

# Are we advocating for healthcare worker advocacy?

Karessa Govender  
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# Introduction

- Health system in a state of flux – to NHI or not to NHI?
- Health reforms will not negate the need for Healthcare Worker Advocacy
- Review of current environment and recommendations

# Should Healthcare Workers be Health Advocates?



# The health of our health system

## Healthcare under fire

Strikes in Limpopo, violent protests in North West and crumbling cancer care in KZN. In the shadow of the Life Esidimeni tragedy, there is no shortage of provincial health crises and patients' lives hang in the balance. How healthy is our health system?

Here is a snapshot of some of the provinces that have made headlines.

### NORTH WEST

More than a year after health workers say they raised concerns about healthcare and management in the province, unions embarked on a go-slow that led to widespread drug stock-outs. Protests recently gripped the area for weeks and shuttered some health facilities. Private investigators and the Hawks are currently reviewing R180-million in allegedly illegal tenders awarded to the Gupta-linked company Mediosa. Concerns have also been raised about deals with controversial ambulance service Buthelezi EMS and local private security firms, according to *Spotlight* and the auditor general.

### GAUTENG

The department's deadly decision to remove almost 2 000 psychiatric patients from state-funded hospital care as part of the Life Esidimeni tragedy continues to hang over it. Families have begun to lodge compensation claims that are expected to total at least R206-million. Meanwhile, there have been serious concerns about cancer care in the province. Charlotte Maxeke Academic Hospital has frequently battled broken cancer treatment machines. Staff shortages have forced doctors to see patients into the early evening. In the past year, the sheriff has seized office furniture under court order for the non-payment of debts. The latest auditor general reports showed Gauteng health took an average of six months to pay creditors.

### EASTERN CAPE

The auditor general found that the health department was one of three provincial health bodies that reported being in "serious financial trouble", according to the auditor's latest report. The province made headlines earlier this year after a psychiatrist at Tower Hospital alleged 90 people had died at the facility since 2010. *City Press* reported. A subsequent investigation into the facility about 90km outside of Grahamstown found inhumane conditions and patient rights violations, a South African Society of Psychiatrists report revealed.

### How six of SA's provinces stack up

Province	Unpaid debt (accruals) as of 2016-17	Percentage by which provinces failed to meet targets to cut maternal deaths		
		HIV prevalence	HIV plan	
Eastern Cape	R207-million	12%	Draft	17%
Gauteng	R367-million	13%	Draft	3%
KZN	R447-million	17%	Draft	Target surpassed
Limpopo	R289-million	9%	Draft	13%
Mpumalanga	N/A	15%	Draft	13%
North West	R182-million	14%	N/A	20%

### LIMPOPO

This week, Democratic Alliance members alleged that about 28% of the babies born in the province's Maphutha Malatji Hospital in Phalaborwa die every month, said the party after a facility visit. Earlier this year, dozens of health workers protested late payments and unpaid overtime. The health department ended four years of administration by the national government in 2015. The department did not respond to requests for comment.

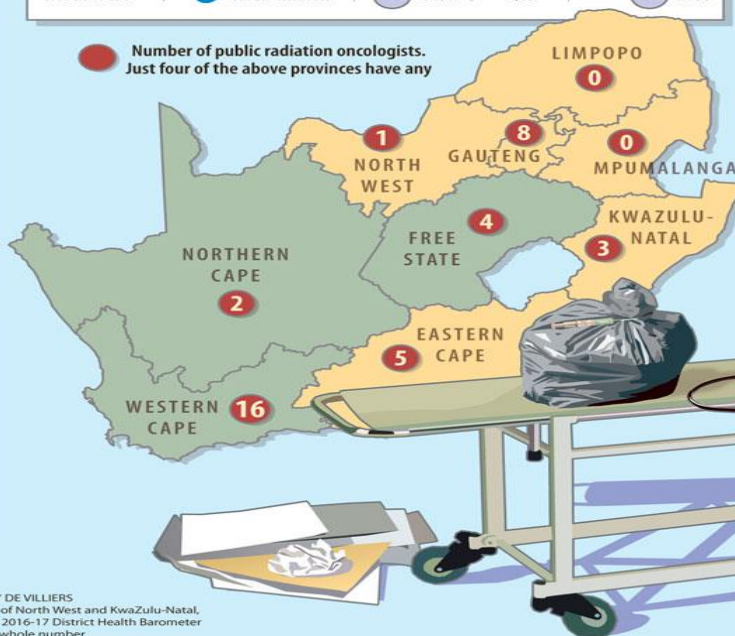
### MPUMALANGA

The auditor general found the province had racked up R1.6-billion in irregular expenditure, most of which was because it didn't follow procurement policies. For instance, the department allegedly contravened the provincial treasury and the law when it awarded an emergency medical services contract to Buthelezi HEMS, a joint venture between controversial private ambulance company Buthelezi EMS and HALO Aviation, reports *Spotlight*.

