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MPS 2019 Ethics Alive Winning Essay

The Medical Protection Society (MPS) has been offering a prize for the best bioethics essay at the University of the Witwatersrand for over 10 years now. The goal is to give younger colleagues the opportunity to grapple with and write about contemporary bioethical problems in South Africa (SA). It is with a modicum of sadness that one reads this latest contribution. It is not the sort of topic that we had envisaged that we would be addressing 10 years ago.

Distributive justice is a cornerstone of contemporary bioethics. Healthcare is expensive, resources are limited and difficult decisions must be made; these are all accepted givens. These problems are exacerbated in SA by the legacy of the past and the more recent problem of corruption – although that is not to say that it is necessarily a new phenomenon. Aikman has made a valiant effort to bring all these factors together.

The method of funding may offer a top-down solution, but what of a bottom-up approach? How do we encourage staff to remain motivated, given the facilities they may be working in? Given the compromises to patient care they see on a daily basis? How do we instil professionalism, honesty and integrity in individuals in a system that is allegedly corrupt? Were the money suddenly to become available, would such matters financial make things easier? Sadly, I suspect that the issues extend far beyond that.

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The crisis within the South African healthcare system: A multifactorial disorder

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The South African (SA) healthcare system is failing its patients as a result of multiple failures within the system, including a lack of funding, poor staff morale and a low staff-to-patient ratio. These failures are rooted in dereliction of the philosophy and ethics of *ubuntu* – an African ethical theory. The problems in the system compound one another, which has resulted in the SA healthcare system being in crisis. Solving the crisis requires interventions on several levels, and more research into the specific ways in which the system is failing its patients.

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News reports are released monthly, or even weekly, discussing the challenges faced in the South African (SA) healthcare system. Anecdotal complaints from patients about the poor quality of service they receive are numerous and detailed.[1] The challenges that the healthcare system faces seem to be spiralling into a crisis. The system is failing the very patients it is designed to help – a betrayal of the Hippocratic Oath and the Constitution of the Republic of SA. Provincial health departments are beset with malpractice claims against them, suggesting that patients are feeling let down by the public healthcare system. Claims are also seen in the private sector, which is causing an increase in medical insurance costs.[2] There are reports of serious adverse events (when patients are harmed unintentionally, by an act of commission or omission rather than their underlying illness or condition) occurring in Gauteng hospitals,[3] and several more on hospitals all over the country, with serious problems that could affect patient health.[4] These reports show clear violations of the Patient's Rights Charter, which is a clear indicator that the system is failing.[5]

Such violations are also an affront to the African philosophy of *ubuntu*, which encompasses the principles of dignity, justice and harmony. African philosopher John Mbiti has summarised *ubuntu* as the idea of 'I am because we are and since we are, therefore I am.'[6] Infringements against patients in the SA healthcare system conflict with this ethical philosophy in the sense that there are often self-serving motivations behind them, or a general disregard for patient dignity and wellbeing.

The crisis, however, is very complex, because by its very definition as a system, SA healthcare has many parts that are interconnected, and has a complex history. When historical and present problems manifest in various parts of the system, there is synergistic damage to all of the parts. This overall damage to the system becomes very difficult to repair owing to the complexity and interrelatedness of the problems.

For simplicity's sake, the healthcare system and the organisations that it is related to can be divided into three levels: national

government, provincial hospital management and finally, the healthcare facilities and their staff.[7] The crisis is the result of many factors at each of these levels. At the national government level, the major problem is mismanagement of finances for the healthcare system.[8] Provincial management encounters problems such as an inability to pay staff, or having too many patients and not enough healthcare facilities.[9,10] And at the facilities themselves there are inefficient systems and poor staff attitudes toward patients.[11]

The crisis in the healthcare system is comparable to a multifactorial medical disorder, in which each of the factors needs to be addressed to improve the overall health of the system. It is not possible to address the factors, however, unless they are well understood. This discussion forms the remainder of this piece.

