SA Society of Anaesthesiologists

POSITION STATEMENT:

Responsible use of health care resources

Whereas -

The South African Constitution guarantees everyone the right of access to healthcare, which right has to be progressively realized within the available resource of the country;

The state must take reasonable legislative and other measures to ensure the fulfillment of this right; and

Whereas the HPCSA Ethical Rules requires considerations of cost-effectiveness in healthcare provision -

The South African Society of Anaesthesiologists ("SASA") hereby issues the following position statement in relation to the responsible use of healthcare resources:

1. Healthcare resources include financial resources, infrastructure and equipment, as well as human resources. Financial resources can take the form of insurance- or medical scheme premiums, out of pocket contributions and taxation and budgetary allocations made to the health sector. All these resources have to be valued and optimally utilized.

2. Access to healthcare relates to the affordability, as well as the availability of resources to realize healthcare. SASA recognize that there should be a balance between ensuring that there are service providers, as well as suppliers of goods, in the health sector, as a result of fair remuneration for such goods and services.

3. Medical practitioners should speak out where resources are not optimally utilised or where resources are directed away from healthcare service provision into non-essential areas of spending.

4. There should be plans in place to systematically ensure that backlogs in infrastructure are addressed, maintenance and procurement of equipment are optimised and that quality of care is enhanced. These plans should be transparent, and medical practitioners should participate in the development thereof. Anaesthesiologists have an important role to play to ensure that infrastructure, equipment and quality of care are addressed.

5. The World Medical Association recommends that "guidelines should be developed for the allocation of scarce health care technologies in order to meet the needs of all patients and heath care practitioners and to ensure the fair and equitable allocation of technology and resources across the health care sector".

6. Health facilities should create mechanisms where proposals that impact the standard of care can be discussed prior to finalization. Provision should also be made for complaints and disclosures, without penalty, to disclosing practitioners.

7. Medical practitioners should not be victimized for raising healthcare resource concerns and/or for requiring participation in plans and decision-making relating to resource allocation.

8. Every medical practitioner has to ensure that his/her recommendations to patients take into account to resource implications for both the patient and the system, and s/he should disclose the limitations being placed on care due to resource-constraints, to the patient.

9. Treatment guidelines, protocols and policies should be based on best clinical practice, taking into consideration concerns of cost-effectiveness of the intervention and the affordability to the specific funding mechanism. Patients should, however, never have to receive sub-optimal care, or face under-servicing as a result of resource limitations. Resource limitations should not override the right of access to healthcare being meaningful.

10. Resource limitations may place rational and defensible limits to the care options available to patients. These limitations must be transparent, open to challenge and not detract from ensuring quality care.

11. Resource allocation should prioritise healthcare services and goods above non-healthcare expenses, such as administration and luxuries.

12. Healthcare expenditure should be monitored, and reported on in a detailed fashion to ensure that resource allocation and expenditure can be tracked, and adjusted, where necessary.

13. Procurement should be based on the needs of patients in an area and involve affected healthcare professionals. Procurement processes should be efficient and rational. Good supply chain management processes should be adhered to, to ensure that all goods are available, maintained, replaced and/or repaired as and when required.

14. Although medical practitioners' involvement in resource-decisions- and administrative activities will, in the words of the World Medical Association "ultimately serve the greater public good", SASA endorses the statement that "the primary obligation of the individual [practitioner] continues to be the health and the well-being of his or her patients."

15. The World Medical Association also makes it clear that practitioners should be "provided with transparent and efficient ethical criteria for working in overcrowded health systems that endanger health care".

16. As far as the funding system is concerned and the participation of practitioners in it, SASA believes that healthcare funding should be adequate within the overall objectives of government budgets. It also supports the World Medical Association in that, whatever the funding mix chosen by governments, "the system should be based on standards of uniform eligibility and benefits, and it should include adequate payment mechanisms for this purpose. These mechanisms should be clearly explained to the public so that all concerned understand the payment options available to them. Where appropriate, incentives should be provided for those in the private sector to provide care to patients who otherwise would not have access to it. No one who needs care should be

denied it because of inability to pay. Society has an obligation to provide a reasonable subsidy for care of the needy, and physicians have an obligation to participate to a reasonable degree in such subsidized care. Governments have an obligation to ensure that such plans are administered fairly and objectively."

Sources:

Constitution of the Republic of South Africa

HPCSA Ethical Rules, 2006, as amended

World Medical Association Statement on Access to Healthcare, 1988, as revised in 2006

World Medical Association Statement on Conflict of Interest, 2009