

# EDITORIAL

Critical Health, in focusing on the political economy of health has always maintained that illness is rooted in social and economic conditions. The people who get sick, especially from preventable diseases, are also the people who earn the least money, members of the working class.

Being members of the working class determines whether you will have decent housing with sanitation and a water supply and what your nutritional status will be. The availability of these resources, food, housing, water and sanitation are very important factors in determining a person's state of health. The availability of health services also plays a role in the health status of a community.

In this issue of Critical Health we look at health care services. Health care services are not provided equally for all South Africans which tells us something about the priorities of South African society.

South Africa is a capitalist society. The driving force of capitalism is the desire to make a profit. Making a profit in production is often in conflict with maintaining health. "Most attempts to control the social production of ill health would involve an unacceptable degree of interference with the process of capital accumulation (making a profit) and as a result the emphasis in advanced capitalist societies has been on after-the-event curative medical interventions, rather than broadly based preventative measures to conserve health." (1) It is because South Africa is a capitalist society that we have a curative based health care service. The letter in this issue on the Groote Schuur hospital illustrates the inappropriateness of a curative based health care service.

In the present health care system there is an unequal allocation of resources and this serves to reinforce the present structure of society. Societies are characterised by the structures within them. In order for a society to continue in the same way these structures have to be

preserved. For capitalist society to continue it needs the workers themselves, the places where they work (eg factories) and the materials with which they work (eg coal or wool). It also needs people to have the same beliefs and relationships which hold society together. People must believe that they have to work and that some people are bosses and most people work for the bosses who own the places and materials with which workers work. Health care fits into this reproduction of capitalist society.

Health care keeps workers in a fit state to work. This explains why most health care services are in the urban areas, because that is where the workers live. Health services also play a role in ensuring the next generation of workers by controlling the sexual and reproductive activities of women. Doctors control what type of contraception women receive. The state controls the location of family planning clinics and what services they offer. As a result both the state and the medical profession control an aspect of women's lives.

The other way capitalist society must reproduce itself is to prepare each individual for the part they must play in society. This is called ideological reproduction. There are many ways a society can do this. For example bantu education prepares people specifically for unskilled and semi-skilled jobs.

Health care also plays a role in the ideological reproduction of the labour force. Health care services involve a set of social relationships which are bureaucratic, hierachical and authoritarian. For people who work in the medical sector like nurses or porters "this means that their work situation both reflects and reinforces the division of labour in the wider society emphasising the differential allocation of status, power and income on the basis of class, sex and race." (1) The people in charge in the health sector are the doctors who are mostly white men from the ruling upper classes. This is true in most other areas of South African society, the people in charge are white men from the upper classes. So the health sector reflects and reinforces the status quo.

In the case of patients," their unequal relationship with the doctors, and their lack of autonomy and power within the system as a whole, means that the provision of medical care is an ideal mechanism for socialisation and social control." (1) (ie telling people how they should behave in society if they want to get on, or in this case telling people how they should behave if they want the doctor to help them.) "People come to believe that they have little control over their own bodies, just as, for example, they have so little control over the conditions in which they spend their working lives." (1) We have included an article called "Who Cares" to show just how helpless a patient can be made to feel in a bureaucratic health service and how health services are not designed with the welfare of patients in mind. To balance this the article dealing with patients' rights illustrates how people elsewhere are trying to counteract the authoritarian nature of their health service.

Health services play a part in decreasing conflict in society. When we are sick we are pleased that there is a place to go for care. The health care service which is part of, and supports a society which causes us to earn low wages and live in poor conditions, nevertheless seems to care. This confuses us, how can we be angry with a system which has, as a part of it, a caring health service. We forget about the other oppressive things the society as a whole and the health care service specifically do, especially when we are sick. In the article about the primary health care clinics we see that Soweto is the only township to have these. It is not an accident, they were begun after the '76 riots to try and pacify the community by making them think that the state really cares for their health.

Health care itself is not a bad thing, we need it and it can be used in progressive ways. In South Africa health care is not neutral. It is used in special ways for the continuation of South African society as it presently exists.

### Reference

1. L. Doyal. *The Political Economy of Health*. Pluto Press 1979