

The Need for Deepening Inter-Sectoral Collaboration for the Overall Well-Being and Dignity of Clients Affected by Adverse Health Outcomes at Health Facilities

Eshetu Worku

Northern Cape Department of Health, Kimberley, South Africa

Email address

Eshetu.b.worku@gmail.com

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Abstract

The right to health care, for all citizens, is enshrined in the Constitution of the Republic of South Africa. Furthermore, the National Development Plan (NDP 2030) states that good health status at individual and population level as one of the critical means to create productive citizens eradicate poverty and reduce inequality in all its forms. Better health for all is a noble goal, however, it needs adequate resources and collaborative efforts from multiple role players in the health sector. Nowhere is this truer than the recent increased occurrences of adverse health outcomes due to medical malpractices and negligence and the associated medico-legal cost claims against the sector. This article aims to highlight the need for overhauling the fragmented health system along with deepening the inter-sectoral and collaborative efforts not only to mitigate the medico-legal challenges but also, in relation to the broader delivery of good quality health services for all. The study employed mixed methods for collecting data. Structured interviews, review of secondary documents, case studies and focus group discussions were used to generate evidence. In South Africa, health system is faced with numerous opportunities and challenges. Advancing the collective efforts supported by pro-poor public policies, should be an essential foundation for correcting the current inequities in health and health system as well as better health for all.

Keywords

Health Outcome, Medical Malpractices, Quality, Inter-Sectoral Collaboration, Public Policy

1. Introduction

Evidence is mounting on the adverse health outcomes due to medical malpractices and negligence as well as the associated skyrocketed financial claims for damages against South African health sector [1-3]. This is a big concern, considering the efforts that have been made in strengthening health system to provide good quality, effective, efficient, accessible and equitable healthcare services, for all and to achieve better health outcomes [4]. Whichever way one looks at the situation, either from clinical or financial perspectives, both are warning signs, and calls for tackling the root causes of the problem. It can potentially create a vicious cycle of problems, if the solution only targets the symptoms instead of

root causes of the problem. For instance, if claims are successful and are paid to patients, inflicted injuries/illness instead of cured, it can create financial pressure to the already stretched health sector budget that can negatively affect the provision of good quality health services, which in turn compromises health outcomes followed by creating more rooms for valid medico-legal cases and financial claims for damages against the health sector and so on [2, 3].

The right to health care is enshrined in the Constitution of the Republic of South Africa [5]. Furthermore, “A Long and Healthy Life for All South Africans” is one of government’s priority goals as indicated in the country’s long-term National Development Plan (NDP 2030) [6, 7]. The Bill of Rights in Section 27 (1) (a), (2) and (3) of the Constitution states that healthcare is a right, including reproductive healthcare. The

State must take reasonable legislative and other measures, within its available resources, to achieve the progressive realisation of each of these rights. Subsection (3) says: No one may be refused emergency medical treatment [8]. Moreover, Section 34 and 38 deals with the enforcement of rights and protects a person's right to approach a court for the granting of appropriate relief if a right in the Bill of Rights has been infringed or threatened [8]. Recently the National Health Insurance (NHI) Bill was released for achieving Universal Health Coverage (UHC) for all [6, 7]. UHC is the United Nations programme about health service provision in all countries [9]. Resources needed to provide NHI regarded as investment for higher return through producing healthy and productive citizens to ensure country's socioeconomic development plan and prosperity.

While the country has made huge progress as observed by broader important principles and efforts to ensure that the provisions enshrined in the Constitution, that all people can have access to good quality health services, there is still a long way to turn the good quality health outcomes for all into reality [2, 3]. The path to good quality health outcome is challenged by numerous factors. For instance, the recent mounting evidence on the medico-legal cases against the health sector is one text example that presented as a significant threat both at clinical and financial fronts specially to the public health sector [3]. The increased occurrences of unintended adverse health outcomes are worrisome. Studies indicate, many of the country's health outcomes have been significantly improved, yet remain high by the standards of peer developing economies, pointing the need for further transformation on the delivery of quality health services as well as how it is financed and managed. In South Africa infant, child and maternal mortality rates, are much higher than expected for the level of its development [10]. HIV prevalence is among the highest in the world, TB remains the leading cause of death and lifestyle diseases are on the rise [10, 11]. Currently South Africa spent 8.7% of GDP on health, which is above the average 5% of GDP according to the WHO recommendation. Out of this, public sector spends 4.2% to provide healthcare for about 84% of the population who do not have private health insurance. Whereas the private health sector spends 4.5% of GDP on health but only provides healthcare for about 16% of the population [6, 7]. Resources constraints at public health facilities may have contributed to poor quality of health services and unintended health outcomes.

