

EDITORIAL

Putting Patients First

The election of Cyril Ramaphosa as President of the country brought a new spirit and a belief that all South Africans could live and work together for the benefit of everyone. A new beginning looms as we move from an era of darkness marked by corruption, State capture, kleptocracy and the systematic plundering of the country's resources.

Ramaphosa's State of the Nation address on 16th February 2018 challenged us to explore our commitment to building bridges and looking to the future with hope as we seek a shared prosperity.

Mental Health has had its fair share of challenges in recent times - the tragedy of Life Esidimeni, pervasive stigma, the inappropriate allocation of resources and a disaster unfolding in the Eastern Cape. There are other issues too that affect our ability to provide a proper service to patients – burgeoning divisions between private and academic sectors, discord between Psychiatrists, Psychologists and other members of the

multidisciplinary team. There is also, at some level, a blurring of boundaries between professional bodies and the pharmaceutical industry. We have become progressively dependent on the industry to fund educational activities. We often rush to the industry to rescue a congress. Many conferences would be empty if delegates were not sponsored to them. The process is not necessarily flawed but we must be honest about our dependence. All money so spent is part of the 'health budget'.

The inequality that exists in the provision of healthcare is a recipe for disaster. Healthcare must be accessible, affordable and available to all in need. It's a sad fact of South African life that money determines the quality of care received. This is an unacceptable situation and further entrenches divisions in society. Less than 20% of the population is covered by medical aid. Many patients have no access to mental healthcare services. There are hospitals with no Psychiatrists or Psychologists. State

facilities operate on a severely limited essential drugs formulary. And often these drugs are not available. We need to challenge and expose this fundamental violation of human rights. As Edmund Burke said 'The only thing necessary for the triumph of evil is for good men to do nothing'.

The National Health Insurance (NHI) has been proposed to redress the imbalance in access to healthcare. It seeks to develop an equitable system which serves all citizens. The issues surrounding access to healthcare delivery are old. In his preface to 'The Doctor's Dilemma', written in 1906, Shaw explored the inherent moral conflicts between the demands of private practice as a business and a vocation. He held that the incentives were perverse and doctors exploited illness and patients. Over 110 years later these perceptions persist.

Change must come but it's the nature of that change and the manner with which we achieve it that's important. AJ Cronin's'

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'The Citadel (1937) highlighted ethical dilemmas faced when working with limited resources. This critique contributed to the development of the National Health Service in the United Kingdom. We need to learn lessons from history so we can build rather than destroy. We constantly decry the shortage of health professionals and yet still have frozen posts while young doctors seek greener pastures overseas.

Dr Marina Xaba-Mokoena, President of the South African Medical Association, in exploring doctor-patient relationships, makes a call to the Health Professions Council of South Africa to consider extra training in Psychiatry for all specialists. She believes this will enable doctors to learn about human nature and behaviour and treat patients as people. At last an acknowledgement that we do possess some special skills!

Hence the further challenge emerges – how do we use these skills to advance the cause of our discipline and treatment of patients? Patients are often lost beneath a myriad of other demands – in state facilities teaching, research and administrative considerations make incredible

demands on time and resources. In private practice there's a constant juggle for time which is consumed by practice management, filling in forms, writing reports and dealing with medical aids.

Patients are discriminated against at many levels - within families, in the workplace, by medical aids, law and the State. This constitutes a serious breach of human rights. Dinesh Bhugra, President of the World Psychiatric Association, has advocated a Bill of Rights for persons with mental illness.

As President Ramaphosa committed himself to good, honest governance we too need to commit ourselves to practicing our craft ethically and responsibly. Patients don't exist in a vacuum. We work in an area of medicine where we must recognise social, political and economic realities and their impact on the health and well-being of patients.

We need to practice evidence-based psychiatry and prescribe appropriately. We must become activists on behalf of patients and challenge those who exploit vulnerable and fragile people. As SASOP President Professor Bernard Janse van Rensburg writes '... we have been encouraging



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SASOP members to become active, responsible advocates and whistle blowers on compromising conditions...'

These are troubled times but if we ignore the challenges we do so at our peril. As the country recovers from the plunder of the fiscus and the scourge of the Guptas we must approach the future with hope. Naysayers and prophets of doom there will be, but we need to work beyond the sceptics to ensure we can deliver a mental health service that is appropriate, properly resourced and sustainable. It will require commitment and sacrifice. **MHM**