

Health Care as Human Right.

Ed. by Anton van Niekerk. Pp. 115. Stellenbosch: Unit for Bioethics, University of Stellenbosch. 1993. ISBN 0-7972-0429-6.

This small book of six papers (including the Editor's introduction) arose from a conference held under the auspices of Stellenbosch's Unit for Bioethics. What links the papers is, as the Editor tells us, 'the claim that the provision of appropriate . . . health care is a human right and not a privilege (p. 9)'. The claim is maintained, and its implications for South Africa explored, from legal, philosophical, medical, economic and theological points of view.

The claim that health care is a human right is obviously fashionable, but not so obviously clear or correct. I picked up the book interested to see whether it could persuade me that the claim makes sense and is true. That someone has a right to the provision of something implies that there is someone else against whom he has this right; and in the case of health care, it is not clear who this someone else is. One could say (many people do) that this someone is the State. But this contentious answer presupposes a controversial political theory, exacerbated by the fact that the State may not have enough resources to ensure that its citizens are all provided fairly with health care, even of a basic level.

These matters seem confused in places in this book. The introduction, claims that health care is a human right, then proceeds: 'the answer to the question: who ought to

have access to health care is, as far as we are concerned, simple: all people (p. 9)' — which seems to involve the mistaken presupposition that anything all people ought to have is something they have a right to. Then we are told that the basis for the claim is not a philosophical theory but 'practical, pragmatic considerations' — namely, the fact that modern people 'insist' on receiving health care (p. 9); a strange basis indeed.

Elsewhere, however, rather more light is cast. Willem Landman presents a careful argument for the view that a good society would make conventional arrangements, which would give content and force to a demand by its members for the provision of a decent level of health care. Servaas van der Berg, in an interesting and sensible paper, explains why the perennial scarcity of resources means that health care cannot be something to which there is an 'absolute human right', and why we must be left with difficult political choices of the extent and the ways that resources are expended on health care. The contributors also make useful observations about South Africa's health care needs, and the systems by which, and the levels to which, those needs might feasibly be met.

For anyone interested in the very important question of what political arrangements ought to be made for health care in the emerging South Africa, this book will provide helpful discussion.

G. R. MCLEAN

BOOKS / BOEKE

Psychosis and its Management.

1st ed. By A. E. Gangat. Pp. xvii + 169. Durban: Valentine Bedford. 1992. ISBN 0-620-16940-0.

Dr Gangat is an experienced clinician who writes with an honest, open style that is easy to follow. His book provides a concept of psychosis and its management. There is a coherent, organised approach throughout the book, which allows for quick reference and insight into the subject.

The author raises some controversial diagnostic entities for which he offers interesting and courageous opinions. Of note are his points of view on culture-bound syndromes, which should stimulate discussion, as should his opinions on ECT and its usage.

Chapters of particular note include those on legal aspects, the violent patient and that outlining the psychiatric examination. Tables provide the ready reference necessary in a book of this nature.

Written for health professionals, the book succeeds in its goal and should prove to be of particular value to the medical student, general practitioner, junior registrar and psychologist in training. Psychiatric nurses, social workers and occupational therapists will also find the book of value when first confronted by the mystifying subject.

P. STRONG

Health Care in South Africa: Structure and Dynamics.

By H. C. J. van Rensburg, A. Fourie and E. Pretorius. Pp. xix + 438. Illustrated. Pretoria: Academica. 1992. ISBN 0-86874-471-9.

South Africa is a complex country now passing through a turbulent transition process into an uncertain but, hopefully, a brighter future for all its people. Medicine and health care, as 'social institutions' are profoundly influenced in all countries by global and local economic, social, political and scientific forces. While reflecting international trends, medical practice is also influenced by the context in which it is embedded. In South Africa, medicine has arguably been driven and shaped more by external than internal forces. This can be explained by the traditions shaping the experience and training of many generations of health professionals. Because it is so difficult to be critical in examining ourselves, the institutions within which we work and their relationship to complex sociological issues, it is necessary for systematic and objective analysis to be undertaken by those with specific skills in these activities.

Although medicine in many other countries has come under the scrutiny of sociologists, lawyers, philosophers and other social critics, the profession in South Africa has largely been isolated from such scholarly analysis of its activities. But like so much else in South Africa, this is also changing and health professionals can increasingly expect their activities to be the focus of interest for other professions, and to be called upon to account for their actions in a more open society. Given the harm that can be done by those who embark on social criticism for destructive or self-serving purposes, South Africa is indeed fortunate to have sociologists of the calibre of Dingie van Rensburg and his colleagues, who have devoted many years of scholarly work to constructively and systematically analysing and commenting on health care in South Africa.

Their most recent contribution, *Health Care in South Africa: Structure and Dynamics*, is a seminal work reflecting cumulative studies that provide the framework for rational progress through our turbulent transition into the future. The vast scope of its contents and of their implications pre-

clude any successful attempt to provide a synoptic review. In my opinion, every medical practitioner in South Africa should own a copy of this book, which, I have no doubt, will long be considered a most important contribution to the history and development of health care in our country. Although not all will necessarily have the time, interest or energy to read the book from cover to cover, it will be an excellent source of reference to the history of health services in South Africa from 1652 to 1990; to profiles of disease and health in our varied population; to health care systems in general — in South Africa and elsewhere — and the forces contributing to their evolution; to private, public, alternative and traditional health care, and to ideal, potential and likely options for the future.

S. R. BENATAR

Guidelines for Cholera Control.

WHO. pp. vi + 61. (in English; French and Spanish in preparation). \$16,20. Geneva: WHO. 1993. Order No. 1150398. ISBN 92-4-15444-9X.

The book is one of many by the World Health Organisation (WHO) dealing with cholera, which is still a public health problem in some developing countries. Roughly, the book can be divided into 3 parts.

The first part commences by noting that the introduction of cholera in a country cannot be prevented, but its spread within a country can be contained by appropriate measures. This section provides succinct information about the disease, common sources of infection and measures for prevention. It stresses the need for water supply and sanitation as the most effective measures to prevent and control cholera.

The second part describes the steps that programme managers for the control of diarrhoeal diseases should take to prepare for a cholera epidemic, clinical management of patients with cholera, emergency stock of essential supplies, surveillance and reporting. It discourages the diverting of resources to ineffective measures such as mass chemoprophylaxis and vaccination. This part of the book deals also with prevention of the spread of an outbreak by means of appropriate health education, and outlines the precise role of the laboratory in the control of the disease. Unfortunately, little attention has been given to the epidemiological studies that should be conducted to determine likely sources of infection.

The third part stresses again the necessity of water supply and sanitation in the long-term prevention of future outbreaks, and gives some WHO references particularly useful to improve water supply and sanitation in communities. This part ends with annexes providing summaries of practical guidelines easy to use even in rural areas with limited resources.

Detailed annexes provide valuable information and guides to community health workers. Combined with references relating to water supply and environmental sanitation, the book will be of particular interest to public health managers for effective control of cholera and other diseases transmitted through drinking water and food.

This book is highly recommended as a standard reference document towards effective cholera control

C. MONDJANGA DANDU

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Methyl Ethyl Ketone. Environmental Health Criteria. No. 143. Pp. 161. (English with summaries in French and Spanish) \$23,8. Geneva: WHO. ISBN 92-4-157143-8.

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