

Contrasts - 2 Feb 2009

BY BRIDGET FARHAM



This weeked I had to take my elderly father through to the emergency unit of a local private hospital. Fortunately they were not busy and he was seen promptly. He was checked over by a pleasant nursing sister who took a basic history and carried out baseline investigations such as blood pressure and also an ECG because of his background medical history. The doctor on duty, also very pleasant and friendly, examined him, made a diagnosis of pneumonia and sent him for a confirmatory chest X-ray, as well as taking some basic blood tests. He was discharged with oral antibiotics and I took him back to the excellent old-age home that he lives in, where I handed him over to the care of the duty sister. The whole experience took about an hour and a half.

Now let's contrast this with the experiences of Mr S. Mr S is a black man who works at quite a high level for a local animal protection NGO. He does not have medical aid and lives in rather sub-standard accommodation on the NGO's property. In late December this year he had dreadful back pain and the family took him to a local private GP, who referred him to a local state hospital. He was seen there, diagnosed with a collapsed vertebra (tentative diagnosis TB) and sent home with pain killers and an appointment for orthopaedic outpatients three weeks later. His pain got worse and he started experiencing weakness in his legs and difficulty walking. The family took him back to the state hospital. They struggled to even get a doctor to see him, and when finally, an overworked and highly stressed junior doctor did see him, she again sent him home on pain killers. By now Mr S could not walk, so the family took him, in desperation, to another hospital on the Cape Flats, on a Saturday night. There, in amongst the knife and gunshot wounds, someone took the trouble to examine him properly and he was finally referred through to Groote Schuur Hospital.

Now the wheels were in motion and he was fully investigated and a tentative diagnosis of unknown primary cancer was made as the cause of the collapsed vertebra. Unfortunately, it was too late to decompress the spine and by now Mr S was paraplegic. The orthopaedic surgeons now started the long process of getting a tissue diagnosis so that Mr S could be appropriately referred. Because of the constraints of the public system, even in a large tertiary hospital, it was nearly four weeks before the final diagnosis of multiple myeloma was made and Mr S could be passed to the oncologists and haematologists for care.

It took four weeks before Mr S was diagnosed. This was a totally unacceptable length of time, during which he received no treatment and no rehabilitation for his paraplegia.

The contrast between the two experiences is too great - even given that my father's problem was relatively simple. Mr S would have been diagnosed within a week to 10 days in the private system and by now would be well into treatment for his disease - as well as rehabilitation for his disability. These are the kinds of issues that the political parties who are contesting our upcoming election need to be concentrating on.

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