



Poor people get cancer too

Recent submissions to the Western Cape Provincial Legislature have underlined the futility of providing primary care without adequate secondary and tertiary services. The debate was sparked by further cuts to the already strained budgets of Groote Schuur and Tygerberg hospitals. Highly respected colleagues pointed out that at present persons found to have cancer at primary care facilities have to wait an average of 6 weeks for treatment in a tertiary public hospital. This, our colleagues pointed out, is clearly unacceptable.

Now, before those on the political left become apoplectic because another member of the 'old guard' is criticising their policies, and before those on the political right welcome me as a 'reformed' 'communist and terrorist', let me restore the balance by pointing out that before 1994 roughly 80% of South Africans were 'cared for' by one or more of 14 ministries of health, which provided largely urban- and hospital-based, curative health services in which half of the 50% of beds reserved for whites were empty, while those beds allocated to blacks were full and in some hospitals additional patients were forced to sleep on the floor. Before 1994 many cancers were therefore missed and most patients made it to hospital too late to have their tumours attended to.

It is worth remembering that some health science faculties, NAMDA and MASA called for a unitary health service in which health promotion, disease prevention and rehabilitation complemented the existing curative services. This would have greatly strengthened primary care facilities and all levels of care would have been underpinned by the primary health care approach.

So when the new era was guided by a health plan to which almost every possible 'role player' and 'stakeholder' had contributed, where the National Department of Health immediately commissioned several hundred new primary care facilities, and where the right to reasonable health care was enshrined in our constitution, one could not be blamed for believing that all South Africans would soon have access to the type of care that members of the medical profession and national and provincial politicians and civil servants would want for themselves and for their loved ones.

There have been major achievements since 1994, including the Department of Health's victory in its battle with the tobacco industry, the introduction of immunisation against hepatitis B and the provision of free health care for children under 6. But the above goal remains elusive and has not been helped by the HIV/AIDS epidemic that has swept through our country.

Recent reports that indigent patients with cancer, who already have to wait more than 6 weeks for treatment, will face further delays because of financial cuts proposed by Western Cape provincial authorities has saddened those of us who believe that South Africa can and must do better.

There is a naïve belief that improved primary care will decrease the need for secondary and tertiary care. In fact the

opposite is true. Better primary care will identify more patients who need specialist care. Poor patients will live longer, and many diseases associated with longevity require specialist care. Health care systems are like ecosystems. Degrading any component will affect the system in its entirety. The system will be greatly enhanced by strengthening primary care, but this benefit will be negated if it is at the expense of an already stressed tertiary service. One doesn't need formulae to confirm the latter statement. Simply send a group of cognate persons to our tertiary hospitals and ask them to assess whether any of patients could be cared for at primary or secondary care facilities.

Doctors share their patients' anxiety, and colleagues in primary, secondary and tertiary care institutions become demoralised when patients who already cannot receive urgently needed treatment have to face further delays. This is aggravated when politicians dismiss warnings by senior clinicians with derogatory remarks like 'what do they know?'. In the most recent case 'they' were two extraordinary doctors both of whom had gained international recognition as experts in their field, both of whom are recognised by their peers as among the very best in Africa, and both of whom have achieved this starting from what in euphemistic terms is called a disadvantaged background. The same politician, in defending the cuts, indicated that his province's health service was better than many others. Would he or members of his department be happy to look a patient with cancer in the eye while saying this? It is interesting to note that the Deputy President has called for a re-examination of the proposed cuts.

The new South Africa is a winning nation, but this comes with the responsibility not to squander the opportunity for which many sacrificed their life or their freedom. Our founders, from both sides of the political spectrum, would expect every sector of the health service to co-operate to provide the best possible care for all South Africans. To achieve this, politicians, civil servants and health care workers have to agree that the health and the health needs of the communities they serve must inform their decisions. Decisions should be made after consultation and be based on sound information and available expertise. Mutual respect and co-operation should underpin relations. Sadly, poor people will continue to get cancer, but if the above proposals are adopted they will be able to count on early access to appropriate and excellent care.

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