



OPINION

The profession at the crossroads

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Kgosi Letlape

My third report to SAMA National Council is probably the most difficult chairperson's report I have had to give because of the difficulties I am going through as chair of the Medical Association. Surviving National Council as chairman has been particularly stressful given the events of the last 18 months. We have had to take a stand on major issues and have had a rocky relationship with government. The stance taken by the medical profession 10 years ago with regard to managed care is no longer applicable because the funders have made inroads into the profession and increasingly the pillars of managed care are becoming members of the profession.

Given these challenges it has become clear to me that we cannot serve the profession and society by always defending. The sure way to lose a sporting game is to be permanently on the defence. I took heart from watching Greece as outsiders win the European soccer championship. They won despite having no big names as they were fearless, worked as a team, and more importantly, had a plan. We desperately need to achieve a different outcome for ourselves and our patients. This requires us to think differently, for if we continue doing things in the same manner the result will be the same. Whining has become an art form for South Africans and we need to move on from that frame of mind and become proactive. We aid those attacking us by taking wrong options. Rather than attacking others we must propose solutions.

A story in the New Testament describes the pharisees complaining about paying taxes. Christ advised them to give to Caesar what was due to Caesar. I confess and apologise for my letter disaffiliating from the National Convention for Dispensing on the dispensing issue. Henceforth I will ensure that we speak with one voice because like the Greek national team we must stay together if we are to succeed. However we should also give to the pharmacists what belongs to the pharmacists. That will enable us to fight for what we have to fight for. Over the years the gap has widened between the Scale of Benefits and the SAMA rates, with public sector salaries lagging behind,

illustrating the inability of the profession to get what it deserves. We need to work for the collective benefit of all registered medical practitioners who see patients to ensure that we add value to each of those individuals, irrespective of which sector or which part of the country they work in.

Access for all

I have commented on the fact that apartheid is not dead, it has just become commercialised. We speak of the health legacy that we have inherited from apartheid, but many of our efforts address access to care for 15% of the population, forgetting about the other 85%. For me that is apartheid on autopilot, and given my background I cannot continue to be part of that. I have relatives without recourse to basic care and I have a duty to them and every other South African to ensure such access.

The theme of the International AIDS Conference this year was the generic global problem 'Access to all', which is particularly relevant to South Africa. Our prime focus should always be our patients, especially those in greatest need; all else will follow. Aspects of our professional lives and occupations that we should control and guard jealously are our independence, ethics, scientific foundation and evidence-based medicine. As we are only a part of the health provider fraternity we have to respect the turf of others when protecting our own ground. Regrettably the majority of colleagues I interact with think mainly of themselves. We have forgotten a basic business principle, namely that if you are in the service industry the most important person is your customer.

But increasingly in the private industry our 'customer' is the patient's funds, which they have given to somebody else. The funders have become our lord; one of our major problems is that we have abdicated and are dependent on third-party payment systems. Patients have been absolved of their personal responsibility to us for privately rendered services.

Increasingly I hear from doctors that patients can't afford to pay them. This is not true. One thing I learned from my disadvantaged background was to appreciate quality; we would save to buy brand-name clothes because we thought they were of a better quality. Our people will pay large amounts of money for consultations with traditional healers because they perceive quality and value in their services. The black community also values a good-quality funeral and will spend lots of money on this. We need to rid ourselves of the notion that somebody seeking a private service can't pay for it,

Kgosi Letlape graduated from the University of Natal. He obtained both the South African and the University of Edinburgh qualifications in ophthalmology and has been in private practice as an ophthalmologist since 1989. From 1990 to 1995 Dr Letlape was involved with the South African Medical and Dental Practitioners Association (SAMDP), which he served as board member, vice-chairperson and chairperson. He was elected chairperson of the South African Medical Association in 2001, a position he still holds.



otherwise we will reap the rewards of selling ourselves short. Help from the state is available for those who cannot pay for it.

Our professionalism is at risk

Our professionalism leaves much to be desired. We have said jokingly that if you are an ethical doctor in private practice you will go out of business, because spending sufficient time with patients to ensure that they understand their illness is inadequately remunerated. In the public sector it is impossible to see your 100 patients a day and to see them as patients and as human beings. Accordingly going to a doctor ranks as a poor expense for the average South African. In my practice a young woman's eyesight deteriorated despite my diagnosis of glaucoma. I had failed her as I did not make her understand the necessity of lifelong medication. My success in practice resulted in my being too busy to care.

My sister is diabetic and has never been in better health since attending the diabetic clinic in Johannesburg where she was thoroughly educated on her illness. The compliance rate for patients living with HIV/AIDS is directly linked to the level of their education on their illness. Tuberculosis patients on a directly observed therapy (DOT) system have poorer compliance than HIV/AIDS patients on antiretrovirals (ARVs) because the DOT system emphasises policing rather than education.

Our professionalism must improve in order to improve patient outcomes, but our duty as an association is to ensure that professionalism pays. The legislated 'Certificate of Need' (CON) is a major challenge, as are challenges with regard to dispensing. It is a question of when the President signs the CON. But when you consider our disparities, with only 15% of the nation having access to adequate care, CON is likely to reign unless we offer solutions. Other battles we have taken to court have taught me that we need to learn from our struggles so as to ensure better outcomes on the issues we have to deal with. A method to try to meet those needs has been proposed. We may have a different opinion about whether it will be successful, but an alternative solution is required to save the nation and to save ourselves.

