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Zille's flawed health-care argument

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In the DA Today newsletter of 21 August, Helen Zille condemned the lack of attention paid by the State since 1994 to improving the plight of our society?s deaf and partially-deaf, citing how this neglect serves as ?Just another example of the difference between high flown ideology and reality?, and marks a failure to uphold a ?Constitutional Duty?. The sentiment is wholly justified ? recent efforts to have sign language recognised as an examinable Matric subject stand testament to this ?
but her argument quickly devolves into one which is blighted by the very aloofness, hypocrisy and disregard for the Constitution she so liberally dolls upon the State.

Rather than focusing on how our ailing public health care system fails people with a variety of ailments on a daily basis, and how broader reform needs to take place, she asks whether it is right for Government to provide care to people with ?personal lifestyle choices ranging from unprotected sex, to alcohol and drug abuse?, over those who have ?no choice over their medical conditions?. There are a number of major flaws in this argument.

First and most superficially, is the issue of how the public health care system ? and indeed society at large ? might design the criteria by which to determine who deserves care, and who does not. Zille singles out unprotected sex as an adverse lifestyle choice which is surely true, but what about the eating habits of people in South Africa (the Western Cape in particular) and the consequent spiralling rate of obesity which directly leads to Diabetes (Type 2), Hypertension, Coronary Heart Disease and even certain forms of Cancer? We in the Western Cape are vehemently proud of our sporting heritage and none more so than rugby ? a contact sport which often leads to injuries of varying severity. Should people with medical conditions emerging from these two scenarios be refused treatment because their ailments originated in risky behaviour? And
what of those who smoke cigarettes, those who don?t look after their teeth, those who don?t wear sun screen, those who drive without a seat belt, etc? Is there one amongst us who is not guilty of such actions and if so, is Zille condemning us to a hospital door being shut in our faces? The relatively wealthy will have little to worry about - they will continue to have their health problems, self-inflicted or otherwise, seen to in the private health care sector. It is only the poor who will suffer the consequences of their ?irresponsibility?.

Secondly, Zille cites South Africa?s limited financial resources to question whether we should be treating certain ailments arising from poor lifestyle-choices, when in fact the question should be whether we can afford not to provide care. There is abundant evidence to suggest that the economic costs of not providing adequate treatment, care and support to those with HIV (and other chronic illnesses) will cost the State far more in the long-term. Moreover, the social costs arising from untreated conditions such as alcohol and drug addiction are well known, as is the tendency of untreated HIV to adversely affect others ? tragically, in most cases women and children.

Thirdly and most fundamentally, does irresponsible behaviour (regardless of the severity) justify denying treatment to people who would otherwise die a long, painful, and preventable death? Zille specifically points to HIV, and whether treatment should be provided to a ?man who has unprotected sex and gets AIDS? ? treatment that will render an otherwise drawn-out and painful death chronic and manageable. Zille?s assertion is tantamount to the passing of a death sentence, and is in direct contradiction to sections 11 and 27 of the Bill of Rights, the first of which guarantees

the right to life for all while the latter gives ?everyone the right to have access to health care services?. More puzzling is the fact that such policy seems wholly incongruent with the DA?s own health policy document of November 2008 titled ?Quality Health Care for All? which calls for an ?affordable, high quality and easily accessible health system that allows people to manage chronic diseases, overcome serious illnesses and recover from accidents?.

Instead of galvanising deaf people to campaign for their right to access health-care services, by putting pressure on medical technology companies to drop their prices and on the state to provide affordable interventions, Zille has encouraged (one hopes inadvertently) health activists to fight against each other by making claims as to who is most deserving. It is hard to imagine how such contestation for resources could have any positive outcome.

There is no doubt that political leaders need to do more to urge greater responsibility with regard to risky behaviours such as unsafe sex, smoking, and over-eating. But in so doing they should not increase stigma or threaten to cut off health services. By pointing to HIV specifically ? a disease which is heavily burdened on the poorest in our society ? Zille not only opens a Pandora?s Box of outmoded ethical arguments. She also fuels pre-existing stigma, and a deeper perception that the poor are less deserving of decent health care. She and the DA are right to proclaim that the public health system is failing and more consultation around reform is needed. It is crucial that the ANC, the Opposition, and the Private Sector come to the table and openly discuss mechanisms for improving health care, including but not restricted to the NHI. It is fair to say that the ANC have been lagging in this regard, but the DA leader?s call for a debate to be opened on discriminatory and selective care is unproductive at best and divisive at worst, removed from reality, and a threat to the future of equitable and quality healthcare for all in South Africa.

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