



WHEN COMPASSION GROWS WINGS



Red Cross Air Mercy Service volunteer, German national Dr Florian Ink, at the AMS Durban base.

Picture: Chris Bateman

While the public and private sector emergency services bicker about how best to save more lives, the South African Red Cross Air Mercy Service (AMS), with 4 helicopters, 4 fixed-wing aircraft and hundreds of volunteer specialists, is quietly spreading its wings.

According to Operations Manager, Dr Philip Erasmus, a new helicopter supplemented the Pilatus P12 fixed-wing aircraft in KwaZulu-Natal on 1 July, while a second Pilatus is due to begin flights in the Northern Cape from 1 August.

Izindaba last month flew from Durban on the 12-seater Pilatus's daily (alternating) route, with several stops at or near deep rural hospitals in the northern coastal and Midlands districts of the province. We saw at first hand how specialist supervision at understaffed and poorly equipped deep rural district hospitals for just one day a week can dramatically improve outcomes.

The rural hospitals communicate their most urgent requirements, be they supervision, treatment of difficult/urgent cases, or supplies, to Durban's Red Cross AMS control centre.

Flights prioritised daily

The most pressing are prioritised by the small nucleus of highly competent salaried staff at the Durban International Airport AMS hangar and office.

The daily flight plan is then adjusted accordingly (normally 2 - 3 hospitals serviced daily), and the appropriate specialist health care volunteers are contacted.

The free time and expertise given by its deeply committed core of professional volunteers (including pilots) is the lifeblood of the operation.

An estimated 20 000 people from disadvantaged communities in KwaZulu-Natal, previously without access to regular health care, benefited from the AMS in some way last year.

A similar scenario plays out daily in Cape Town (an ambulance helicopter, a rescue helicopter and a Pilatus), Oudtshoorn (a rescue helicopter), Kimberley (two Pilatuses), and Nelspruit (a rescue helicopter).

The non-profit organisation, which keeps itself airborne through contracts with three provincial health departments as well as corporate and community sponsors (no Red Cross Society lifeline), provides flying doctor and health outreach, and emergency services.

Volunteers the lifeblood

In the bleak and remote Northern Cape, some 15 000 people now benefit from the service and remote communities have built a network of useable airfields near district hospitals and clinics, boosting tourism and general access. Wherever the Red Cross AMS service exists, patient outcomes have improved and referrals dropped.

In the Western Cape, where the service has been providing emergency air medical evacuation for 3 decades, the air ambulance helicopter (which can be converted into a mobile ICU), transported 375 patients last year.

The smaller rescue helicopter (with winch capacity) performed 38 mountain or sea rescues, and the Pilatus fixed-wing air ambulance flew 332 871 km, transporting 517 patients during 383 flights.

Numerous studies throughout the world have proven the cost and patient care benefits of appropriate air transportation.

Says Professor Craig Househam, Director-General of Health in the Western Cape, 'the role played by the AMS has been critical in providing equitable access to emergency medical services throughout the province – we are proud to be associated with them'.

What AMS delivers

With HIV antenatal prevalence in KwaZulu-Natal (KZN) the highest in the country at 39% and the antiretroviral roll-out in full swing, the



AMS is the ideal vehicle to keep drug supplies flowing and facilitate training in voluntary counselling and testing and antiretroviral treatment.

Bethesda Hospital in KwaZulu-Natal, among others, owes much of its HIV/AIDS continuum of care programme to the AMS – with provincial and private sector support. Because of AMS, total hip replacements at Mseleni (home of the eponymous disease) have shot up, while an ENT pilot clinic at Kokstad Hospital saw 320 patients assessed and treated, with 37 children undergoing surgery last year.

A similar ENT clinic at Hlabisa Hospital (northern KZN) treated 1 044 patients with 53 operations in 5 days last year – an eloquent illustration of the dire need for specialist services in remote areas.

A pilot cardiology and thoracic surgery outreach tour of 5 hospitals in northern KZN in April included ward rounds, tutorials, specialist care, surgical procedure guidance and diagnosis and treatment of various pathologies.

It ended with a hugely welcomed mini-symposium near the Thembe Elephant Park.

One veteran rural doctor commented that the last cardiology visit to their area was 25 years previously.



Physiotherapist Anne Webber, head of physiotherapy at Prince Mashiyeni Hospital, supervises a junior colleague, William Zulu, at Charles Johnson Memorial Hospital near Dundee. Picture: Chris Bateman

Award-winning service

The public-private initiatives of the Red Cross AMS have garnered Certificates of Excellence in the Impumelelo Innovations Awards.

Dr S M Zungu, Deputy Director-General of Health for KZN, said specialised care for poor and indigent

rural patients near their homes alleviated time and cost burdens hugely and significantly reduced the workload of provincial hospitals.

The Kimberley-based operation (Pilatus aircraft) flew 172 911 kilometres in 190 days last year and helped eradicate cataract surgery backlogs, delivering anaesthetists, orthopaedic surgeons, general surgeons, physicians, paediatricians, a psychiatrist, oncologist and haematologist.

In Nelspruit, where an air ambulance helicopter was introduced in December last year, emergency medical care is now within reach of the most vulnerable, but the Mpumalanga government doggedly refuses to sign a working contract.

The AMS is forced to recover costs on a case-by-case basis, often without success. The AMS model is poised for roll-out to all 9 provinces and even the wider region. All it needs is the improved administrative capacity and the political willpower of provincial bureaucrats in all provinces.

As one volunteer quipped, 'We do what we can, but we're not holding our breath'.

Chris Bateman

A TIMELY APPOINTMENT – SAMA'S NEW CEO

Her middle name might mean 'the one who came before her time', but Dr Aquina Motlakapele Thulare, 42, the new CEO of the South African Medical Association, is determined to see doctors better paid and properly valued during her tenure.

Ratified by the full board last month, her historic appointment follows the resignation of Dr Moji Mogari, whose 18-month stint saw successful staff restructuring and sustained fence-mending bids with health minister Dr Manto Tshabalala-Msimang.

Mogari left in April to direct operations in a commercial agriculture funding and development company where he now manages a R100 million

Rand Merchant Bank development fund. For the past three months the association was jointly managed by the head of the Private Practice Unit, Dr Johann van Zyl, and newly hired lobbyist, Dr Barney Selebano.

Doctors were taken neither seriously nor valued, with dismal working conditions, unfair pay packages and 'ridiculous' public sector career paths (pay notch system), causing demotivation and a skills flight that the country could ill afford.

Thulare, who takes the hot seat on 15 August, told *Izindaba* that improving working conditions for doctors in both the private and public sector would be a priority for her.

Doctor career pathing dismal

'We need to empower doctors to perform as doctors, contributing to the health care of the nation.' She said that, while SAMA was a vital health care stakeholder, it was not a public policy-making body.

'We are a civil society movement, an advocacy movement that must agitate for doctors. In this participatory, deliberative, bottom-up democracy that we have in this country, we need to take