More than 80% of the reported adverse health outcomes occurred in public health facilities, where needless injuries/illness or deaths caused by medical malpractices and negligence, coupled with significant shortage of resources [2, 3, 12, 13]. This may need massive reorganization of the current health system, both public (poor quality of care) and private (the non-affordability) to improve national health outcomes. In addition to this, to alleviate the problems deepening inter-sectoral and integrated approaches among key stakeholders in the sector is vital [14, 15]. According to the World Health Organization's Commission on Social

Determinants of Health, population health outcomes can be improved through inter-sectoral collaboration and integrated efforts among different sectors [16, 17]. This can be done, for instance, (i) policy options aimed at directly influencing the daily living and socioeconomic conditions that affect health and health inequities; (ii) policies for improving health care provision and coverage; and (iii) actions to improve governance arrangements within and between countries to enable the effective implementation of these policies.

For people-centered health system, delivery of quality health care and good patient experience should be among the integral parts. Most importantly, the care and supportive environments provided for patients, inflicted injuries/illness or death instead of cured is one of the ethical and moral values from clinical perspectives. Doing so positively influence their quality of life and well-being in the best possible ways for years to come [18]. However, because most of their needs often lie outside the health sector justifies the need for inter-sectoral and integrated approach among key role players in the sector [19]. There is increasing evidence that health status is a function of not only health services, but also other factors [15]. Improving people's economic, political, social, and physical environment conditions in which people are born, grow, live, work and age can help to promote and ensure the opportunity for health and well-being while reducing resources pressures on health sector [20]. Health sector should intensify integrated actions which are vitally important to achieve better health and well-being for all. This in turn requires most importantly designing appropriate public health policies in the first place, and action plans to optimise efforts towards working collaboratively in tackling the problems. This article aims to highlight some public policy relevant issues in tackling the threat presented to health sector on both clinical and financial fronts due to medico-legal cases and the associated unaffordable damage value claims.

2. Methods

The study used both quantitative and qualitative methods for data gathering to explore and describe the extent of medico-legal problems in South Africa from both health system and patients' perspectives. Systematic data collecting procedures were followed with a process that begins with the development of the research questionnaires for the identification of the required information. An in-depth literature review on the medico-legal cases was conducted to assess the previous and current work of experts in the field. Following this, recent research reports and findings from the topic were identified and reviewed. Basically, the review process focused on two fronts. First the threat presented at public health sector and second how individual patients, inflicted injuries/ or illness instead of cured daily lives can be improved in the face of the adversity situation.

Secondary data reviewed from published articles which include the Department of Health Clinical Guidelines (2004); Good Clinical Practices Guidelines (2006); National Health

Act No 61 of 2003, the World Health Organization reports on health systems building blocks, the South African Law Reform Commission report; and National Health Insurance Bill for all South Africans were used for guidelines to understand and provide theoretical framework for the study.

The analysis was classified into two sub-categories such as by means of understanding what factors can potentially improve the lives of patients, inflicted injury/illness instead of cured by alleviating the health, social and economic burdens to them as well as their relatives and the society by taking into account the type of supports that can be provided from different government sectors through deepening the inter-sectoral collaborative approaches. The challenges such as access to quality health services, professional attitude, access to social and economic services, and support from the environment reviewed. From health system perspective's factors that influence the likelihood of quality health outcome such as use of guidelines for standard of care, professional attitudes, patient dignity and safety in the provision of care, timely access and referral systems, equity, effectiveness and efficiency data were reviewed and entered in data entry tools developed in Microsoft Excel and descriptive statistical analysis was performed to describe and provide summaries about the response on each measure.

3. Results

Health sector is a complex entity, with different role players including patients, clinicians, healthcare providers, donors, government, regulators and the broader public. The South African health sector has been implementing major health system reorientation with the aim that all citizens can have access to good quality health services and attain

improved population health outcomes. Despite the great strides that have been made to strengthen health systems capacities, coverages, resources spent on health and regulations to provide reasonably good quality and effective health services, both unintended health outcomes due to medical malpractice and negligence as well as the medicolegal claims against health sector significantly increased [1-3]. The majority of medico-legal cases and damage claims are associated with maternal and child programme, and mostly caused by the inadequacy in the quality of care provided in public health facilities [3].