Financial mismanagement at national government level

The Minister of Finance, Tito Mboweni, announced in the SA budget for the 2019/2020 financial year that the health department will receive ZAR222.6 billion, which is a very large portion of the budget.[12] However, SA public hospitals are still suffering from a shortage of finances. The problem that seems to be plaguing the healthcare system and other spheres of government is corruption. Although capital is injected into the healthcare system, it is being lost by wasteful and fruitless expenditure, which is not in line with government policies, and may actually be used to benefit certain individuals and their families, disregarding the philosophy of *ubuntu*. Putting more money into the system will be a pointless endeavour until the leaking of finances is addressed.

The financial loss caused by corruption is significant. The 2017/2018 SA auditor-general's report shows that only 25% of government departments received clean audits.[13] With such a large proportion of money unaccounted for, the reasonable deduction is that patients are not receiving the full amount of resources allocated to them. The lack of finances is probably the biggest problem affecting the healthcare sector because it creates several subsequent problems, such as a lack of drug availability or an inability to maintain infrastructure. These challenges can also affect staff attitudes.

It seems the problem is also getting worse each year, as also shown in the auditor-general's report. In the previous year, 34% of government departments had received a clean audit. It warrants the question as to whether, if no significant intervention is made, or at least an intervention that is more effective than those currently in place, the number of clean audits will simply steadily decrease. Increasing irregular expenditure is likely going to have more and more trickle-down implications on patient's health.

The national government has also failed its citizens by promising a new system through the National Health Insurance (NHI) programme, which faces many barriers. The purpose of the NHI programme is to improve access to quality healthcare services for all citizens of SA, essentially attempting to remove the divisions created by socioeconomic status.

Currently, there is a major divide between socioeconomic classes in SA in terms of the kind of healthcare that they receive. The major difference appears to be that those who belong to medical aid schemes can afford to attend private facilities, while those who cannot afford medical aid use the public sector. The problem is that the vast majority of the SA population is reliant on the public sector, while the private health sector, with its greater resources, services a much smaller population. The NHI is essentially a medical aid scheme that allows patients to access all the healthcare resources in the country, but without having to pay the large cost of private medical aid scheme membership. As such, costs will be pooled, and every citizen will have to contribute according to their income, so that those of lower socioeconomic status receive the same benefits as those of higher socioeconomic status but without incurring the costs,[14] essentially encompassing the spirit of *ubuntu*.

The NHI seems like a way out of the crisis in the public healthcare system, but the reality is that it has now itself become part of the crisis, and is failing to meet the standards of *ubuntu*. The two main reasons for this are that the government is unable to fund it, and its implementation seems to have no tangible deadline. That is to say, because of the shortage of funding across several government departments and other systemic factors, the implementation of NHI is blocked by the crisis that already exists.[15]

Too many patients, too few hospitals

In the public sector, there are reports of long waiting times before patients see a doctor or nurse at relevant healthcare facilities. The public sector already services the vast majority of the SA population. That population is steadily growing, and it seems that hospitals are unable to keep up.[16]

Several reasons have been put forward for this, including the idea that a significant number of the patients in the public sector are undocumented immigrants, who allegedly come to SA to receive medical treatment. The research to support this statement, however, is lacking. The former Minister of Health, Aaron Motsoaledi, noted that there were some anecdotal data available, such as observations of the number of non-South African babies born in public hospitals: Charlotte Maxeke Johannesburg Academic Hospital reported in May 2017 that 381 of 771 births were from mothers who were not SA nationals. But the counter-argument to the idea that undocumented immigrants are flooding the healthcare system by entering the country specifically to receive treatment is that it is more difficult for sick patients to migrate long distances, and so it is unreasonable to blame the burden on the SA healthcare system on foreign citizens.[9]

Regardless of the actual cause of the severely disproportionate ratio of hospital resources to patients, the problem is that patients still have to wait for several hours on average before they see a healthcare professional. Beyond this being an inconvenience to patients and having general economic impacts due to time taken off work, huge numbers of patients crowded into small areas poses a significant risk for the spread of infection.

