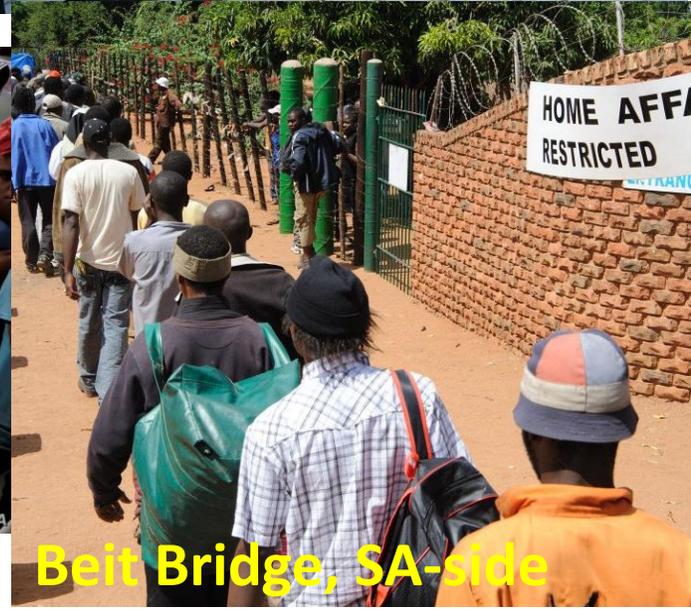


Ethical issues surrounding foreign patients requiring dialysis

Dr Harriet Etheredge
Wits Donald Gordon Medical Centre
Wits Department of Internal Medicine
23rd June 2019

Migration – An international phenomenon



Foreign Nationals in SA

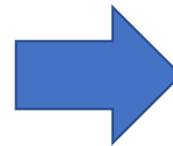
- Sensationalist political statements often add fuel to the fire (this is just one example)

 **Herman Mashaba**  @HermanMashaba · 12 Nov 2018

I have just personally stopped this illegally act in our city. How do we allow meat trading like this? I am waiting for [@AsktheChiefJMPD](#) to come and attend before we experience a breakdown of unknown diseases in our [@CityofJoburgZA](#)



1.5K 868 2.2K



 **Herman Mashaba**  @HermanMashaba

We are going to sit back and allow people like you to bring us Ebolas in the name of small business. Health of our people first. Our health facilities are already stretched to the limit [twitter.com/velingobese_ZA...](#)

LANDLESS [@velingobese_ZA](#)
Replying to [@HermanMashaba](#) and 2 others

Don't kill small businesses rather try to help those people. These people are trying to earn a living and must not be excluded from parti in the main stream economy,they need to be helped with issues of compliance .

524 7:22 AM - Nov 13, 2018 · Sandton, South Africa

566 people are talking about this

What the stats say (and don't say)

- The largest proportion of migrants in SA are SA-nationals who move between provinces, mainly to seek employment.
- Documented **cross-border** migrants, from other countries, account for only 0.31% of the SA population.
- Undocumented **cross-border** migrants are hard to quantify, because they are undocumented. So this number might be higher, but probably not by much.

Problem

Burdensome

**Freeloading off
the economy**

Operational Definitions

- Refugees hold official refugee status in SA and possess a Section 24 permit. Refugees cannot return to their home country due to fear of persecution or circumstances which would threaten their lives.
- Asylum seekers have applied for refugee status and hold a Section 22 permit.
- Undocumented migrants do not possess the documentation required to be in the country legally; they may or may not be able to return to their home country.
- Many migrants have voluntarily left their home country in search of better opportunities – may carry work or study permits – but some also work informally.

The right to access healthcare in SA – who, when and where?

