

Ask the people what they want from healthcare

GAVIN MOONEY: COMMENT - Jul 12 2009 06:00

Mail and Guardian

The principles of a national health insurance (NHI) are simple -- access to healthcare for all and everyone pitching in to pay for everyone. But the politics is where it gets murky as the various stakeholders show just what stakes they hold. The private schemes are worried about their future -- and whether they have a future. They have existed in a market where competition has failed. They have grown fat and inefficient, their costs have escalated and the benefits they provide have shrunk. Members of the schemes legitimately moan and groan as their premiums soar and their coverage is squeezed. I am a visitor to this country. Were I a native and a scheme member I'd be pretty fed up with the deal I'd have been getting. I would want to get out and go for something better for the sake of the health of my wife, my children, myself and my budget. But now comes the problem. Where is better? South Africans tell me that they continue to pay exorbitant premiums not because they think they are good value for money. No, they are afraid of the alternative -- that the quality of care in the public sector is low. In principle the idea of a just system for all is appealing. In practice the quality of some care (but not all) in the public sector is low. So what would I do? I would probably opt for private care. End of the argument? No. We all have private interests but we are all also members of a broader society. Unless one were to argue that healthcare is just like any other commodity -- be it televisions or tennis balls or tickets for the cinema -- then we can't leave it there. As citizens we need to think about what sort of society we want. Most of us would say "a decent society" but how we define that will vary from one person to another. That is fine, because there will be some common ground -- just as there was when Bafana Bafana won through to the Confed

Cup semis and the Boks dumped the Lions. In my own country, Australia, we treat Aboriginal people very badly. Or at least our government does. Aboriginal health is dreadful: life expectancy at birth is 17 years less than for other Australians. Yet, get randomly selected citizens together, as I have done in what are called citizens' juries, give them good information and ask them what they as citizens want from healthcare, and one of their top priorities is improving Aboriginal health. Why? Well, they are ashamed that Aboriginal people are treated so badly and that their health is so poor. They see that as indecent in what is otherwise, by and large, a society of which they can be proud. So their desire to do the right thing by Aboriginal people is fundamentally about building a better, more decent society. Here in South Africa an NHI is about more than health. It is about more than a battle between the fairness of access in the public sector and the right to choose in the private (for the few who can afford it). It is about today's society deciding what sort of future society it wants to build. That is an issue for the informed citizenry, but what is worrying is that they seem to be little involved in current debates about an NHI. South Africa is a divided society -- fractured by income, class and race. An NHI can help to build a fairer, more united society. This better, more decent society cannot be built overnight, just as an NHI cannot be created in just a year or two. It will take time. The public sector needs to have a major injection of funds, management must be improved and confidence restored in the services provided. The middle classes need to recognise that a reinvigorated public health service is in their interests -- in the interests of their health and, with all other South Africans, in the interests of building a better, decent South African society. Nye Bevan, the founder of the British National Health Service, wrote: "Society becomes more wholesome, more serene and spiritually healthier if it knows that its citizens have at the back of their consciousness the knowledge that not only themselves but all their fellows have access, when ill, to the best that medical skill can provide." Ask an Australian taxi driver about our healthcare system (as I am wont to do) and like all Aussies he will moan a bit but then add: "But at least we have our Medicare!" (The Australian NHI). People complain about their health services the world over. As South Africans you will continue to moan about yours. But I hope that in just a few years, when I ask your taxi drivers, as part of a new, decent society, about your health services, the proud response will be: "At least we have our NHI!" *Gavin Mooney is a health economist and honorary*

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