

From the Editor's Desk

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Introduction

In South Africa and elsewhere, health care for the average person is becoming increasingly costly. Partly this change in overall affordability relates to modern clinical methods and newer technologies for diagnosis and treatment. But even costs for simpler treatments or services such as medication, dental care or optometric services are growing at an almost alarming rate - and often by much more than that applicable to more general inflation rates existing in countries such as South Africa. One major factor in South Africa behind this rapid growth in health-related costs is the general level of almost *secrecy* that seems to surround especially the costs of more specialized health care services within private medical, dental and hospital sectors. Hospital patients are sometimes charged quite large amounts for relatively simple items that actually cost very little, and this type of excessive profiteering, is certainly not restricted only to hospitals or clinics. Medical and other procedures are also sometimes billed at amounts that are quite frankly excessive and the health care consumer often has relatively little recourse to less expensive alternatives. Consumers may even be largely unaware of the extent to which they have effectively been overcharged. Indeed, it is quite rare to see the specific costs of medical, surgical or other procedures (including closer to home, the costs of spectacle lenses or frames) being properly debated or discussed in any great detail within the press or other readily accessible media such as radio or television. But, as health care affordability declines so public complaints and comments become more obvious. At least, with some medical devices or items (such as generic drugs or spectacle frames), there might be some degree of flexibility in terms of potential costs but nevertheless one has to wonder whether the average cost, for simple spectacles, contact lenses or, say, even some generics or dental crowns are actually reasonable. Recently, South African dentistry was collectively complain-

ing about their inability to get sufficient benefits via medical aids to remain financially viable; and co-payments for health care are rapidly climbing with more and more of the overall costs being pushed directly onto the user or consumer despite often large amounts being channeled by users to medical aid or support companies or groups. Complicating matters, abuse by consumers through perhaps overusing services or wanting more expensive or even unnecessary medical or other treatments may also be potential factors. (Sometimes medical aids may also exaggerate this factor to their advantage in their attempts to manage costs.) Less ethical doctors and others also sometimes perform unnecessary procedures although certainly there are those cases where such procedures may really be needed and sometimes it may be a challenge for even the most-ethical practitioner to make the appropriate choice on such matters. But, in my view, much greater attention needs to be directed towards greater public enquiry and questioning of medical, dental and other health care costs in the media, and such costs for medical and other health care services likewise need to be more readily accessible via the general press and other media. While this would not always prevent excessive or unreasonable fees being charged, it would certainly go some way towards reducing or managing the various costs involved and encouraging medical and health care practitioners and supporting structures (such as hospitals, medical aids and other medically related drug companies or organizations) to provide more obvious and clearer public defense for the fairness and appropriateness of their fees in relation to their costs and profits. It would also increase the ability of health care consumers to have a wider choice of possible alternatives for essential medical or health related treatments. In South Africa, given the amount of poverty and under-development, the health care consumer especially needs not to be blinded to the costs involved and bodies such as the Health Professions Council of South Africa and the government also should, in general, promote condi-



tions that inhibit rather than encourage gross profiteering - or, at the very least, this should be so with more essential medical services. In South Africa it has been very easy and convenient for those in medical and health care sectors to hide behind the general lack of public accountability (sometimes via extreme restrictions on advertising and information dissemination under the guise of supposedly unethical or unprofessional behaviour) and, irrespective of the truth of such assertions, to charge whatever they consider to be fair for whatever might be needed. Greater public accountability and more freedom of information would go a long way towards providing more accessible, and probably better, health care in this part of the world.

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