

4: Response from a Public Sector Doctor

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There is no doubt that the structure of health services in South Africa is totally inadequate in improving the health of the majority of people. It is equally clear that the privatisation of health services will not be able to solve this problem. The fragmentation of health services is extremely inefficient and very costly. Increasingly, policy makers and others are beginning to realize the validity of the arguments for a National Health Service.

Undoubtedly, the public service will finally have to provide the answers to improve the health care of the majority of people. Most buildings, personnel, equipment, etc. are, and should be, located in the public sector, not the private sector.

The public sector health services are, however, presently reeling under tremendous pressure. There is a deterioration of morale and confidence amongst staff as well as within the community.

Many clinic and hospital buildings are old and dilapidated. Staff members work extremely hard and are poorly paid in comparison with the private sector. They are often abused and insulted by patients, even though the problems are not of their making. Favouritism and poor promotional opportunities, coupled with victimization by superiors, all contribute to decreased motivation.

On the other hand, patients have to wait in long queues for many hours and feel insulted by the service they receive. Their anger and frustration is very often directed at the staff. Patients, as well as the community, have therefore become critical of the public sector.

This is the crux of the problem. Due to inadequate pay and overwork, doctors, in particular, leave in large numbers and go into private practice.

Return to the public sector

If we want to prevent doctors from leaving the public sector and attract GPs back again, then the overall conditions in the public sector will have to improve. There will also have to be incentives to make GPs want to

assist in developing the public sector. It would be foolhardy to force GPs to work in the public sector. In fact, this may lead to a worsening of the situation. It could result in further inefficiency and turn out to be very costly.

Visible Improvement

GPs will only return willingly when there is a visible improvement in the public sector health service. It is necessary to make medical facilities more attractive. On a more superficial level, this includes repairing and repainting dilapidated buildings. Equipping the facilities with better equipment is costly, but also necessary. Changes to improve conditions and services will always entail a substantial financial investment.

Furthermore, GPs must be able to detect a tangible difference in the way the public sector functions. Many doctors leave the public sector because of a shortage of other categories of personnel. For example, there is a shortage of nursing assistants and clerks. Doctors, therefore, have to do time-consuming administrative tasks and medically related tasks that should be done by other workers. This generates frustration and dissatisfaction with the working conditions and reduces productivity.

Thus, GPs need to see a system that is running more smoothly and efficiently. This requires, amongst other things, the hiring of enough staff with the right mix of skills.

Incentives

We need to think of financial incentives to entice GPs to the public sector. One suggestion is to offer GPs an opportunity to further their studies. The state could subsidise the continuing medical education of GPs working in the public sector. Some hospitals are already in a position to provide an education component because of the availability of registrars. However, clinics do not have the same opportunities. Public institutions located in the community must develop an education component. GPs should be encouraged to do extra courses. The public sector should be seen to provide opportunities for educational advancement.

Many doctors leave because of the excessive work load. A formula based on a certain number of patients per doctor per day or a certain number of hours per day could be introduced. Doctors could be allowed to work flexitime. These suggestions could be combined with opportunities

for subsidised study.

GPs could also spend a proportion of their time educating other staff and patients. Instead of spending all their time on clinical work, they could use some of their time teaching other health workers new skills. They could educate patients on matters such as the prevention of TB or gastroenteritis. This would relieve the tediousness of seeing a constant stream of patients from morning till afternoon.

Legislation

If, however, doctors continue to leave the public sector, there may be a need to look at other possible ways to reverse the situation, including the introduction of appropriate legislation.

There is a need to encourage GPs to work outside cities. At the same time there is a need to distribute GPs more evenly within urban areas. To this end, a ceiling should be placed on the number of private practitioners being allowed to practice within defined areas - that is, districts/neighbourhoods, etc. Licences to practice should not be issued to GPs and other private practitioners who want to practice in areas that are already saturated with private practices. Once again, this is related to making the public sector more attractive. If the public sector does provide a much improved service, then GPs can still stay in urban surroundings and reap some of the benefits offered by this sector.

There are some doctors who see medicine as a business and open up a number of practices which make a lot of money. They spend a lot of time running between their various practices and don't have enough time to use their medical skills to the benefit of their patients. Therefore, the number of practices per GP should be limited. In addition, many private GPs make far more money than those working in the public sector. Private practitioners should, therefore, pay more tax.

Subsidisation

The state is paying a percentage of its budget to subsidise the private sector. The private sector should not be interfered with, but subsidies should be cut or at least drastically reduced. If the private sector wants to continue operating, then it will have to finance itself and not depend on being subsidised by the state.

