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## From the editor • Van die redakteur

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### Will the free market bring exploitation?

The forum on the Free Market in Medicine, held at the 5th GP Congress, is reported on elsewhere in this issue. The debate is important as we are entering a period in which the Cabinet seems set on a course of privatization, even in health care. Investors, mostly from outside the medical field, remind them regularly of the benefits of privatization.

On a cloudy and cynical day, I wonder if, on the one hand we are dealing with an escape of responsibility and on the other, with the seizing of a profitable opportunity. It is essential that we in general practice/primary care enter the debate seriously. If we fail to, we and our patients may suffer neglect and exploitation; the neglect of a declining health budget and the exploitation of the development of the high profit areas in medicine by the private sector, to the exclusion of unprofitable activities so necessary for the promotion of health and for the caring relief of suffering.

Each one entering the debate brings his or her own valuable experience. The businessman of ability can reduce the cost of running a practice or a larger health service without reducing quality. As pathologists have shown, however, it is possible to reduce costs, increase fees and not pass on the gain to the public. If we are to get Health Maintenance Organisations (HMOs) or their

equivalents, we need to be there when they are conceived and formed, so we can ensure a proper share for our patients and those who will be 'employed' in the system, and not just a golden egg for big investors.

The world has yet to produce economists who can show that market forces operate to produce better health through the health care system. As was put so clearly during the forum: we can only talk about a *freer* market in relation to health care and health promotion. I repeat that we can learn much from free enterprise. Outcomes by which success is rewarded should, however, not be measured primarily in rands and cents.

We must develop new and additional measures of good and ethical practice through which we set our own standards, before others impose theirs on us. These should include: improving trends in the load of morbidity and mortality in the communities we are responsible for; adequate levels of accessibility; and patient self-responsibility, selfcare and community participation in the delivery of health care and in promoting health.

Health care is becoming too expensive to operate without these measures and we in primary health/family practice can positively contribute towards a healthier future for all.

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