

## The 'Deeble Proposal'

*I saw a new heaven and a new earth – for the first heaven and earth had passed away  
And there was an end to mourning and crying and pain.  
For the old order had passed away.*

*Is that what you died for my brothers?*

*Or is it true that you were lead into ambush?*

Alan Paton<sup>1</sup>

Dr Zuma has apparently accepted the so-called 'Deeble Proposal' as a blueprint for some radical restructuring of health care in our country.

There is, without question, a need for substantial change. The opportunities for redistribution of resources in health care stand out against the geographic, economic and racial inequities. The inefficiencies of both the private and of the public sectors vie for attention. The importance of primary care/family medicine within the health care process has been ignored for too many years and needs urgent redress. As a citizen and family doctor, I am comfortable with these principles.

I am, though, truly amazed by the undemocratic process through which this proposal has emerged. A committee of individuals with no experience of coal face primary health care, has been appointed in secret by the minister.

Advised by an Australian academic, it has met behind closed doors and made no attempt to consult with communities, with the national and regional health structures or with players in the private health care industry.

Their proposal has then been leaked to the press – when did the committee and the minister intend to let us in on our future? This kind of shotgun autocracy is meant to be part of the apartheid past – what has happened to transparency, to community participation, to accountability, to democracy?

I am distressed by the content of the proposal!

All primary care will be provided by state approved clinics/centers. Our democratic right to choose another option as patients and as health care workers will be removed. Deeble suggests that the wealthy, who have been accustomed to personal care from their GP, will have to become accustomed to less. I think it more likely that everyone would lose.

At the heart of family medicine/primary care is the Primacy of the Person.<sup>2</sup> We share an understanding that ongoing comprehensive care of our patients at home, in our clinics and in hospitals is central to effective and efficient care. The proposed fragmentation of health care services into controlled primary and free enterprise secondary care will make comprehensive care impossible and will result not only in depersonalised care, but in massive inefficiency.

Deeble has suggested a primary care capitation rate based on assumptions that even he admits are questionable. What services will this cover? What restrictions will it place on primary care practitioners? How will the system cope with the increase in attendance rates that accompany capitated

health care? Are the secondary care facilities ready to cope with the increase in referrals that will arise as disillusioned GPs and primary care workers cope with the overburden by referring more patients earlier?

For capitation to succeed, the rates will have to be realistically set. The capitation rate should cover a comprehensive guaranteed health care package where the primary care workers can act as gatekeepers to the rest of the health care basket. As "under-servicing" is one of the dangers of capitation, a comprehensive information system will be required to ensure equity and even distribution of resources. Deeble makes no mention of this.

I could go on! Instead I would like to suggest some common ground.

Most of us do recognise the need for equity – for social solidarity. Health care is seen as a basic right. Perhaps we – the citizens (patients, health care workers and the like) – need to define just what this right encompasses within the constraints of our available resources. When does this right start to erode other rights – like my right to decide where I will work and for whom? As much as we all have a right to health care, we also have a right to be heard. Dr Zuma – have you forgotten this?

Secondly, we need an efficient system. The mix of health care services provided must reflect the wants and needs of our communities, while acknowledging the finite resource pool. The system must encourage effective and efficient health care delivery. What we do must work, it must be done in the most efficient way, by the most efficient people. The efficiency must be dynamic in that it needs to consider tomorrow – what will be needed tomorrow? Will we have the resources for tomorrow's needs – or will we have destroyed them in our frantic rush to keep today's fires burning?

Deeble's plan will not bring about health gain in our communities, it is not person friendly and it is not resource effective – he may be reaching for equity and for efficiency, but has become tangled up in outdated ideas, false assumptions and distant theories. Health care is about Caring for People – I do not see much scope for this in his plan.

So where to now? There are enough talented and committed people in this country who care about equity and efficiency! We have all, in some way, fought for justice and for something better than our past. No, we are not "objective" – we live here and have invested our lives in making it work, we all have an understanding of how this should be!

Dr Zuma – come and talk to us – to the communities we will serve, to our academics, to us in the public sector, to us in the private sector, to us who voted for a democratic future. No, we don't all agree – but we can work out a plan that we will own.

Oh, and people when Dr Zuma does come to us – let's listen before we talk!

## **Rob Campbell**

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### **References:**

1. Paton A. Why did you die, my brothers? In *Save the Beloved Country*. Edited by Hans Strydom and David Jones. Hans Strydom 1987.
2. McWhinney I. The Principles of family Medicine. In *A Textbook of Family Medicine*. Oxford 1989.