

*DR KGABANE MOLOTO PSYCHIATRIC PRACTICE  
SUBMISSION TO COMPETITION COMMISSION'S  
HEALTH SECTOR INQUIRY ( 23/02/2016)*

Brief CV and Disclosures

Hospital Admission -Treatment Rights

- Private Hospital applications for admission-treatment privileged rights subjected to vetting by non- experts in field of security; same a security function
- 'Vetting process' abused by Hospitalist Doctors to assassinate character of prospective competitors
- Territorialism and gate-keeping to favour acquaintances, friends and fellow alumni of specific universities
- Collusion with hospital management and case management to frustrate admissions and deny access to call roster and brand of holding company and hospital
- Growth of targeted practice capped through anticompetitive means
- Overheads high in face of low ever diminishing turnover and indeed struggle to break even in some instances

- Cost passed to consumers/patients through increases in consultation and service fees
- Attempts to formalize privilege and exclusivity Through inobjective categorization of service providers/ hospitalist practices viz Resident vs Session, and Shareholders vs Non-Shareholder
- Such categories bear no reference in hospital policy on admission-treatment rights and contracts that Hospitalist Practices signed with hospitals
- Territorialistic Practitioners seek to appropriate exclusive right to convene Medical Advisory Committee (MAC) which is a form of professional advisory committee that also doubles as Ethics Committee
- Narcissistic Practitioners believe they have the right to invite or disinvite other Doctors to MAC meetings
- MAC furthermore has right to recommend suspension of other practices' admission-treatment rights
- Apart from losses incurred on account of frustration and/or denial of admissions, besieged practices have no security and cost of fighting injustice increases practice overheads and such expenses ultimately passed onto the consumer thus driving health inflation
- Practices that are last to receive admission-treatment rights at particular hospitals would peculiarly be allowed to be on intake/call roster that older practices are denied the opportunity to join

- Practices with access to the hospital intake/call roster have the unfair advantage of dominating and monopolizing the admission process and same compounded by collusion with Case Managers who frustrate and/or deny lesser practices' patients admissions
  
- Lesser practices' patients are subjected to long waiting periods for admission and same perpetuates inequality in society and denies some members of the community access to healthcare guaranteed by the Constitution of RSA
  
- 'Resident' practices protected by private hospitals at expense of non-resident practices with admission and treatment rights
  
- Touting , assumption of care of patients without referral by admitting Doctor, diversion of non-resident practices' patients to resident practice, use of Group Therapy Facilitators ( RBV Therapy Practice) to frustrate Psychiatrists' endeavours to effect scheduled individual consultations with patients are some of anticompetitive practices that negate economic growth and confound increase in health inflation
  
- Some Group Therapy Facilitators abuse groups to assassinate character of Psychiatrists not in association with the respective psychology practice, and furthermore encourage patients to switch to care of the Psychologist's associate Psychiatrist (Medicare)

- Desparaging remarks made about African culture and spirituality by Caucasian Psychologist during conduction of group sessions, same negates objective of Commission on Cultural, Religious and Linguistic Communities

## Health Department

- Office of Chief Director of Bojanala District of North West Province received complaint in and around January 2012 about sexual and physical abuse of patient by a Rustenburg Medicare Private Hospital Nurse, and the Hospital's punitive and vindictive withdrawal of a psychiatric practice's admission-treatment privileged rights
- Consequently more patients (no less than 4) were sexually abused and/or raped by an unregistered Nurse at Medicare.
- Charges of rape have since been preferred against the bogus sex-pest Nurse in Rustenburg Regional Court, however the Health Department is yet to cause the Hospital Manager to account
- Psychiatrist who refused to collude in silence about criminality in reference has suffered untold prejudice through victimization including interalia withdrawal of admission-treatment privileged rights, vexatious High Court application for interdict and

subsequent closure of only psychiatric unit in the private sector in the vast Bojanala District of NW Province

- While the Hospital Manager in reference is yet to be charged with criminal negligence Psychiatrist, Physiotherapist and Rehabilitation Doctor are besieged by repeated subpoenas to appear in Court as witnesses ; productive time lost with losses in turnover that will be passed on to patients as cost of operating practice increase
- North West MEC of Health adjoined as party in litigation in High Court in one of three matters against Rustenburg Medicare; despite filing notice of intention to abide, neither Office of MEC of Health or NW Provincial Health Department have thus far been proactive in investigating anticompetitive, medical malpractice and criminal acts at Rustenburg Medicare.
- Forced settlement of matter on prejudicial terms that do not remedy anticompetitive disposition of hospital was occasioned through disappearance of court file contents, Psychiatric Practice's Attorneys of Correspondence declined to replace Doctor's papers properly before court, and Practice Attorney switched loyalty through campaigning for settlement for fear of Rustenburg Medicare losing its license should Minister of Health be ordered to investigate the controversies in reference.
- Health Department's lack of protocols , political and administrative will to monitor licensed private hospitals compliance with good clinical practice, biomedical and business ethics, patients' rights charter, Bathopele principles and statutory law sets a bad precedent and sets some private hospitals up to believe that they are beyond approach