Further, as the private sector has the tendency to poach the best

personnel from the public sector, it has to pay back the costs of training. It costs the state an enormous amount of money to provide the basic training for doctors and nurses. This must be reimbursed to the state by the private sector. In addition, they may undergo further training once they qualify. A percentage of the cost of this training must also be paid back to the state by the private sector.

We must remember that if we want to make fundamental changes in the health service - to the benefit of the poor - then we will need the political will. Certain decisions which may not be very popular with some doctors will have to be made if freedom is to have any real meaning for the majority.

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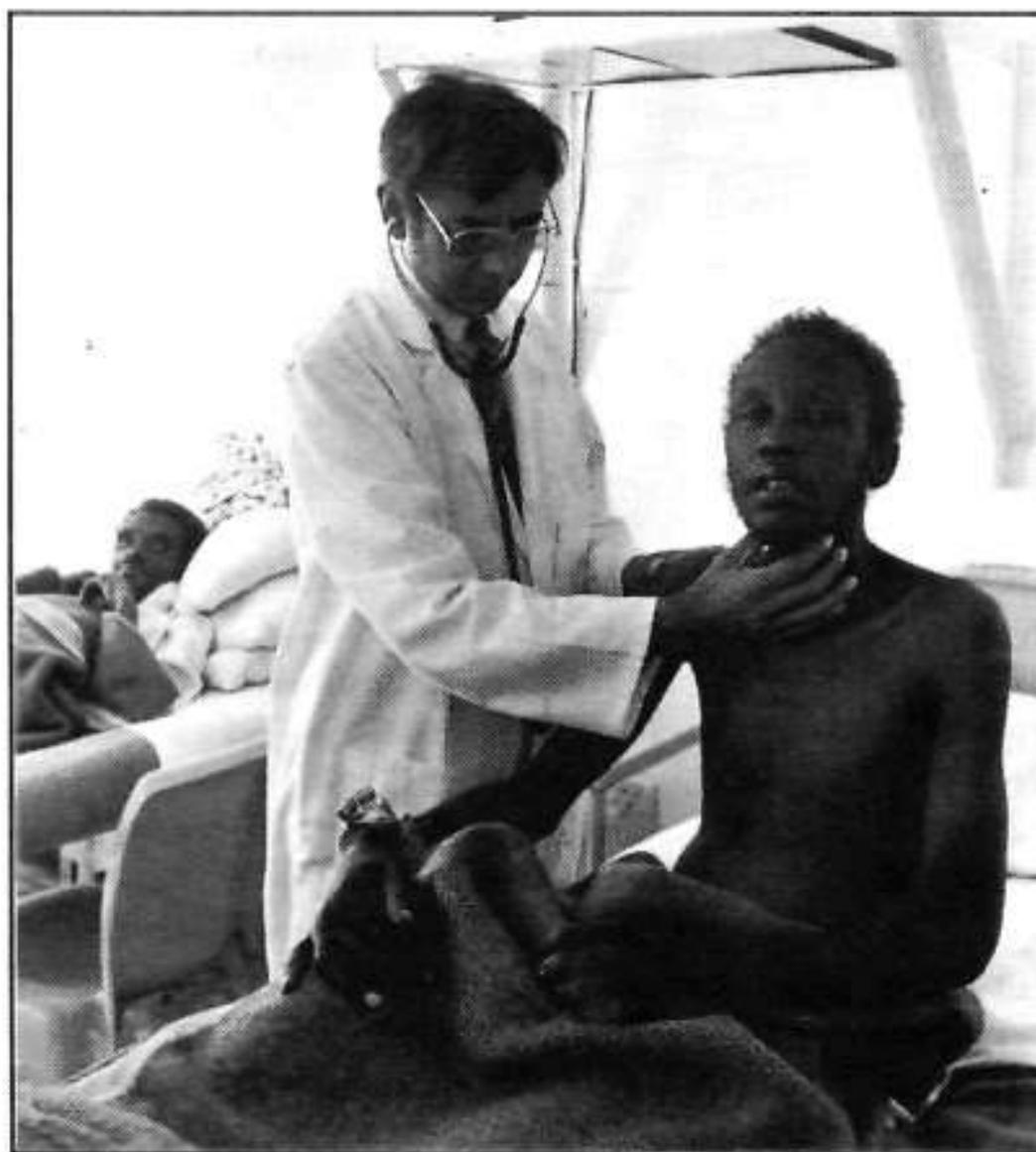


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