



05/03/2015

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**Submission from the South African Society of Clinical Haematologists in response to recent comments by BHF.**

Dear Madam,

The Board of Health Funders (BHF) has made submissions that certain professional chemotherapy related fees charged by Oncologists and Haematologists are a significant drivers of medical cost. We would like to refute these assertions. It is important to note that while the infusional and non infusional chemotherapy fees may have originated from the introduction of the single exit price and changes to the dispensing fee regulations, they also recognised special skills, responsibility and knowledge that Oncology and Haematology specialists have acquired in the 10 years of post-medical graduate training.

The BHF submission acknowledges that the treatment of cancer is emotive and a burden to the health system, but it only emphasises in the cost aspect and does not acknowledge the substantial advances in the outcome of patients with malignancies. These advances require further up-skilling of specialists, needs for sophisticated equipment and tooling up of hospitals.

Strangely, the BHF submission focuses on these two professional fees as major cost drivers but seems not to recognise the complexity of the funding of medical services where, for instance, a single item such as the provision of modern drugs appears to be so un-affordable that provincial governments exclude them from the National Drug list until their generics become available. Oddly, it further states that to earn these fees, doctors will knowingly and for profit give toxic chemotherapy to patients who are moribund. Clearly there is abuse in every profession and among doctors as well, but to imply that the majority or even a substantial number of Oncologists and Haematologists may be abusing the system and thus conclude that these fees must be cancelled is blatantly disingenuous, incorrect and dangerous. Maybe the BHF can offer some evidence for such statements. Furthermore, implying that dispensing cytotoxic drugs is not aligned with the scope of practice of the Oncologists and that a pharmacist with no training in the clinical management of complex patients may dispense chemotherapy but not to take the clinical responsibility for the side effects and complications of such therapy is clumsy and unsafe.

The omitted truth is that prescription of chemotherapy for patients who often have various comorbidities and the frequent complications associated with severe myelosuppression and immunosuppression leads to doctors apply greater caution, ensure closer monitoring with several daily visits and night calls to the wards inquiring about the condition of these patients to secure their safety. Interestingly, there are many others fees, such as parenteral nutrition fees for doctors caring for patients in intensive care units, etc. which also recognize the complexity of certain type of patients and seem not be open for debate.

Furthermore, considering the difficulty of the management of patients with serious malignancies, agreement to certain levels of care is a cost effective means of providing effective treatment while limiting expenditure. So, to ensure responsible prescribing of potentially dangerous and costly medication Oncologists and Haematologists have agreed to a transparent system of peer review where treatment protocols are developed based on scientific evidence. These protocols represent the use of drugs and combinations that are prescribed throughout the world as standard of care. In this regard, we believe that the service provided by SAOC and ICON should be examples of means to better police the system and to drive prices down, not up and should be encouraged. These are also good models of stakeholders agreeing to offer best level of care at affordable price and should be an example of self-regulation in modern medicine for other equally complex disciplines. We are at odds at the criticism levelled against the use of these well-developed protocols.

As such, we, the representative body of clinical haematologists, refute this claim and assert our right to invoice patients for the administration and management of their chemotherapy. Our units are registered and accredited with the requisite bodies as are our qualifications. Regarding accusations of abuse we believe there are adequate mechanisms in place through the regulatory bodies and legal system to address this. The skill base required to administer these drugs and look after these patients is already vulnerable and should not be further undermined. Attempts to manage costs through engagement and empowerment of medical professionals to ensure appropriate management of patients are already underway through negotiations between representative bodies and funding agencies and are most likely to achieve this. Should there be any further hearings in this matter would appreciate the opportunity to represent our constituency.

Sincerely yours,



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