### KWAZULU-NATAL

Durban's last public oncologist left in June 2018, leaving only three specialists in the province. People now wait up to a year for an oncologist appointment, a recent South African Human Rights Commission hearing revealed. The South African Medical Association also accused the province of, for instance, freezing posts, regular drug shortages and a lack of essential equipment such as gloves. The national health

department has procured new cancer treatment machines, and the province has begun to outsource treatment.



# Conditions necessary for healthcare worker advocacy

- a) Robust policy and legislature and its implementation
- b) Strong and credible statutory bodies
- c) Working and academic environments that are open, fair and encourage healthcare workers to advocate
- d) Adequate healthcare worker training at an undergraduate level.

# Our policies and legislation

A lack of policy, not widely distributed, not implemented or implemented poorly.

1. National Policy to manage complaints, compliments and suggestions
2. No guidelines nor policy on healthcare worker reporting
3. Protected Disclosures Act 26 of 2000
4. Public Service Regulations Act of 2001 (updated 2012)

# No guidelines or policy on healthcare worker reporting

Public Service Regulations 2001 (updated 2012):

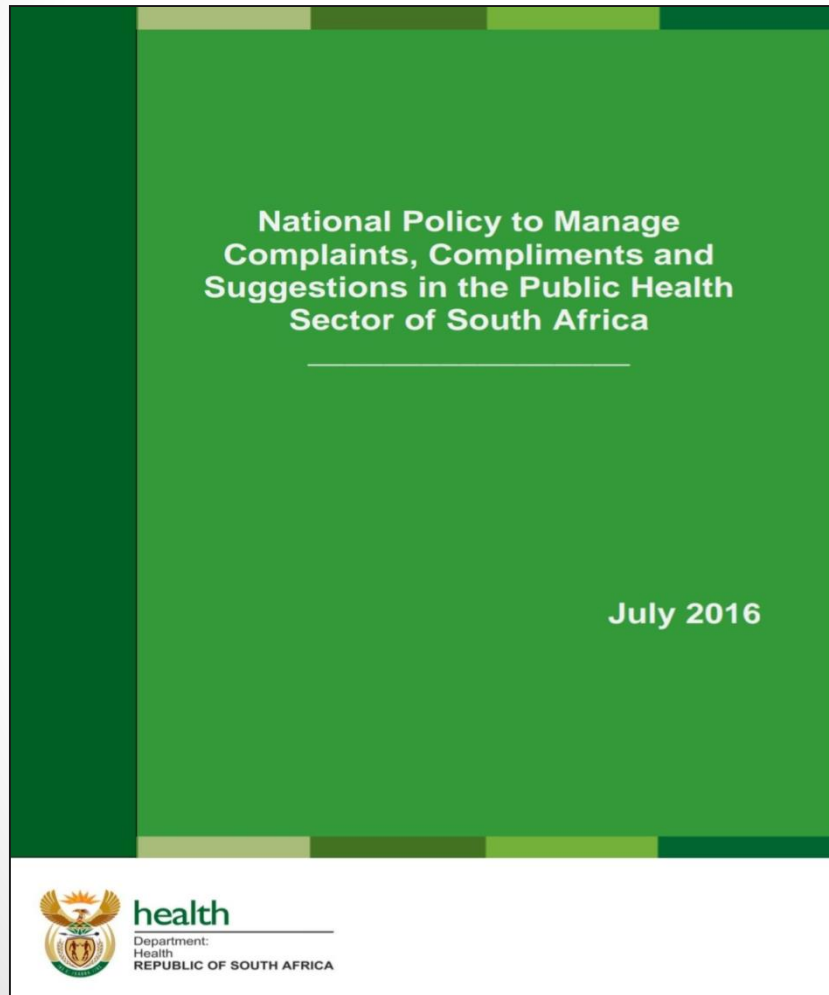
*“An employee, in the course of his or her official duties, **shall** report to the appropriate authorities, fraud, corruption, nepotism, maladministration and any other act which constitutes an offence or which is prejudicial to the public interest.”*

# Consequences of no HCW reporting guidelines and policy

1. Uncertainty → fear → inaction
2. Variations in reporting
3. Potential to become entangled in bureaucracy → delayed action → no or delayed justice
4. Invalidates the role of HCWs in reporting (advocacy) and upholding patients rights
5. Reporting incorrectly → 'public shaming'



# National Policy to Manage Complaints, Compliments and Suggestions in the Public Health Sector of SA



1. Not widely publicised
2. Minimal awareness by HCWs
3. Variation in use by HCWs

# Protected Disclosures Act 26 of 2000

## ‘Whistleblowers Act’

- Great that it exists but it has limitations
- Protection is retrospective
- In cases of reputational loss/damage – is monetary compensation adequate or appropriate?
- Why are internal reporting processes not effective?