- Early 2019, the GDoH instructed all state hospitals and clinics to bill foreign nationals the full rate for health services.
- Low-income refugees excepted.
- Curtailed free access to basic health services for foreign nationals = illegal and unconstitutional



The image shows a screenshot of a news article from BusinessDay. The page header includes the BusinessDay logo, a search bar with 'BL Premium', and navigation tabs for OPINION, NATIONAL, POLITICS, COMPANIES, ECONOMY, BUSINESS, and WORLD. Below the header is a teal banner for First National Bank with the text 'FNB does with income protection' and a 'SWITCH NOW' button. The article title is 'Health ministry withdraws instruction to charge foreigners top rate' in large, bold black font. Below the title is a sub-headline 'Junior without authority to introduce changes said to have issued directive to provincial departments' and the date '04 MARCH 2019 - 20:40 by TAMAR KAHN'. On the left side of the article, there are social media sharing icons for Facebook, Twitter, LinkedIn, Email, and Print. At the bottom of the article, there is a blurred photograph of a hospital hallway.

Why was this illegal & unconstitutional?

National Health Act - set of **free** services to all people in SA who do not have medical aid. Not limited by nationality:

- Primary healthcare (which means that clinics should be free to all),
- Termination of pregnancy
- Health services for all pregnant or breastfeeding women and children under the age of 6.

A different directive provides for free HIV and TB care for all.

But what about interventions like dialysis?

- What happens when foreign nationals – irrespective of their legal status – require expensive tertiary healthcare such as dialysis in SA?

This poses a more complex ethical dilemma because the interventions are extremely costly, and not widely available to SA citizens themselves

Requires healthcare rationing

- International phenomenon
- Example: NICE guidelines in the UK
- Resources are finite – govt can't provide for everyone



Dialysis rationing in SA

- Individual centre or provincial policies
- None endorsed by government
- Some over-riding maxims: Widely accepted that only patients suitable for kidney transplantation are eligible for dialysis in the state health sector
- Creates complex ethical issues

HCP decisions
in a vacuum
w little
support

Foreign Nationals
“stealing” slots from
South Africans

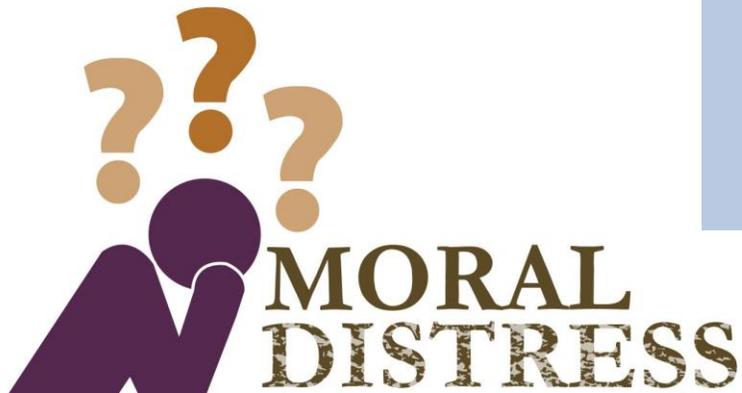
HCP’s act as
“buffer” – take
brunt of
dissatisfaction

Legally speaking....

- Theoretically > refugees, asylum seekers and undocumented migrants from South African Development Community (SADC) countries are entitled to tertiary health services on the same basis as South Africans.
- Means testing. Refugees and asylum seekers cannot be refused medical treatment because they have no alternative – being unable to return to their country of origin.
- Undocumented migrants from non-SADC countries are required to pay full price for their hospital treatment.

What should we do?

