

Press Release

For immediate release

18 September 2018



South African Institute of Race Relations

The power of ideas

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SA's public health system is in crisis because of negligence, corruption, and mismanagement

'South Africa's National "Death" Insurance Scheme', the latest report from the Institute of Race Relations (IRR), lays bare the appalling scale of deficiency, mismanagement, negligence and corruption in the public health sector which the government intends to be the core of its proposed National Health Insurance (NHI) system.

The report, which forms part of the IRR's campaign for a better solution to healthcare in South Africa, argues that while the avowed goal of NHI in ensuring that every South African has decent healthcare is a noble one, it is unlikely that the government will be able to make this a reality.

Although many dedicated people are working to make public healthcare work, the problems run deep and come at a high cost to South Africans. Despite this, the government seems determined to push ahead with NHI.

The bulk of the report is devoted to a collation of more than 100 media reports on negligence, corruption, and mismanagement in our public health sector between April 2017 and August 2018.

Authors Marius Roodt and Mailies Fleming write: 'Some incidents, such as the Life Esidimeni tragedy – which saw more than 100 people die because of government mismanagement of the public healthcare system – are well known. But this shameful episode is matched by many other incidents in which, due to negligence, mismanagement, or corruption, people received sub-standard medical care and, in extreme cases, were disabled or even lost their lives. Many of these incidents have not received widespread coverage (and it is possible that yet more incidents have not been reported on at all).'

The list 'reflects a healthcare system in crisis'.

Examples of the crisis highlighted in media reports since August last year include:

- A 13-year-old boy losing both feet, his left hand, and four fingers on his right hand following complications after appendix surgery. He was not taken to a high-care ward after his operation as the lift was not working. The amputations followed an infection that affected his circulation;
- Patient files being stored in a space too small to accommodate them and often being damaged by damp when it rained;
- A botched birth which resulted in a baby suffering from quadriplegic cerebral palsy;
- A woman having to return to hospital a week after her caesarean section because of abdominal pain; it turned out a swab had been left in her abdomen, and her placenta had not been removed;
- A toddler being left brain damaged allegedly because of the slow response of nursing staff to her choking on her own vomit after intestinal surgery;
- A study of health standards finding that only five out of the 696 hospitals and clinics inspected complied with the standards set out by the Department of Health in order to achieve an 80% pass mark;
- A baby losing an arm after an intravenous drip had been incorrectly inserted, leading to complications and, ultimately, amputation;
- One woman having her bladder stitched to her womb during a caesarean operation – but the doctors not being held to account because vital information was missing from her file;
- The revelation that there is not a single full-time oncologist working at any of KwaZulu-Natal's state hospitals;
- A man being discharged despite a part of an ankle wound still being open. He required further surgery four months later, and will likely have to wear an ankle brace for the rest of his life;
- A staff nurse mistreating a bedridden patient, ridiculing her for being unable to sit up to have her diaper changed and not drawing the bed curtains to give the woman privacy. The patient died the following day, reportedly receiving 'very little assistance'; and
- The unexplained discovery of a 61-year-old man's body in a hospital ceiling 13 days after he disappeared following an operation.

The IRR argues that '(t)hrowing more money at the country's profoundly deficient public health system and effectively nationalizing private healthcare will not improve health outcomes. South Africa needs to be innovative in working to provide quality healthcare for all, but disabling excellence in the private healthcare system will not be the answer'.

The report says: 'Greater access to private healthcare should go hand in hand with improving the public healthcare system, which can only be achieved through merit-based appointments, strict accountability for poor performance, and effective action against

corruption and wasteful spending. Access to private healthcare can be expanded by allowing low-cost medical schemes and primary health insurance policies.

'Poor households should be helped to join these schemes or buy these policies through tax-funded health vouchers. To help spread risks, medical scheme membership and/or health insurance cover should be mandatory for all employees, with premiums for lower-paid employees buttressed by employer contributions for which businesses would garner tax credits. Medical schemes and health insurers would then have to compete for the custom of South Africans, which would encourage innovation and help to hold down costs.'

The report recommends increased public-private partnerships, regulations to allow the private sector to establish more day hospitals and the like, and that private universities and hospitals be permitted to train doctors, specialists, and other health providers, as public training institutions cannot meet the scale of need.

Read the full report [here](#).

Read the IRR's proposal for a better solution to healthcare in South Africa [here](#).

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