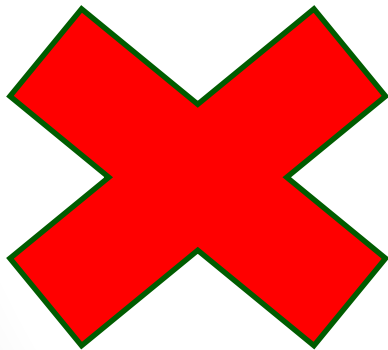
# PDA, 2006: Good cause

- 1. The concern was raised internally or with a prescribed regulator, but has not been properly or adequately addressed within a reasonable time period;**
2. The concern was not raised internally or with a prescribed regulator because the HCW raising the alarm reasonably believed he or she would be disciplined, dismissed or victimized;
3. The concern was not raised internally because the person raising the alarm reasonably believed a cover-up was likely and there was no prescribed regulator to approach; or
- 4. The concern was exceptionally serious**

Reinforces the need for clear reporting guidelines

# Public Service Act Regulations 2001 (updated 2012):

“Health care providers are expected to raise any problems with their immediate supervisor and are not to criticise government policy irresponsibly in the public domain.”



Misinterpretation of regulations  
Facility level policies that contradict  
regulations

# Undergraduate training

1. Curative, urban and hospi-centric approaches
2. No standardisation of advocacy skills
3. Variation in understanding advocacy and training thereof
4. ++ Focus on clinical skills > advocacy skills

# The culture of healthcare in SA

1. Hierarchy > patients' rights
2. Bullying and intimidation
3. Workaholic tendencies
4. Toxic collegiality



WMA STATEMENT ON  
BULLYING AND  
HARASSMENT WITHIN  
THE PROFESSION



*“The hierarchical nature of medicine and the inherent power imbalance associated with this can however create a culture of bullying and harassment which, in some cases, becomes pervasive and institutionalized.”*

# World Medical Association

“Bystanders also have a responsibility to take action.

It is the responsibility of the management to maintain a good working environment and address all signs of harassment and bullying. There should be zero tolerance of bullying and harassment

Bullying is unprofessional, contradicts the fundamentals of the profession and raises fitness to medical practise concerns.”

# Office of Health Standards Compliance and the Health Ombud

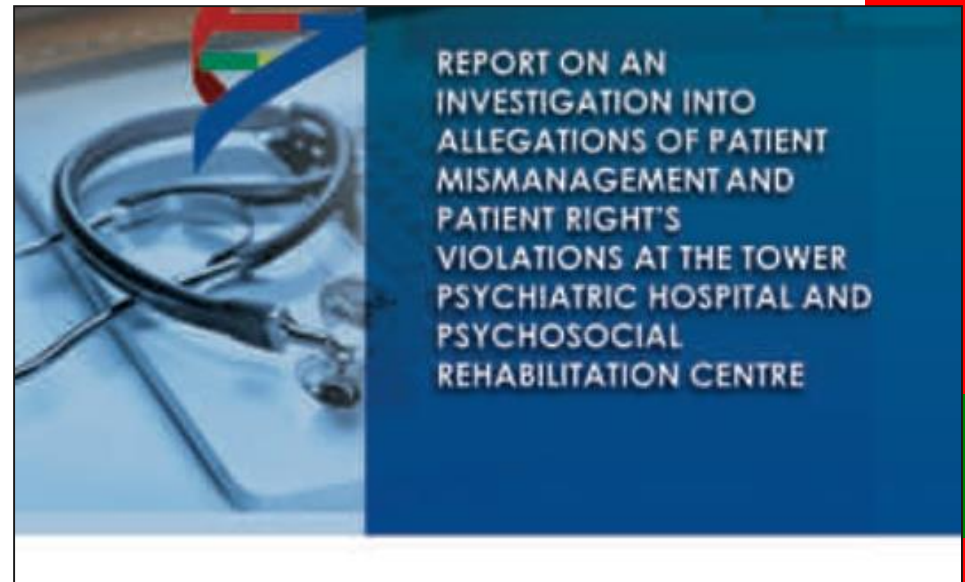


Office of Health Standards Compliance  
*Ensuring quality and safety in health care*