According to the Health Minister Dr Aaron Motsoaledi, nationally the medical negligence claims have increased in the last few years. More than 5,500 medical negligence claims have been made against the health department since 2014, and the number grows each year. The reported claims that had been made increased from 1,562 in the 2014/15 to 1,732 in 2015/16; and then to 1,934 in 2016/17 financial years. The cost of reported claims also significantly increased. The total amount paid for medico-legal claims in 2015/16 was R730.87 million, while in 2016/17, the total value of claims climbed to R1.2 billion which have grown at an average rate of 45% since 2012/13 [1]. According to former Finance Minister Mr Malusi Gigaba, the contingent liability arising from claims against the State at the end of the 2016/17 financial year totaled an estimated R56-billion [1, 3]. If claims are successful and are paid to patients, inflicted injuries/illness instead of cured, it will create increasing financial burdens in the delivery of health services. Table 1 presents reported medico-legal cases and the associated case value claims in the last three years (between 2014/15 and 2016/17 financial year) by 24% and 30% respectively.

Table 1. Medico-legal reported cases per financial year and the associated claims for damage.

Financial year	2014/15	2015/16	2016/17	2017/18
Number of medico-legal cases	1562	1732	1934	-
Medicolegal claims (Rand)	R391,319,960.08	R730,886,365.29	R1,233,752,745.39	R247,001,378.15*

Source: <https://pmg.org.za/committee-questions/7140/>;

*For only five provinces excluding Eastern Cape, KwaZulu-Natal, Western Cape and Northern Cape.

Most common reasons for claims include maternity and obstetric, as well as orthopaedic and cerebral palsy cases [1, 3]. Not surprisingly, these sub-groups of a population regarded as among a marginalised section of the society and hit hardest by poverty [17, 21]. A host literature on the topic indicated that the most common causes of medical malpractice in public health facilities include inadequate resources, such as specialists particularly in high risk areas which include obstetrician, gynaecology, and paediatrics, lack of medical equipment or equipment not properly maintained, inadequate level of in-service training to staff, infections, poor infrastructure, lack of access to emergency medical services for timely medical treatment, poor patient recording system, poor clinical governance, non-adherence or lack of standard operating procedures and monitoring systems in place, anaesthesia errors, lack of patient's medical history, misdiagnosis or failure to diagnose correctly,

unavailability of medication or medication errors such as wrong dosage and prescription, lack of information being collected and/or kept safely, failure to obtain informed consent, delay in diagnosis or failure to consult in a timely manner, healthcare worker fatigue, poor attitude of health professionals and lack of consequence management [3, 22, 23]. The gathered information suggested that adequate resources and good governance practices are certainly fundamental to good quality service delivery and subsequently improve people's living standard particularly for those vulnerable sub-groups of a population.

Public health facilities remain the only option for more than 86% South Africans, who do not have private health insurance. Considering the numerous demands placed on public health system, an evidence-based resources allocation methodology in accordance with taking into account the prevalence and the burden of diseases as well as the welfare

support for the patients, inflicted injuries instead of cured in public health facilities are critical. Quality of care is a key component of the Constitutional right to health. Conversely, if health provider (health facility and/or health professional) provided health services that not meet the accepted quality standard and led to harm to patient then healthcare provider should take responsibility to compensate for the damage and steps to improve the quality of patients' lives. According to the South African Law Reform Commission recently released a discussion paper around medico-legal claims, there is an urgent need for law reform as no specific legislation currently exists to deal with medical-specific claims [13, 14].

To provide a holistic and inclusive service package for those affected clients inter-sectoral collocation actions are required from other government sector departments. Various sectors such as Department of Social Development, Education, Treasury, Home Affairs, Housing, Transport, Department of Justices and others can play critical roles in these people's lives and client-centered health system. Despite the need, there is a major gap in terms of targeted collaborative activities. On the other hand, the introduction of the National Health Insurance Bill will bring drastic reforms for accessing quality health services through addressing the currently significant challenge for many South Africans as they have to contend with generally poor quality health services in the public sector or unaffordable medical bills from private health facilities.

4. Discussions

There is much written about the quality of clinical outcomes in right-based health care services. Intrinsically, treatment success is one of the central components that health sector strives to achieve [3]. Whether international or local, clinical outcome indicators are considered as the gold standard measures for assessing the quality, effectiveness,

efficiency and equity of existing delivery of health services [22, 23]. The health system in South Africa is shaped by and made interventions in accordance with the national quality improvement plan (national core standards). Despite remarkable advance in strengthening health system capacities and regulations to provide and maintain quality, effective, efficient and accessible health services, the sharp increase in both medical malpractice litigation and the associated damage claims against health sector is a big concern. A number of factors contributed to poor health outcomes and increased malpractice litigations in public health facilities. This is a fundamental challenge from many perspectives, and pointing for deliberate and urgent actions to improve the delivery of quality of health care as well as to address the needs of patients, inflicted injuries instead of cured.

