



Mine Medical Professionals' Association

An analysis of the employment of medical practitioners in South Africa:

Summary of the keynote address given at the MMPA 16th Annual Congress

The keynote address at the 16th Annual Congress of the Mine Medical Professionals' Association was given by Ms Zeenat Dasoo, Partner at Webber Wentzel. Ms Dasoo practices in the Mergers and Acquisitions Department and her focus areas include corporate work for health sector clients.

In her introduction, Ms Dasoo suggested that health care is the indicator of a country's national capital. South Africa carries a heavy burden in terms of international averages of tuberculosis and HIV infections, and providing appropriate health care delivery. Adequate primary health care, which includes elements such as good nutrition, clean water and adequate housing, seems to elude African nations, including South Africa. Disparities between the private and public health care systems are stark, which has given rise to the introduction of a National Health Insurance (NHI) model. Central to this debate is the employment of medical practitioners.

The Health Professions Council of South Africa (HPCSA), to which all medical practitioners belong, recognises that practitioners should, at all times, act in the best interests of their patients and regard the clinical needs of their patients as paramount. Regarding the attitude of the HPCSA to the proposed NHI, Ms Dasoo went on to explain that, on 6 August 2012, the HPCSA issued a media statement requiring all employers of medical practitioners to review their current model of employment of medical practitioners, consequent to the amendment of Ethical Rules of Conduct for Practitioners Registered under the Health Professions Act.

The HPCSA seems to be of the view that the selective prohibition of the employment of medical practitioners and the sharing of profits with non-medical practitioners is the panacea to the undesirable practices of under-servicing, over-servicing, self-referrals, and the risk to the clinical independence of medical practitioners. The South African Medical Association (SAMA) holds a similar view. However, removing the ability of non-medical practitioners to employ medical practitioners has the consequence of driving up costs. As proven conversely, when ownership of pharmacies was de-regulated, access and cost-effectiveness of pharmaceuticals was significantly improved.

Ms Dasoo went on to explore the debate between a "calling" and a "profession". To attract and retain medical practitioners, undoubtedly the bedrock of any health care delivery, adequate financial and professional rewards must be provided. If these do not exist, the reality is that these

professionals will either leave the profession or migrate to a jurisdiction where the adequate rewards are provided. Any prospective employer, government included, must appreciate that conditions of employment, including pay, trump calls to patriotism and divine calling.

Referring to the economics of health care, Ms Dasoo's contention was that the common rules of economics do not apply when an exchange occurs between a party with a monopoly of information, knowledge and skills, and a fearful human of fragile mortality. Thus, there is the temptation to retain the status quo and the selective prohibition on the employment of medical practitioners by non-medical practitioners. If these risks are not carefully balanced, the scourge of crony capitalism will result in social upheaval as marginalised people are pushed to the wall when these risks materialise.

The central proposition on the financing of health care in Africa, or anywhere else for that matter, rests on the question: Who pays? In 2011/12, South Africa spent approximately R258.4 billion (8.6% of GDP) on health care services – with an almost equal split between public and private health care expenditure (albeit only approximately 20% of the population is privately insured). Looking at funding alternatives, Ms Dasoo explored the health maintenance organisation (HMO) staff model employed by mainly the mining and industrial sectors. This model offers high quality care, not only to employees but also to the surrounding communities, while keeping control of costs. The direct employment of medical practitioners, among other measures, plays an important role in the financial viability of the HMO model.

In conclusion, the debate on health care reform was explored. The conflicting stances of the HPCSA and SAMA, regarding their prohibition on the employment of medical practitioners, in light of the impending NHI scheme needs to be resolved. The value of the tried and tested HMO model cannot be overstated. The affordability of these models is, however, premised on the employment of medical practitioners. "Role players in the South African health care industry cannot afford to continue pondering and debating while global market forces determine the answers for us," Ms Dasoo concluded.

Ms Zeenat Dasoo's keynote address will be published in full in the next issue of *Occupational Health Southern Africa*, due out in February 2014.

*Prepared by Anne van Vliet,
e-mail: anne@communiquepr.co.za*