The economic impact of wasted time and transport costs, in the case that patients have to return on concurrent days, is still an important consideration, but research is lacking in this regard.

Inability to pay interns

In January and February 2019, a number of medical professional interns in Gauteng went unpaid for an entire month. The response from officials was that there were logistical reasons, and problems with processing payments owing to the 'late creation of posts at Central Office'. But this experience is yet another symptom of the underlying disease within the healthcare system. It highlights the inefficiency of the Gauteng health department, coupled with a possible lack of funds.[17]

An event such as this has several implications. Firstly, it creates a situation in which some doctors are unable to work. For example, some complained that they would have to take special leave, as they did not have money for transport to work. This in turn leads to a reduction in available staff, which puts more strain on healthcare facilities. As a result, patients have to wait for longer, as there are fewer doctors.[18]

It also creates staff morale issues. Several doctors refused to come to work owing to the lack of payment. Those that did go to work reported feeling frustrated, which may have had implications for the quality of their work.[19]

These events are a clear demonstration of the mechanisms behind *ubuntu*. From the point of view of patients, their wellbeing strongly depends on the healthcare workers. If the healthcare workers are negatively affected, so are the patients.

A national shortage of doctors and nurses

A major problem that the healthcare system faces is that a significant number of qualified SA doctors leave the country, so that the healthcare system is facing an outflow of professional and technical skills. Small-scale follow-up studies showed that as time progressed, more doctors who had graduated in the same year emigrated.[20] Some of the major reasons given for this in a study[20] in 2009 were: (*i*) financial reasons; (*ii*) better job opportunities; (*iii*) the high crime rate; and (*iv*) the high prevalence of HIV/AIDS. Studies such as these simply highlight the interconnectedness of the challenges in the SA healthcare system. It is likely that the reason financial opportunities were better in other countries is the lack of finances in SA, and the same can be said for the improved working conditions and job opportunities.

In addition to the outflow of SA doctors, foreign doctors have experienced great difficulty in gaining approval to practise within the SA healthcare system. The argument is that they do not understand the dynamics of the system and therefore are not fit to practise in it, but immigration of doctors is a global phenomenon, and SA patients could benefit from the knowledge and skills that international doctors bring. Furthermore, skills they have acquired in their own countries, which have their own dynamics, could provide different perspectives that could offer better solutions. According to the philosophy of *ubuntu*, by excluding these members of the global community, the SA healthcare system is essentially harming itself.

There are also reports of a shortage of nursing staff. The main reason given is that there is a crisis in the training and education of nurses. There are of course implications for patient waiting times as a result, but more importantly, research has shown that the reduction in the number of nurses in hospitals is associated with increased patient mortality.[21]

Poor attitude of hospital staff

Anecdotally, it seems that the majority of complaints about the SA healthcare system relate to the poor attitude of staff at the hospitals. Patients often describe staff as rude or apathetic, which is not in line with the principles of healthcare in SA, or the spirit of *ubuntu*. Studies conducted into the reasons why nurses abuse patients in SA are numerous. Reasons elicited include organisational issues such as poor communication, insecurities about their profession, a need to assert control over the environment and an ingrained perception of patient inferiority.[22]

In the context of underfinanced hospitals that lack equipment, including beds for patients and important medical equipment for measuring patient vitals, it is reasonable to believe that nursing staff morale would be affected. Studies into the mental health of SA nurses show high rates of burnout and low job satisfaction. The links between such mental health issues and productivity, performance and quality of patient care are also discussed in these studies. Nurses experiencing burnout as a result of the numerous challenges in SA healthcare are more likely to be associated with reduced quality of patient care.[23]

There are some reports of doctors treating patients rudely or abusively, but the majority of the reports of poor-quality patient care from doctors relate to medical negligence.[24]

Medical negligence in the SA healthcare system

Data show an increase in medical malpractice litigation. This could be due to an actual increase in medical negligence, or to an increased propensity for patients to sue doctors for perceived medical malpractice. The latter option is certainly the more favourable of the two: patient empowerment is an important tool to improve the quality of a healthcare system, as it is mainly as a result of patient criticism and complaints that better policies are implemented.

