

Hospital admin speak about the crisis

Critical Health spoke to public hospital administrators. The following article is a summary of these discussions.

Q: Is there a crisis in the public hospitals? If so, what is the nature of the crisis and what are its causes?

A: There are about 60 hospitals in the Transvaal. Some of these hospitals are not viable and should never have been built because there was no need in that particular area.

On the other hand, authorities have not expanded facilities in areas where the demand has increased due to the population growth in that area.

A large proportion of these hospitals cater for whites only and are under-utilised while those catering for blacks are inadequate and overcrowded.

To run the under-utilised hospitals is expensive and in certain smaller towns they are used practically as old-age homes for patients of local general practitioners.



The Johannesburg Hospital: Many wards have been closed due to under-utilisation

Hospitals are not planned properly, not built in appropriate areas and don't take the needs of the community into account. Patients with minor complaints in the outer suburbs of Johannesburg must travel all the way into central hospitals to be seen. In Randburg, black patients must pay R80-R90 for an ambulance to take them to Thembisa Hospital which is the hospital serving Randburg. It is far cheaper for these patients to go to the Hillbrow Hospital. White patients in the same area pay about R30 for an ambulance to take them to the J G Strydom Hospital which is closer.



Patients often have to travel far to a segregated hospital, although a white hospital may be nearer, thereby incurring expensive ambulance costs

In certain areas, The Group Areas Act does not acknowledge the existence of permanent black residents and hence no health facility is built in that area. The hospital for blacks in central Johannesburg, for example, has no paediatric or obstetric services, as pregnant women and babies should not be residing in this area, according to the Act.

Certain hospitals have a problem with staff shortages. Nurses work under bad conditions and are badly paid. They have lost their morale. It used to be a profession with a high status, now the nurses are ordered around by clinicians who maybe over- admitting patients for their own interests.

The nurses' pay is inadequate. These are some of the reasons why the lure of private hospitals works. There the pay will be better and the hospital will not admit more patients than they can manage.



Nurses work long hours for little pay

There are also other job opportunities for nurses in the private sector, such as representatives for surgical equipment companies and drug companies.

In certain hospitals, the shortage of theatre nurses has lead to a backlog of patients waiting for surgery. Even with the appointment of new nurses, the situation will take a long time to be reversed, as the new nurses must be trained in theatre work (this can take about one year).

The Cape has a far better system of day - hospitals spread around a large area although there is still a need for more. The health services should be decentralised and major specialities should not be duplicated. The state should be establishing more clinics, appropriately located and staffed by a primary health care nurse. A doctor could rotate between these clinics on specific days to see to those problems that the trained nurse cannot deal with. This would keep minor ailments such as mild pelvic inflammatory diseases, colds, and the removal of sutures out of the main hospitals.

Q: While this may be part of an appropriate solution, is it not evading the very real need for more hospital beds in certain areas?

A: The problem is one of maldistribution of beds. At present the number of beds for white patients is far more than is necessary. Clearly, the number of beds for black patients is not sufficient. The hospitals should not be racially segregated in the first place. Also, the treasury does not distribute the money equitably between the various hospitals. The patients and the community do not have a voice.

Q: A criticism often levelled at the public hospitals is that they are not managed well. Is this true?

A: The problem is that one finds top administrators in the hospital service who *have not spent any or enough time in any hospital. It is also the oldest bureaucratic game, that people get promoted well beyond their capabilities.*

Q: What do you see as possible short and long term solutions to the present crisis?

A: I have already mentioned these. Feasibility studies must be done before building hospitals. Hospitals must be decentralised and non-racial. Super-specialities should be centralised to prevent duplication.

It is not sufficient to have a hospital in a particular area providing tertiary care only. Facilities for more basic health care must be made available. The present situation, where a person with a sore throat is being seen at the same casualty as a candidate for renal dialysis, is unacceptable.

Individual hospitals should be given more control over the spending of their budgets. Each department is given a certain amount to spend. If one department needs certain repairs but has no money left, it cannot receive that amount from another department with money left over.

The government must make its health policy clear to the regional hospitals. There is talk of the government prioritising preventive over curative care. If this is true, we need to know in order to plan our hospitals accordingly.

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