

HR crisis – overwhelmed not an option

When put together in one major consultative report, entitled 'Human Resources for Health for South Africa 2030', the data are startling and stark – so much so that to be overwhelmed is the initial natural human response. Yet, as one top National Health Insurance (NHI) consultant to government remarks, that is something we have to get over, and fast, before pitching in and finding slow, grinding solutions that will prevent our failing health system from collapsing altogether. Chris Bateman's pithy review of the report¹ makes for scary reading, the biggest comfort being that government is finally making no bones about what this dragon we must slay looks like. Addressing a human resource crisis that with the architecture of the incoming health dispensation will affect every single South African, like it or not, is the foundation stone upon which a vastly rehabilitated health care delivery system must be built. To risk a by now much-cheapered Obama election slogan, we have to believe that, together, 'Yes, we can!' The alternative is to both contribute to and view a slow implosion from afar, joining the ranks of those who 'tut tut' over tea while silently longing for the country that infuriated, challenged and inspired them like no other.

South Africa's drug policy should be revised

In keeping with increasing global recognition that the 'war on drugs' has failed dismally, Charles Parry and Bronwyn Myers² reflect on the recent South African Anti-Substance Abuse Summit and consider appropriate recommendations for the future.

The high-level summit missed opportunities for discussing how to impact significantly on the health and social harms associated with problematic drug use and reduce the burden of drug-related cases in the criminal justice system.

Parry and Myers note that the South African government needs to reach consensus on several issues in order to make progress in the drug policy arena. The first is how it views different drugs of abuse. The risk of harm associated with drug use varies according to the nature of the substance being used, and the pattern of use and drug policy should take this into account. The second is where South Africa's drug policy should relate to international drug policy, and specifically where the country should orientate itself in relation to law-enforcement and punitive drug policies versus public health policies. The third issue relates to leadership and who should direct the development and implementation of policy in this area. Their position is that it should be driven at a senior level of government through a body such as the Inter-ministerial Committee on Substance Abuse. Finally, consensus must be reached on the short-, medium- and long-term priorities for policy. A good review is available on effective evidence-based interventions.

Addressing problem gambling

In many countries problem and pathological gambling is treated as a significant public health problem. It is also recognised that for most people who engage in it, gambling is a harmless leisure activity that may yield public benefits by contributing to more taxation than other leisure industries and/or contributing to out-of-town tourism. In their editorial Collins *et al.*³ discuss the success of a national responsible gambling programme.

Gambling in South Africa was originally treated as immoral and largely prohibited, apart from horse racing. The National Gambling Act passed in 1996 permitted a maximum of 40 casinos to be licensed and regulated by provincial governments, and provided for the introduction of a national lottery and the eventual legislation and regulation of limited payout machines.

Having recognised that it was right and in its interests to do so, the South African gambling industry established a National Responsible Gambling Programme (NRGP).

This programme has three main divisions that work closely together within a common structure: treatment, prevention and research.

The gambling industry in South Africa is perceived as being well regulated and trying to deliver mostly harmless entertainment in a socially responsible way. It is also widely acknowledged to be exceptionally cost-effective. The programme receives stable funding from the industry, but the governance and operation of the NRGP occur independently of legislators and industry representatives.

Silver in burns – when cheap is expensive

Burns are a leading cause of non-natural death in South African infants and children aged under 5 years, and more than 1 300 children die annually from burns. Conventional care of partial-thickness burns often requires painful, time-consuming and costly twice-daily dressing changes to clean the wound and apply topical antimicrobial agents.

Cox and colleagues⁴ studied 4 selected paediatric burn patients, calculating the cost associated with the use of a new topical nanocrystalline silver-coated (NS) dressing and comparing this with the projected costs of three previously standard burn wound treatment regimens. NS dressings were changed every 3 days based on their sustained and slow release of silver ions over 72 hours. Despite its greater cost, using NS clearly saved costs compared with the other three regimens. The cost savings resulted primarily from the decreased number of dressings, and the presumed shorter hospital stay.

Laboratory tests – knowing costs saves expenditure

Ellemdin and colleagues⁵ provided clinicians with a pocket-sized brochure that provided laboratory test costs, and found that it was associated with a significant change in physician test-ordering behaviour. They therefore assert that mere displaying of charges for diagnostic tests on the laboratory request form may significantly reduce the number and cost of tests ordered.

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1. Bateman C. Denying reality no longer an option – stark HR report. *S Afr Med J* 2011;101:700-702.
2. Parry C, Myers B. Beyond rhetoric: Towards a more effective and humane drug policy framework in South Africa. *S Afr Med J* 2011;101:704-706.
3. Collins P, Stein DJ, Pretorius A, et al. Addressing problem gambling: South Africa's National Responsible Gambling Programme. *S Afr Med J* 2011;101:722-723.
4. Cox SG, Cullingworth L, Rode H. Treatment of paediatric burns with a nanocrystalline silver dressing compared with standard wound care in a burns unit: A cost analysis. *S Afr Med J* 2011;101:728-731.
5. Ellemdin S, Rheeder P, Soma P. Providing clinicians with information on the laboratory test costs leads to reduction in hospital expenditure. *S Afr Med J* 2011;101:746-748.