been and will continue to be out of their reach.

The new rhetoric of the Department of Health suggests that state health services are improving, but in reality these services are deteriorating. The state is failing to carry out its responsibility in the face of an ever growing number of people who are in need of health care. The state is also forcing people to pay more for public health care. User charges have escalated to the point where some rates are now comparable to those in the private sector.

Limited access to the private sector

The decline in the quality of service in conjunction with the increased costs of public care is putting pressure on potential public sector patients to go to private sector. It is also probably leading to increasing disillusionment with the public sector amongst people of all races, including white users of the public sector.

The majority of white South Africans have a long history of being serviced by the private sector. The emerging black middle class has increasingly turned to the private sector as well. Most users of this sector expect a reasonably high standard of medical treatment provided in a convenient and comfortable way. They can make appointments with their family doctor instead of waiting in queues. They have access to private hospitals with fairly luxurious standards and these hospitals also have a



Users have a vested interest in the private sector and will be against any changes which could limit the role of this sector. Photo: Medico Health Project

comparatively high ratio of medical personnel to patients. The care received in the private sector is also likely to be less impersonal than that in the public sector. These users therefore have a vested interest in the private sector and will be against any changes which limit the role of this sector.

Unions and an NHS

In the last few years, there has been a big increase in the number of unionised black workers that have joined medical aid schemes. They have thereby gained access to the private sector and, as such, also have a definite interest in this sector. This does not necessarily mean that these workers have an allegiance to the private sector in the long term.

Asked to comment, a spokesperson for the Congress of South African Trade Unions (Cosatu) said that he believed that union members will support a national health system. Unionists acknowledged that participation in medical aid schemes might be interpreted as an endorsement of the privatisation of health services and the federation recognised that it needs to start taking the struggle for health much more seriously.

At its recent national conference, the South African Commercial, Catering and Allied Workers' Union (Saccawu), a Cosatu affiliate, passed a resolution calling for the full nationalisation of health services.

The National Union of Metalworkers (Numsa), another affiliate, has recently withdrawn from the metal and engineering industries' medical aid fund. A Numsa official, Geoff Schreiner, said that, before it became a member of the fund, Numsa fought for it to be restructured. In particular, the union pushed for the fund to become a voluntary scheme because it was aware that workers had diverse views on medical aid membership. He said that workers felt that it was too expensive and, when given the opportunity, most members stopped paying their contributions. Workers were demanding that it is the state's responsibility to ensure that all citizens have access to proper health care.

Crisis in the private sector

We should not assume that the private sector necessarily provides a higher quality of service than the public sector. Racist practices, for example, also exist in the private sector. Poorer patients who cannot afford full rates are often made to wait in segregated waiting rooms and may receive lower standards of treatment.

The entire private sector is, furthermore, in a severe and growing crisis. The cost of private care is increasing well ahead of the inflation rate. Medical aid schemes are responding in a number of different ways. They are increasing their premiums and this is putting the cost of monthly contributions out of the reach of many potential members. The schemes are not necessarily paying out the full cost of medical care. For example, the Medical Association of South Africa recommends that doctors charge a maximum of R55.20 for a consultation, but medical schemes only pay R24.80 per consultation. Patients have to pay the difference between the amount charged and the medical aid rate. Medical schemes are also limiting the types of medical care which they are prepared to cover. In this regard, they are being assisted by the government which is changing laws in ways which will allow schemes more discretion in defining the content of their medical aid packages.

As a result of this crisis, the percentage of people in the country covered by medical aid is no longer increasing. The private sector will thus continue to cater for a small minority. Many of those who do have access to this sector are no doubt becoming increasingly disillusioned with the spiralling cost of private care.

From the above, it is clear that users have a number of different perceptions of the public and private sectors and there will be varied responses to the establishment of an NHS based on a large public sector. Many people currently also have a number

of other attitudes which are not necessarily in keeping with an NHS.

Emphasis on curative care and the fears of doctors...

At present, medical care in both the private and public sectors is primarily curative. There is a reliance on drugs and technology and there is little in the way of holistic, preventative or promotive medicine. Most patients place their faith in pills, injections and curative medicine in general, but, if an NHS is to improve health status, it will need to focus on prevention. Most patients also prefer and many even demand to be treated by doctors and other highly qualified personnel, but an NHS may need to rely on other categories of health workers.

Various health personnel also have widely differing interests and attitudes with regard to health services. The majority of doctors work in private practice and almost all of these doctors oppose an NHS. They see an NHS as a threat to their incomes and their independence. Many doctors may also fear competition from other health workers in an NHS.



Workers' demand that the state take responsibility for the provision of proper health care for ALL the citizens of the country. Photo: cedric Nunn

These attitudes are, by and large, based on the assumption that doctors in an NHS will work under the same conditions as doctors presently working in the public sector. Doctors in private practice have not given enough thought to the potential role of doctors in an NHS and progressive structures have not done enough to stimulate debate along these lines. It has been suggested that general practitioners should be involved in a teamwork approach in family care clinics and that they should be encouraged by various incentives to work in underserviced areas. However, even the suggestion of these relatively minor changes have been met with opposition by doctors.

... and nurses

As a result of deteriorating conditions in the public sector and the offer of better salaries in private employment, an increasing number of nurses have been leaving to work in the private sector. While it may seem that these nurses would be antagonistic towards the public sector, it appears that the overall perception is that there are distinct advantages and disadvantages in both.

Many nurses feel that the most significant disadvantage of the private sector is the lack of job security. The impression amongst nurses is that relatively minor issues such as differences between nurses and doctors can lead to immediate dismissal. There is also a strong feeling that racist practices still persist in the private sector. Many black nurses feel they will not be promoted to top positions and will have to take *orders from white nurses who may not be as qualified as themselves*.

Another serious disadvantage of the private sector is the lack of opportunities to advance one's career. Conversely, the public sector provides study leave after certain periods of service and encourages nurses to further their training. Nurses in the *private sector also often find themselves doing work which, in the public sector, is reserved for those still in training*.

A central advantage of the private over the public sector is that it offers better salaries, but this is partially offset by the lack of housing subsidies. The flexible hours and the fact that *p73 each nurse is responsible for fewer patients than in the public sector* both add to the favourable perception of the private sector. Jobs are less strenuous both physically and mentally and this means that nurses can provide a better service to their patients. Nurses in the public sector feel they may end up giving the incorrect treatment as a result of exhaustion and stress rather than through negligence.

Many nurses are threatened by the possibility of different categories of health workers performing nursing tasks, mainly because they feel that this will undermine the process of closing the gap in professional status between nurses and doctors.

While this attitude is highly prevalent, other nurses also recognise the urgency need for the provision of health care to all. These nurses seem to feel that such workers could take the strain off public sector nurses and doctors. If their training was good and if they knew their limitations, they would be beneficial.

Conclusion

It can be said that there are a wide range of attitudes on a number of issues which are central to the establishment of an NHS. There are different opinions about the public and private sectors. These include negative perceptions of the state sector and assumptions that an NHS will perpetuate the faults of the current state sector. People are not sufficiently aware of the need for prevention and there are also different views on the roles of various types of health personnel.

As such, the practical task of developing an effective national health service carries with it the task of addressing people's different expectations and fears. If an NHS is to succeed, it needs to have the support of health providers as well as receivers of health care.