
Accommodating General Practitioners in a New South Africa: Some General Remarks

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This article was written to stimulate debate on general practitioners and private practice in the changing political climate in South Africa. Critical Health sent the article to a number of interested parties, some of whom have responded. Their responses follow immediately after this article.

Private and Urban Bias

In the current period of political reform, the effects of apartheid on various aspects of people's lives are still evident. This situation will persist into a new South Africa if we do not, amongst other things, pursue fundamentally different policies in providing social services, including health care.

One persisting effect of National Party rule is the inappropriate distribution of resources in the health sector. For instance, the private health sector consumes at least 45% of all resources spent on health care, but contributes to the care of a mere 20% of the population. Eighty two percent of private practitioners work in the ten largest metropolitan areas, although there are 5,5 times more people per doctor in non-metropolitan areas. Over the years, the private health sector has become increasingly unaffordable. The monthly cost of medical aid is shooting up and, last year, patients on medical aid also paid about 45% of the costs of consultations to general practitioners.

New Possibilities

Fortunately, current political reform allows for the possibility that health service provision can be restructured to the advantage of people whose access to services is limited by poverty or by the lack of appropriate policies on the part of the apartheid government. The changed political

climate has encouraged debate on the nature of the health service we should be working towards.

To date, the debate has, to a large extent, focussed on the broad structure of a new health service. Should we be aiming for a national health service? Should we move rapidly towards that goal or pursue it cautiously through the initial introduction of financial mechanisms such as national health insurance?

The debate involves questions which have specific implications for the role of general practitioners in a new South Africa. In view of the inappropriate distribution of doctors and the inaccessibility of their services to a large section of the population, it has been argued that general practitioners and specialists should be compelled by law to work in a state run national health service. Alternatively, it has been suggested that they be allowed to continue working in the private sector and be drawn gradually into the national health service.

More Appropriate Private Practice

It is, however, becoming evident that general practitioners will continue to operate in the private sector in the short term at the very least. This is likely even under an ANC government. A new government will, furthermore, inherit an expanding private sector. The number of doctors in private medical practice, expressed as a percentage of all doctors, increased from 47% in 1980 to about 59% in 1990.

The continued existence of a sector which has failed to meet the health requirements of 80% of the South African population raises the need for further debate. In addition to discussing whether doctors should work in the public or private sector, we need to look at ways in which private practice can be made more appropriate. A representative and responsible government must begin to ensure the accountability of private practitioners to a population long deprived of adequate services.

It can be argued that more comprehensive state regulation over general practitioners is required if affordable, accessible and equitable care is to be achieved. More medical resources must be allocated to rural areas and there should be incentives to encourage medical graduates and practitioners to do service in these areas. Training in primary health care at medical schools needs to be improved and extended and medical graduates should do a period of compulsory service in underserviced areas