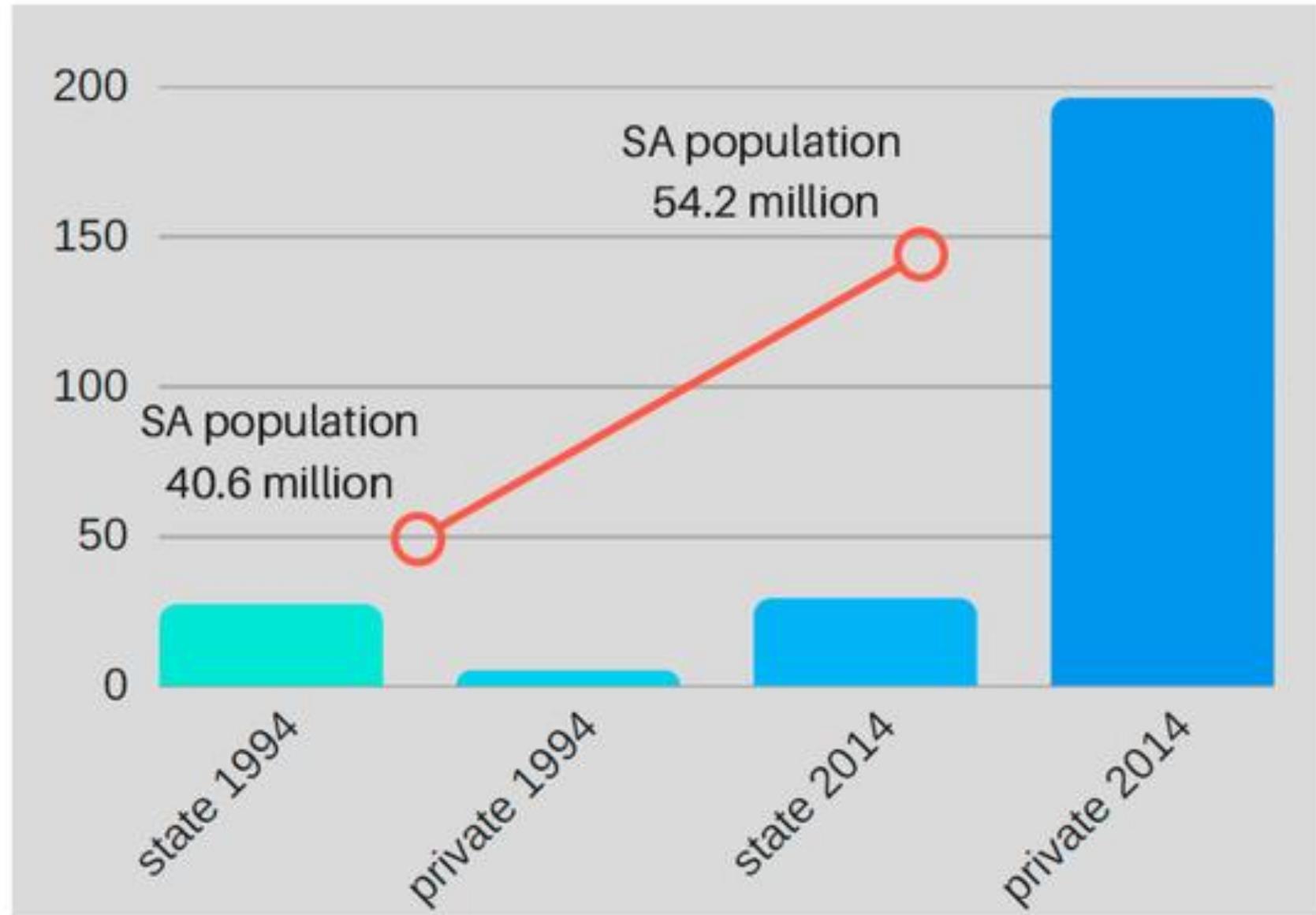
- No easy solutions
- Ensure that justice is done, prevent harm to patients.
- Recognise the inherent dignity in every patient one sees
- Promote access to healthcare if possible, and undertaking a patient advocacy role if not.
- Help foreign nationals to get onto med aid if possible
- Support centres for foreign nationals – Sultan Bahu, Sonke Gender Justice



EXHAUSTION

“Regressive” realisation of access to dialysis in state sector

Dialysis Facilities



Empowering Foreign Nationals

- From Behkisisa

+ GETTING MEDICAL CARE



Thank you. Questions?

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-  @HarrietEther

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