



From the editor • Van die redakteur

Truth is difficult

The MASA General Congress held in Cape Town from 9 to 11 March was well attended and the delegates enjoyed the proceedings.

The opening session gave us the opportunity to listen to Dr Willie van Niekerk, the Minister of National Health and Population Development, Prof Andries Brink the President of the Medical Research Council and Dr George Watermeyer, a Deputy Director General in the Department of National Health and Population Development.

What struck me was that these gentlemen were more often basing their talks on data than I had noticed at such occasions before.

This surely is an improvement on planning merely from the basis of ideology and ideas as the only building stones. It was also made clear that the data in relation to the distribution of doctors or the cause of death as distributed in the different population groups was the best present estimate.

The first difficulty about the data or truth we must plan our future health service on is that it is hard to come by. Perhaps it is more realistic to say that we aim at knowing the near truth or best estimate. The Minister said for instance that 'the private general practitioner is still the basis of primary health care in South Africa'. Neither he nor we know how many practising private practitioners there are in the country and what their distribution is in relation to the population.

Dr van Niekerk also spoke of laying down minimum standards for health care; standards that should be controlled. This will be a major advance for the future of medicine, whether we move from the predominantly public sector health care system we have at present to one in which the private sector plays a larger role or not. For the development of a standard however, and for its control to be fair we need it to be based on the truth or an optimal estimate.

We need many kinds of data to plan and evaluate our performance. At the Congress we were given those about doctors by the MRC, about deaths by the Department of Health and about expenditure on health by the Department of Community Health at UCT.

The methodology developed and validated by Prof Klopper and his staff at UCT is very complex. The truth is very difficult to come by but it seems that expenditure on health care in South Africa has remained at about 5% of the GNP over the last 10 years.

This is considered by WHO to be an acceptable target for expenditure in poor countries. The World Bank, however, puts South Africa in the middle-income group of countries.

Prof Klopper also said that this 5% was spread very unevenly in 1983. The Cape Province spent R127 per capita on health care as contrasted with R16 per capita by Lebowa.

This illustrates the second difficult aspect of truth. It is not only difficult to come by but when we start approximating it, it is difficult to live with.

Equity and distributive justice is today an internationally accepted norm. Politically and in socio-economic terms South Africa is only starting to feel the pain of this realisation. Dr van Niekerk said that we will not have a national health service as the political decision for a capitalist system has been taken. A national health service is seen by many as the only means of achieving greater equity. If those who promote privatisation so vigorously don't apply their minds to the matter of the equitable distribution of health care they will surely make matters worse.

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