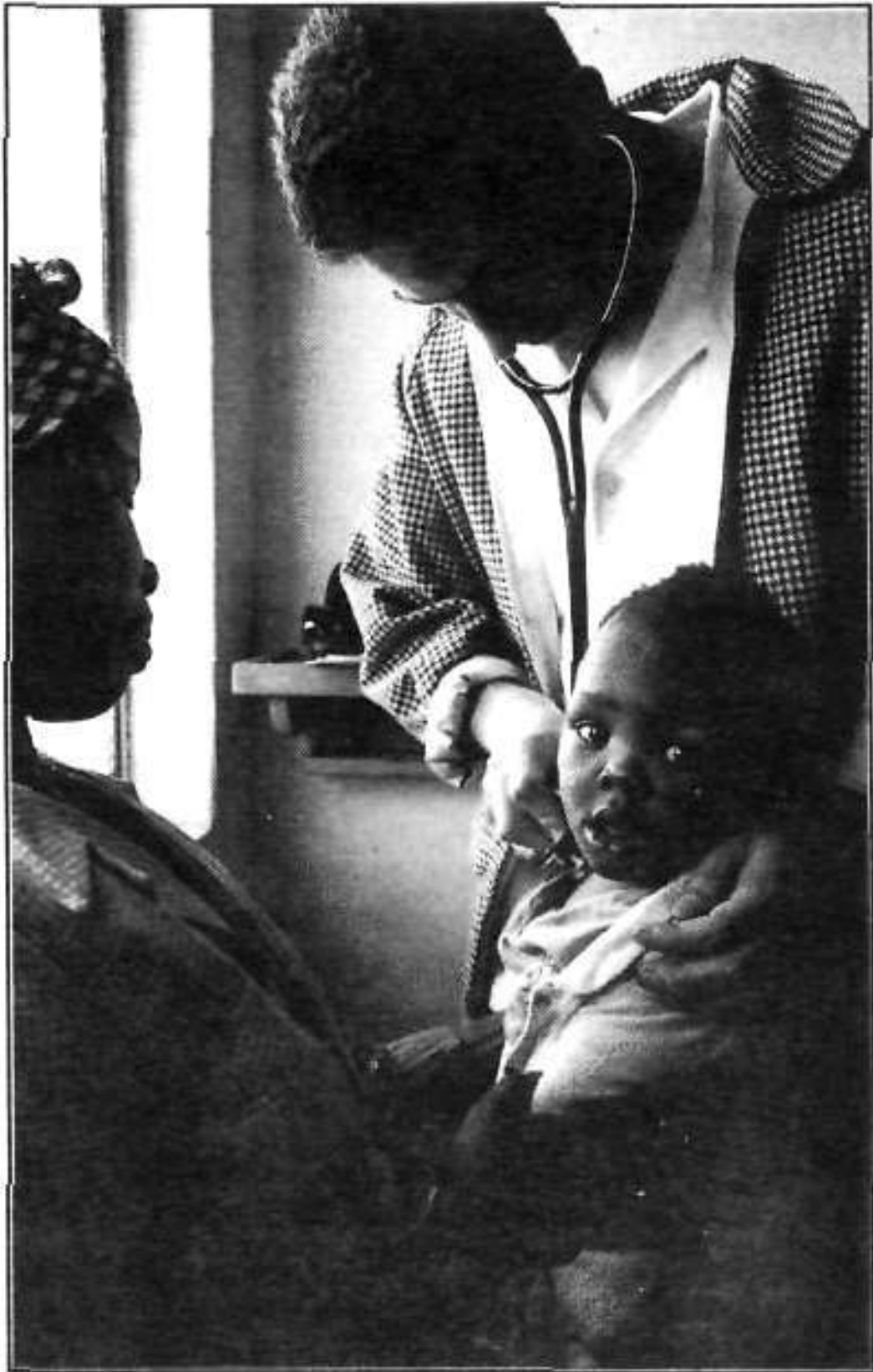


Photo: Medico Health Project

on completion of their studies. Such compulsory service could be a requirement for a medical degree.

Even Distribution of GPs

Where incentives alone do not meet the needs of poorly serviced areas or where they incur costs which threaten the functioning of the whole state sector, it might be necessary for the state to make compulsory transfers of general practitioners to certain areas. One way of ensuring the redistribution of medical personnel, without decree by government, is by the passage of legislation stipulating a specific quota of doctors required within particular areas. Where a particular area reaches or exceeds the limits of its quota, no additional doctors would be registered or employed there. A clear, regularly updated schedule of areas of employment should be made widely available to general practitioners.

In order to ensure the affordability of general practitioners' services, the state could, through consultation with organized representatives of general practitioners, determine maximum earnings received by these doctors. Incomes should not overly exceed rates of pay to similarly skilled doctors in the state sector. The government should also introduce national policy measures regulating the price of medicines, and doctors should not charge more for medicines in an effort to compensate for loss of earnings resulting from state controls over privately earned incomes. The government could also regularly gazette a schedule of effective and cheap drugs that may be supplied by pharmacists and general practitioners. These schedules should include the minimum and maximum price permissible on sale to consumers.

Doctors in the Public Sector

It is also necessary to address the reasons for the declining percentage of doctors who practice in the public sector. Many doctors leave this sector for the private sector because they are unhappy with the pay or working conditions provided by the present government. Any future policy measures would have to be sensitive to such grievances.

It is clear that the question of accommodating general practitioners in the health services of a new South Africa is a critical one. They should be accommodated in a way that best meets the needs of the majority. Any changes should also take the interests of private practitioners into account and should be introduced only after a process of consultation. It is important to avoid dissatisfaction amongst doctors and the threat of mass emigration.