‘protect and promote the health and safety of people using health services’



Ihhovisi Lokulandela Amaqophelo Ezempilo  
Office of the Health Ombud  
Kantoro ya Mosekaseki wa Maphelo





# Health Professions Council of SA

‘protecting the public and guiding the professions’

1. Improvements in some areas (registration)
2. Bad experiences and previous judgements → lack of faith by health professionals
3. Reluctance by HCWs to approach the council for assistance

# It all fits together...



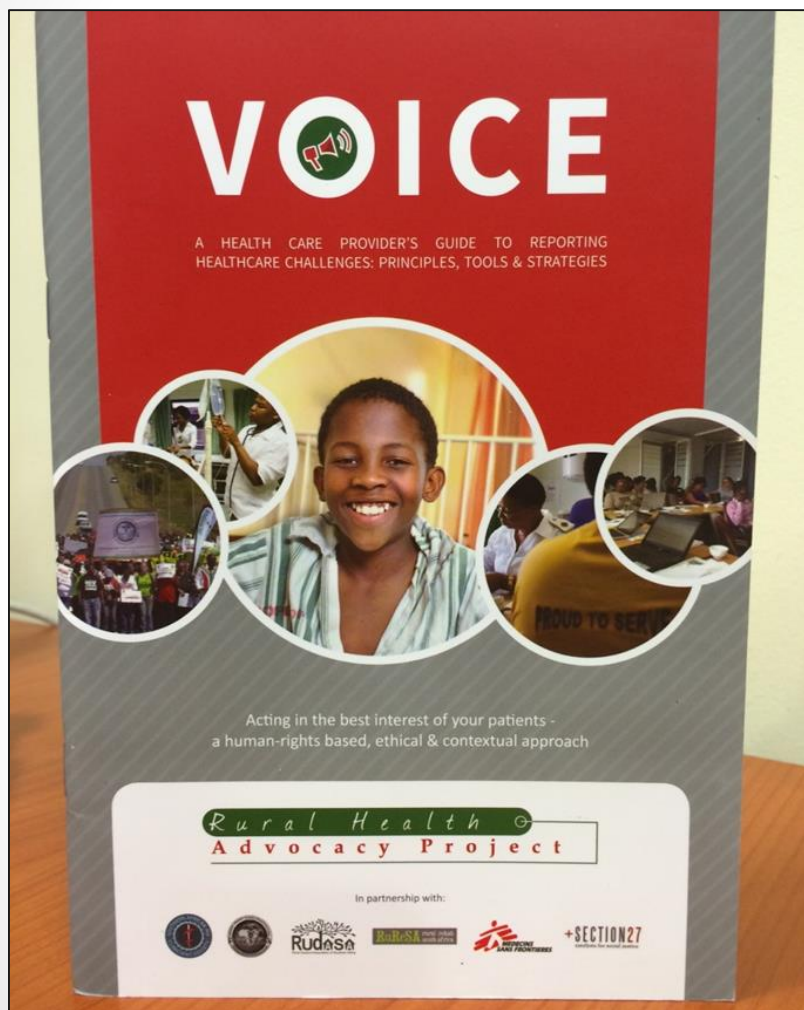
# Recommendations and call to action

1. Guidelines and policy on healthcare worker reporting (HPCSA, SANC, SAPC, OHSC, OHO)
2. Compulsory advocacy training for all who work in healthcare
3. Minimum core competencies for UG training on advocacy

# References

1. The National Policy to Manage Complaints, Compliments and Suggestions in the Public Health Sector of South Africa. National Department of Health. July 2016.
2. Protected Disclosures Act 26 of 2000. South Africa.  
[www.justice.gov.za](http://www.justice.gov.za)
3. Public Service Regulations 2001 (updated 2012). South Africa. [www.justice.gov.za](http://www.justice.gov.za)
4. WMA Statement on Bullying and Harassment within the profession . World Medical Association. October 2017.  
[www.wma.net](http://www.wma.net)
5. Report on an investigation into allegations of patient mismanagement and patients rights violations at the Tower Psychiatric Hospital and Psychosocial Rehab Centre. Office of the Health Ombud.

# How to report health care issues



## A HealthCare Provider's Guide to Reporting Health Care Challenges: Principles, Tools and Strategies

Acknowledgement:  
HWSETA