



**South African Society of Anaesthesiologists
(SASA)**

**SUBMISSION ON
DRAFT STATEMENT OF ISSUES AS
PREPARED BY THE PANEL ON THE
INQUIRY INTO THE PRIVATE
HEALTHCARE SECTOR**

30 JUNE 2014

1. WHO SASA IS AND ITS RELEVANCE IN A TRANSITIONING HEALTHCARE SECTOR

SASA is the South African Society of Anaesthesiologists, a professional association dedicated to the furtherance of the discipline of anaesthesia at both an academic and a clinical level and is devoted to the welfare of its members. SASA provides members with many services including free access to the official Journal of the society, numerous CPD activities, support and advice from experts, the production of practice guidelines as well as guidance and assistance over issues such as ethical billing practice, generic substitution and informed consent for anaesthesia.

SASA comprises five business units, viz. Education, Regulation, Public Sector, Private Practice, and Special Interest Groups. SASA currently has a membership comprising of members in the following categories:

SASA membership	
Full members	1020
Honorary life members (some retired)	121
Trainees	383
Associates (non-specialists)	126
TOTAL MEMBERSHIP	1681

SASA is the largest specialist grouping in South Africa. It is, however, also a vulnerable group of specialists, identified as such by the HPCSA in its May 2011 Bulletin and the HRH Strategy 2011. The training of anaesthesiologists also takes a long time: 13 years as a minimum – from starting out one’s medical studies. As a much sought after skill, competition for anaesthesiologists is global, i.e. the South African health sector competes with international markets for its crop of anaesthesiologists.

The scarcity and sought-after nature of this profession must be considered during the Inquiry, and reference to the supply of healthcare professionals, as well as the factors that influence supply and movement of specialists of this nature, should be included in the Statement of Issues.

2. SASA’S CONTRIBUTION TO- AND INVOLVEMENT IN THE SA HEALTH SECTOR

Members of SASA play key roles in healthcare delivery, from primary care level to the high technology settings in central hospitals. SASA plays an active role in education. It also ensures that it is active in giving guidance to its members (as can be seen from the Guidelines it issues), of which Peer Review is part. SASA has, for example, simplified the coding structure it uses to prevent code proliferation and to simplify and clarify the basis for its billing.

3. GENERAL COMMENTS ON STATEMENT OF ISSUES

SASA notes that the theories of harm will be the foundational approach to the Inquiry. SASA’s strong views on this matter is that harm, in economic terms, are different to the harm faced by patients, which may be brought about by a variety of factors, one of which may be inadequate resourcing and inadequate care. Patients are entitled to the correct level of care, at all times, in order to prevent or minimise harm.

SASA also wishes to highlight the fact that, in order to prevent harm from occurring, in the health sector, interventions may have to be taken which, when looked at *ex post facto*, might from an economic perspective seem unnecessary, but such interventions or investigations had to be embarked upon to rule out certain healthcare factors, or to confirm the absence or presence of a specific healthcare factor. The increased premiums for professional indemnity / professional insurance cover bears testimony to the need for healthcare professionals to be cautious to always act in the best interests of patients. There is indeed a serious increase of complaints against healthcare professionals at the HPCSA, as well as in threats of, and actual, civil claims.

SASA recommends that “harm” be defined not only in economic terms, but in terms of the healthcare outcomes for patients, who are, in all instances, entitled to the best possible care, in order to prevent harm to life or limb, as is entrenched in the South African Constitution.

SASA also notes that reference is made that private healthcare remains unaffordable to the average South African. Although true, this in itself is not indicative of market failure. The use of ‘affordability’ as a general concept raises serious problems within the context of the pricing and cost of professional services in healthcare. SASA encourages its members to engage in fee discussions, where possible,¹ in order to address the individual affordability levels of a specific patient, consideration cannot be given to some “general” or “average” affordability when setting fees.

As was acknowledged by the Constitutional Court in the pharmacists’ dispensing fee case in 2005, the level of remuneration for professional services should be such, so as to allow healthcare professional businesses to be viable as well. Pressure on the ‘affordability’ of healthcare could lead to healthcare not being available, as it would not be viable or lucrative to run such a healthcare practice (business).

SASA is of the view that affordability cannot be used as a measure to establish whether fees are appropriate or not. In terms of access to healthcare, the flipside of affordability is availability of the services. Where human resources are already constrained (see Human Resource for Health analysis by the National Health Department), emphasis on the one (affordability) and not the other (viability) could negatively impact access to healthcare.

SASA has also embarked upon a process to simplify the codes that encapsulates the professional services rendered, and which would be billable. In this, it should also be remembered that the nature of anaesthesiology is such that, where in theatre, the time spent is determined not by the anaesthesiologist, but by the surgeon. It is aspects such as these that should be considered, and it must be borne in mind that a one-size fits all would not be appropriate when looking at specialist care.

SASA recommends that the nuances of each healthcare professional speciality be considered. The nature of the work, and how it relates to the ultimate goal of ensuring best possible care, should be incorporated into the Statement of Issues, so that a good understanding can be had of features that are unique or more prominent than others. Most of the documents produced, including the background papers, appear to make assumptions as to specialist care, which are general and generic, and in some instances, of an accusatory nature without offering substantiation for such assertions.

¹ Regard must be had to the nature of anaesthetic services, for example, if an anaesthetist has been working on another case in theatre, and there is no other anaesthetist to stand in for him or her, there may be limited or no opportunity to discuss fees with a patient.

SASA is also one of few professional groups that have started to collect information to integrate various aspects of care, i.e. pre-operatively, during procedures and thereafter, in order to measure outcomes and the inter-relatedness of elements of healthcare. Not even medical schemes currently make these linkages. The SASA project, ANSA (<http://www.ansa.org.za>) is ground-breaking, and offers insights which to date have been absent in the healthcare sector.

SASA is of the view that, unless one understands the outcomes of healthcare, an assessment of the value thereof, would be constrained. Consideration must be had, albeit in a limited format due to the unavailability of data for the whole sector, of the impact of healthcare- and financing limitations, on patients.

Reference is made that the public sector is excluded from the Inquiry. Although true, the impact of a, in some cases failing public sector on the profession, and on patients, cannot be ignored. There is an inter-relatedness between the two sectors, in particular as SASA's members are trained in the public sector, and many members play an important role as academics, or have been academics. The circumstances in the public sector, as well as the availability of medicines, equipment and support staff have an important influence over where anaesthesiologists work.

SASA recommends that references to the public sector in the Inquiry, as may be made in submissions or from other sources, not be excised, but considered as it impacts on the public-private sector dynamic.

5. CONCLUDING REMARKS

The timelines set for the Inquiry are rather optimistic, and SASA believes that in order to ensure an appropriate, in-depth understanding of the health sector, more time would be required.

SASA remains committed to the principle that professionals charge patients fees that are fair and reasonable, and which have been agreed to (either through a general indication by means of a quotation or cost estimate or as a fixed amount), insofar as is practicable, with patients.

SASA also believes that quality of care can never be compromised, neither can patient safety. In the end, patients are entitled to care that produces good health outcomes, as the best way to ensure both appropriateness and cost-effectiveness.

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