

National Health Insurance – what the people want, need and deserve!

To the Editor: At the 2008 SAMA conference ‘The Future of Health Care in South Africa – How Will It Be Provided and Funded?’, I addressed the history of South Africa’s health policy, in particular the views of the mass movements on health and access to health care, traced back to the Freedom Charter (1955). Their continued appeal for a state-run preventive health scheme, free medical and hospital care (with special attention to mothers and children) and better access to health care is highlighted in frameworks such as the Reconstruction and Development Plan (1994), the ANC’s National Health Plan for South Africa of 1994 (developed with the World Health Organization and UNICEF), the Constitution of the Republic of South Africa (1996), the White Paper for the Transformation of the Health System of South Africa (1997) and the National Health Act (2004).

National Health Insurance (NHI) was an aspiration of the people as a human right; its development was therefore inevitable. Despite detractors, this vision came to fruition in the Policy on National Health Insurance (Green Paper), gazetted on 12 August 2011. This argues for the necessity for such a system and that the NHI will ensure that ‘everyone has access to appropriate, efficient and quality health services’. It meets our constitutional obligation (Section 27: ‘[e]veryone has the right to have access to health care services ...’) and our obligation to do what is socially and morally just.

The NHI Green Paper refers to the previous government’s attempts at health care reform, e.g. the Commission on Old Age Pension and National Insurance (1928), the Committee of Enquiry into National Health Insurance (1935), Gluckman’s National Health Service Commission (1942 - 1944), and subsequent committees and task teams of the current government. The NHI principles and objectives cannot be contested, because it underpins respect for social justice. It recommends piloting to deal with the challenge of *implementation*.

Health professionals committed to better health care are called on to support and to add constructive comments to the NHI proposal. It proposes strengthening the South African health system based on a re-engineered primary health care approach and system that focuses on outreach services and emphasises prevention of ill health and disease and promotion of good health and wellbeing. Special mention is made of a District Clinical Specialist Support Team of specialists in obstetrics and gynaecology, paediatrics, family medicine and anaesthetics, supported by appropriate professional nurses. Consideration should be given to include specialists familiar with planning, programme implementation, monitoring and evaluation of health and health services at a community level to support the District Specialist Team, i.e. public health medicine (‘community health’), community psychiatry, community dentistry, and occupational medicine. Public health medicine is already incorporated into the draft Human Resources for Health for South Africa Plan in the ‘leadership’ of public health units at district level to provide a strategic role in addressing health priorities. Extending this specialist support to the district specialist team is therefore logical. The role of the ‘community health’ nurse too should be revisited in this regard.

Much increased and appropriate production of health professionals is required. Medical and dental schools and nursing colleges are called on to take up the challenge, with special emphasis on targeting recruitment from rural areas. Together with intersectoral efforts to reduce determinants of health such as poverty alleviation, improved access to good education, water and sanitation, adequate nutrition, shelter and an enhanced social welfare network, this will improve health outcomes, impact positively on the economy and make this country better for its citizens. Congratulations to the Minister and the

National Department of Health for leadership, for commitment and for initiating this policy milestone.

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Time to decriminalise drugs?

To the Editor: The editorial on the decriminalisation of drugs,¹ and the debate that it sparked off,² refer. The potential medically beneficial effects of cannabis were alluded to in the editorial. My personal dealings with a family with a child with Friedreich’s ataxia, who has skeletal deformities causing constant severe pain, have convinced me that there is a place for the medicinal use of cannabis. In this case, albeit anecdotal, the only treatment that helps is cannabis. Opioids are virtually useless and are complicated by nausea and severe constipation. After personal communications some years ago with the late Professor Frances Ames, then a senior neuropsychiatrist at Groote Schuur Hospital, cannabis was tried. It was obtained illegally, as my letters and appeals to the police chief concerned were all left unanswered. In this case, cannabis provides significant pain relief and some degree of euphoria, which helps the patient through his otherwise cheerless days. He is highly intelligent, and fully aware of his hopeless prognosis.

Unfortunately, however, the use of cannabis is, and remains, a criminal offence, even for medicinal purposes. Therefore, in this case it is technically a crime to relieve this young man’s pain. Cannabis is the only drug that helps him.

Maybe the torchbearers of a lily-white, idealistic, drug-free society must look a little deeper. This particular patient, by his own admission, would much prefer a little immune suppression, a little ‘harming of the brain’, and even death to living with unbearable and unrelenting severe skeletal pain.

Surely we need to give decriminalisation (of at least cannabis, for medicinal use) another think. It may indeed be medically criminal **not** to.

Alcoholism is a disease (it is surely not a crime) that will never be cured by the criminalisation of alcohol use. Drug addiction is a disease (surely it is also not a crime) that likewise cannot be cured by labelling the addict a criminal.

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1. Van Niekerk JPdV. Time to decriminalise drugs? *S Afr Med J* 2011;101:79-80.

2. Van Eeden A. Harm reduction – more than just side-effects. *S Afr Med J* 2011;101:358-359.

Antimicrobial resistance patterns in outpatient urinary tract infections – the constant need to revise prescribing habits

To the Editor: We commend the retrospective survey of antimicrobial susceptibility at 3 Military Hospital in Bloemfontein¹ and appreciate the concern about very high rates of culture-negative urine received at the laboratory. Possibly many such samples came from patients