



Discrimination against the mentally ill

Discrimination against people with mental illness dates back to antiquity. Despite the liberal constitution in post-apartheid South Africa, freedom from discrimination does not necessarily follow. Oosthuizen *et al.* (p. 821) compared the private health insurance benefits for major depressive disorder (MDD) and ischaemic heart disease (IHD) in South Africa.

MDD has been identified as the fourth most important cause of disability in the world and IHD as the sixth most important. The disability caused by MDD in terms of impaired physical and role functioning, more days in bed due to illness, more work days lost, increased impairment at work, and high use of health services is greater than for most other diseases. Despite this there is 20-fold greater benefit availability for the inpatient treatment of IHD than for the treatment of MDD in private health care settings. The fee structure for inpatient treatment of psychiatric patients is different from that of patients with other disorders, with the daily tariff for a psychiatric bed often only about 50% that of a general medical bed. Hospitals may therefore be less eager to have psychiatric patients in hospitals in order to balance budgets and to maximise profits. The authors consider the discrimination against psychiatric patients and fewer rewards for psychiatrists and other mental health workers to be a major factor in their recent mass exodus from South Africa (40% of all practising psychiatrists over the past 2 years!).

The authors conclude that discrimination by the health industry against the mentally ill is a fact. Health professionals, in conjunction with consumer advocacy groups, should address this issue without delay.

HIV/AIDS and health workers

The recently announced Government plans to roll out antiretroviral treatment for HIV/AIDS face new and serious obstacles. Much has been made of the importance of training health care workers to cope with this need. At the same time there have been extensive reports in the press concerning the inability to fill many professional posts in the public health care sector, especially in provinces such as Mpumalanga and the Eastern Cape. At the SAMA AGM speakers from the Trades Unions included the appalling human resource management as among the important causes of the crisis in the public health care sector. Elsewhere in this issue it is reported that according to the South African Society of Psychiatrists almost 40% of all practising psychiatrists in the country have left over the past 2 years. Shisana and colleagues (p. 846), in their study on the prevalence of HIV/AIDS among South African health workers, highlight another major potential time bomb.

Health care workers are crucial in the management of HIV/AIDS and it is therefore important that planners have information about their serostatus. Such information will be useful in planning the supply of health providers, especially as increasing numbers of people infected in the 1990s are becoming ill due to AIDS and needing care. The study found that an estimated 15.7% of health care workers employed in the public and private health facilities in four South African provinces were living with HIV/AIDS in 2002. The risk is much higher among younger health workers, this group having an estimated prevalence of 20%. Non-professionals had an HIV prevalence of 20.3% while professionals had a rate of 13.7%. Black health workers had a much higher prevalence than all other race groups, though the figures among other groups were too small to yield meaningful results. Health workers who were unmarried were more likely to be HIV-positive than those who were married. There is a high absentee rate for workers with HIV/AIDS, and many remaining are already experiencing burnout as a result of the increased workload.

The high prevalence of HIV/AIDS among health care workers is comparable to that among South Africans of reproductive age. South Africa needs to provide antiretroviral therapy to health workers living with HIV/AIDS. In addition there is a need to train more nurses to replace those who may be dying of HIV/AIDS and also to make up for the decline in registered nurses from 1997 to 2001. The National Health Ministry needs to urgently address reasons for nurses and other health care practitioners abandoning their professions or emigrating overseas!

Use of oxytocin

Medical practice profiles may differ quite widely. Basson, Odendaal and Grové (p. 839) examined the use of oxytocin, one of the most frequently used drugs in labour, by practising obstetricians in South Africa.

Oxytocin is a hormone produced in the hypothalamus, stored in the posterior pituitary and secreted in a pulsatile way. Myometrial oxytocin sensitivity increases through pregnancy. The chance of a successful induction of labour depends a great deal on the condition of the cervix, which undergoes physiological change during pregnancy. Although major complications may occur if oxytocin is used incorrectly, it appears to have a high therapeutic index because broad ranges of infusion rates and concentrations seem to be both safe and effective. Most clinicians participating in the study were found to adhere to accepted protocols for the use of oxytocin.

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