The Health Professional Council of SA reported diminishing levels of professionalism among practitioners in 2012.[25] Other studies have shown that fear of litigation reduces medical negligence and lack of professionalism in some circumstances, but it appears to not be having an impact in SA, as the number of medical malpractice cases is increasing.[25]

Payment of settlements in cases of medical malpractice, especially in the public sector, has impacts on the Department of Health budget, which further constricts the financial resources available to the sector. In the private sector, an increase in malpractice insurance has led to the outflowing of specialist skills.

Owing to increases in life expectancy, the monetary value of malpractice claims is also increasing, as a result of the extra years of health services required to manage the consequences of medical malpractice.

Fear of litigation may also cause doctors to perform more diagnostic investigations than necessary, simply to show that they did as thorough a workup as possible. This consideration requires a delicate balance, because it is medically better for doctors to perform more tests and exclude other contributing medical conditions and risk factors, but it increases the cost per patient.[26]

The overall result: South African hospitals are hugely inefficient

A global survey that measured healthcare system efficiency ranked SA last among the 19 nations surveyed. The survey included developed countries such as France and the USA as well as developing countries such as Argentina, China and Brazil. The SA index score was more than 200% below the group average, which is a worrying figure.

The parameters used to evaluate efficiency were: (*i*) access to healthcare; (*ii*) integration of healthcare systems; and (*iii*) adoption of connected care technology. SA was found to be below the

average for access to healthcare. The major consideration in this category is the shortage of doctors relative to the number of patients in the system. It stands to reason that doctors are overloaded with the number of patients they see, and so it is impossible to increase the number of patients consulted and treated without increasing the number of doctors and other healthcare professionals in the system.

Another major problem is that the healthcare system in SA is not well integrated. Centralisation of information is not available in the public sector. Patients have to open individual files at different hospitals, which slows down their processing time and again causes long waiting times. It may also lead to the loss of important information.[27]

Fixing the crisis: A major set of challenges

Fixing the crisis that has befallen the SA healthcare system is likely to be a mammoth task, and very challenging. The problem cannot be narrowed down to one cause. However, some factors affect the healthcare system more prominently than others, such as the financial mismanagement and corruption in the system. This is not a simple problem to fix, because even if more funding is added, money is still lost unnecessarily to irregular expenditure, for example. The efforts to alleviate the crisis are also affected by the crisis itself. The current evidence suggests that NHI is not an appropriate solution to the crisis, because of the lack of funding and the consistently delayed implementation.

There also exist within the system vicious cycles of cause and consequence. The lack of resources in the public healthcare system contributes to burnout in the staff, which subsequently results in poorer-quality patient care. Poorer patient care increases the chance of litigation, which has an impact on the finances in the healthcare system, which leads to further resource constraints. Likewise, under-resourcing in the public healthcare system leads to the emigration of healthcare professionals, which leads to a shortage of staff that further contributes to a reduction in resources (especially skills).

It is also very difficult to fix a problem that is under-researched: there is an obvious lack of research into many of the factors that could potentially affect the healthcare system. Data on patients' complaints are largely anecdotal, and dealing with them individually is time-consuming and inefficient. A large-scale study of the major problems in the healthcare system could potentially go a very long way to better understanding the problems, and thus improving the chances of fixing them.

Conclusion

The SA healthcare system still functions well enough to have an impact on patients' lives. There are processes that could be implemented to fix specific issues in the healthcare system, such as the NHI. It should be remembered, however, that there is a very large number of specific problems that need to be addressed, and these must be addressed concurrently to reduce the synergistic damage that they do to the SA healthcare system. There is no one simple fix that can alleviate the crisis in the SA healthcare system, but a multitude of issues must be addressed to prevent its collapse.

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