- North West Employers Organisation ( NWEEO) report to Directors of Rustenburg Medicare stated with impunity that the Patient received a slap or two from the Nurse to come around as she (Patient) was out of control during a panic attack; such innovative treatment of panic attacks is unknown to the Presenter as a Psychiatrist and Rustenburg Medicare is implored to patent their invention
- Hospitals are not obliged to belong to a group or network, and even groups like Hospital Association of SA (HASA) lack regulatory capacity to compensate for gaps in Health Department's regulatory mandate and/or capacity
- Hospital Network Groups' objectives are however unknown to the Presenter ; primary reasons for existence of Hospital Networks should not be confined to be advocacy with medical aid schemes and other funders such as Managed Healthcare Groups, Insurers, Road Accident Fund (RAF), Compensation Commission, and Rand Mutual Assurance to settle member hospitals' accounts
- Irrespective of whether various units have acute or subacute license, private hospitals are largely unregulated and institutions like Medicare are indeed above the law or are a law unto themselves.
- Same mitigates for a Statutory Private Hospital and Stepdown/ Subacute Unit Regulatory Authority akin to HPCSA and SA Nursing Council

## Medical Aids

- Applications for chronic medication not processed and motivations for specialized medication not considered or declined by Pharmacists rather than Consultant Psychiatrists and Neurologists or other Consultant Medical Specialists
- Objectivity and effectiveness of some of the treatment protocols and formulary medication stands in the balance and Medical Specialists are expected to prescribe the same medication that referring GP's triaged patients with , and same confounds Medical Specialists' indisposition to achieve full remission of syndromes in treatment of their patients
- No attempt to finance non-formulary medication to tune of cost of formulary medication; patients bear the burden of privately funding own chronic medication in addition to medical aid contributions
- Non- compliance with treatment confirmed to be ideal for patient compromises patients quality of life and has dire consequences for the economy of the country through suboptimal occupational functioning
- Private practices are subjected to entrapment, extortion and industrial espionage by some medical aid schemes
- Bullying and abuse of skewed balance in power relations patent in some medical aids' conduct as they insist and sometimes prevail with unlawful forensic audits on practices without Court Orders or Search Warrants

- Doctors summoned to Medical Aid Head Quarters in Sandton to be subjected to interrogation
- Non-payment of claims despite benefits confirmed telephonically and defense that Doctors have contract with the Patient and that Medical Aids have no contract with the Doctor is unconscionable and a loophole in Medical schemes Act that needs to be remedied inn good time
- Practices incur great debt recovery costs
- Unpaid claims impose additional financial burden on patients
- Practices in affluent suburbs of Metropolis decline medical aid on outpatient basis to the detriment of Invalids with limited economic means

## **HPCSA**

- Colludes with Law Firms (eg VVD)in pursuit of vexatious malpractice lawsuits and claims; and HPCSA Legal Official lied about such collusion to MPS Attorneys (MacRobert) despite evidence of such correspondence between HPCSA and VVD Attorneys being in HPCSA file ( Nkagisang Madubu’s conduct in Huma matter refers)
- HPCSA entertains vindictive complaints and expects Doctors to attend preliminary committee meeting held in ‘exotic distant’ destinations (Rustenburg –Durban scenario)

- Issues of law such as *locus standi* of complainant seem to be concepts foreign to Office of Medical Ombuds
- HPCSA Professional Boards e.g. Psychology sit too infrequently and allege that no minutes taken in deliberations about complaints ethics and objectivity of content of psycho-legal reports (Snelgar matter refers)
- Professional Board of Psychology and/or HPCSA Disciplinary Committee can hardly acknowledge receipt of application for review of decision, let alone consider merits and advise on due process in review proceedings

## **SARS**

- In Camera submission requested in lieu of prejudice suffered by medical practices due to confirmed espionage by SARS
- Information in reference might be classified and was communicated to Adv Faith Radebe , former Inspector General of Intelligence long prior to media expose' on SARS National Research Group/ Rogue Spy Unit
- Office of SARS Commissioner, Mr Tom Moyane entrusted Mr Mark Kingon to investigate Dr Kgabane Moloto Psychiaric Practice's complaint about espionage and entrapment by SARS , however more than a year later a report is wanting

- Such unlawful and anticompetitive activities by SARS and its Intelligence/Spy functionaries and associates shall be confirmed to confound health inflation
  
- COMPCOM INQUIRY might need to involve Offices of Tax Ombuds and Inspector General of Intelligence during submission on this aspect and subsequent investigation
  
- **IN CAMERA SUBMISSION IN THIS REGARD REQUESTED TO GUARD AGAINST BREACH OF STATE SECURITY LEGISLATION**