The profession must offer alternatives

When we spoke to the finance ministry they asked what we were putting on the table, and that is our challenge. We should come up with a plan that says every South African needs access to basic care, and they need it now. Such a statement would be consistent with ANC health policy and would be supported by the majority of South Africans. If it became a reality every doctor in this country would be needed, plus we would need many more doctors. There would be sufficient money to fund basic care if broker fees, managed care fees and

administration fees are matched by the government. The interest paid towards the arms deal would provide enough money to put something in place! Money is available; we can have an infinitely better system without putting in more money, without raising taxes and without increasing our expenditure on health care from the current proportion of the GDP. Our maternal mortality rate and infant mortality rate are unacceptable given the amount of money spent. If the money is in a mutual fund, all that is required is strength and resolve to make sure that it is used appropriately, and those who cannot pay for themselves should be brought into a safety net that will need to be put in place.

HIV/AIDS and the profession

The greatest threat to society and the health system is HIV/AIDS. The government has come round and there is a plan to treat 53 000 South Africans by March 2005. This would be a great effort, but what we actually need is to treat at least 500 000 South Africans. The Deputy Director General of the World Health Organization (WHO) stated that South Africa has the ability to accomplish this by the end of December 2005. Four thousand GPs treating 100 patients each per annum could achieve this, thereby treating 400 000 South Africans. It is a crime against humanity that we are not doing so; in Bangkok one of my colleagues said, 'I am ashamed to be South African'.

The impact of HIV/AIDS on our society is incalculable. I had occasion to speak to Kaizer Motaung, one of the high priests for another religion in South Africa, namely soccer, who was concerned about stadiums not being filled. In his forties my father took me to the Orlando stadium to see my first Pirates versus Swallows game. I felt so proud and privileged — but only now do I realise just how privileged I was. Today a high proportion of the men who die of AIDS are in their forties. We have households with no fathers, households with no parents. The children left behind have to survive and don't have the money to go to the stadium. Botswana has calculated that HIV/AIDS has had a 30% negative impact on productivity in the country. Companies that have started providing ARVs have documented improved productivity rates.

We have a duty to help the government deliver. With HIV/AIDS it is not a question of prevention or of treatment, because as the WHO states, provision of ARVs is part of the preventive strategy. People I grew up with in the township question why they should be tested since if they test positive they will die. In our country people with HIV present very late because of social stigmatisation and other problems and the notion that once the diagnosis is made you die, so they do not want to be diagnosed. A recent Human Sciences Research Council study showed that new infection rates are highest among people who think they are least at risk. Because people don't get tested they behave as if they are uninfected. Despite



messages of safe sexual practice, behaviour modification has been measured at about 7%.

What role has the medical profession played in educating the nation on preventive measures with regard to HIV/AIDS? Every South African, rich or poor, black or white, legal or illegal, has a massive role to play here because of issues of stigmatisation, misleading education and access to care. The answer to this single biggest challenge is public-private partnerships. Unfortunately suspicion and mistrust in the different health sectors has led to difficulties in getting colleagues in the public sector to co-operate and work together with colleagues in the private sector.

Having embarked on a treatment plan, there are serious capacity issues. At Baragwanath Hospital patients who have been assessed as needing ARVs and who have CD4 counts ranging between 0 and 150 are now on a 5 - 6-month waiting list. When I grew up Central Prison in Pretoria had a death row, with people sentenced to die. When patients have a CD4 count of 40 and are told to return for treatment in 6 months' time because of capacity issues, South Africans in a democracy are being put on death row. Many will not survive. This is something that should make us ashamed to be South African, and something that all of us should take responsibility for.

HIV/AIDS infects women more than men, with 60% of new infections occurring in women of child-bearing age, most frequently in the 15 - 24-year age group. Nations have survived wars because it is men who create wars and die in numbers; because women have been protected, nations have recovered. However if the female population is devastated there will be great difficulty surviving as a nation. HIV/AIDS is not a health issue, it is a human rights issue and it is time that doctors in this nation stand up to fight for human rights. Women need to be empowered, men need to change their attitudes and we need to double our efforts with regard to safe sexual practices. Safe sex is not something for prostitutes, it is something for every South African. Faithful married women

are one of the most vulnerable groups in terms of HIV/AIDS. They can only be protected through safe sexual practices and one of the challenges of humanity is to get men to set a proper example.

It has been said that health and the marketplace don't mix well, which does not mean that you cannot have a marketplace in health. But the marketplace in health should start only at the point where everybody's basic health care needs are met. There can be a marketplace for breast reduction, but we can't have a marketplace for vaccination programmes. We can't have a marketplace for prevention of mother-to-child transmission; this has to be part of what the nation provides.

As I am human I am guaranteed to make mistakes, and I have considered resigning from the chairman's post. I have reminded myself of what I have been through as a black South African — just as a national health system is coming and the current inequities must go, the struggle will continue. As painful and difficult as things have been, I have been through more difficult times. It is not insurmountable pain, and pain makes one grow. I will put my personal needs aside and stay and make my contribution.

The struggle never ends. In the words of Nelson Mandela one has to rest, but just a little, then keep on walking. All we have to do is co-operate with one another and utilise all the resources in our midst to the best of our abilities. The key issue for us is where and how we are going to position the Medical Association. It is not only members of the profession who depend on the Association; the nation depends on us, and we have to realise that. So our responsibility is not just to our membership of just under 17 thousand, it is to more than 40 million South Africans. Some people say they are proudly South African, others say they are African. I say I am human, and wish you strength in terms of the challenges facing us. We can succeed if we work together, respect each other, and respect others.