One would argue that healthcare provider should have done something better to avoid the incidents of medico-legal cases that resulted in injuries/illness or death to the patients. Among other things, one strategy could be improving a health facility capacity to function optimally and provide quality health services to improve health outcomes and reduce medico-legal claims. Despite public health facilities remain the only option for the more than 86% of the population, most of them are facing resources constraints and struggle to meet the quality standards required to provide good quality health services [6, 7]. Public health sector has the highest level of medico-legal cases and damage payments for case settlements may result in more malpractice and further claims through diminishing the available resources from health sector. As some of the claims are legitimate and the impact of case settlements will pose a serious threat on health sector's already stretched budget to provide good quality of care. Furthermore, if the problem is not effectively tackled it will create a vicious cycle of problems which will further put more pressure on the health sector. Figure 1 shows the cyclical nature of the problem.

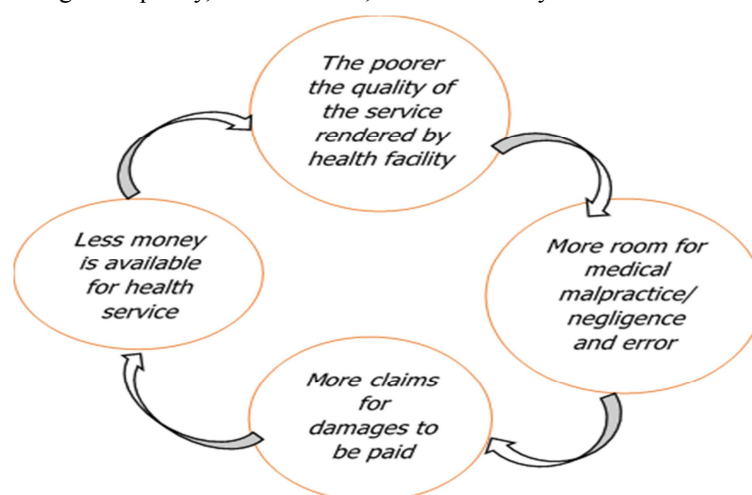


Figure 1. Cyclical nature of the medico-legal problem.

According to World Health Organization (WHO), in order for the health sector to deliver preventive, promotive, curative and rehabilitative interventions, a health facility

should be capacitated with adequate resources [24]. These resources include good governance, health financing including well-functioning supply chain management, health

workforce, medical product/technologies, medicine, infrastructure, information and essential health services. WHO consider them as key building blocks for health system. The assumption is that if health facility is capacitated, and able to provide good quality of health services (the standard of care) professionally and efficiently with timeously effective referral system to the patients, then clinical health outcomes will be up to the expected standard; and there will be less or no room for valid medico-legal cases and then damage claims against the health sector. For this to happen, resilient health system is absolutely vital to provide good quality health care services when people get sick.

In contrast, previous studies on the topic argued that individuals or population health status is a function of not only healthcare services, but also other socioeconomic factors that positively or negatively affect individual's well-being and health status [15, 25]. Indeed, there is increasing evidence that improving people's economic, political, social, and physical environment conditions in which people are born, grow, live, work and age can help ensure opportunities for better health and well-being [15]. Health sector should intensify integrated actions to promote and achieve desired health outcomes while reducing resources pressures on the health sector [26]. This in turn require, most importantly designing appropriate public health policies, coordinated action plan and effective progress monitoring system in place to optimise efforts and contributions from partners in tackling the Social Determinants of Health (SDH) and to maximise health benefits. Furthermore, the plan must be realistic and supported by adequate resources.

Both the Sustainable Development Goals and the National Development Plan have laid a foundation on which countries

can build and make progress towards collaborative actions among key stakeholders to maximise health benefits. It remains to be seen that one of the current challenge to improve better health for all in South Africa is fragmentation in the delivery of healthcare services. Hence, among the solutions to turn the current unintended health outcomes related to medico-legal cases should be extensive health system reforms. However, since health status is influenced by multiple factors outside the health sector and public policies, among other things, plans to tackle the broader socioeconomic and systemic challenges engulfing the health system are critical to improve quality health outcomes. In all countries, no matter what their development level, the need for integrated and collaborative efforts among key role players in health sector is considered as an opportunity to achieve more with limited resources and ensure success.

There are close links between individual level socioeconomic conditions and health status, yet too often health is equated only with health services [15, 25]. Currently, most people with medico-legal cases (disabled people) are experiencing difficulties in accessing even their fundamental rights [14]. Provision of appropriate, accessible and quality health services along with addressing their social and economic needs are important to ensure and promote better lives for people affected by adverse health outcomes. Figure 2 presents through integrated healthcare and socio-economic support it is possible to improve the health and well-being conditions of patients, inflicted injuries/illnesses instead of cured in health facility in a sustainable way. This besides improving the social-economic conditions of the clients in question but also contributes to achieving health equity so that no one is left behind.

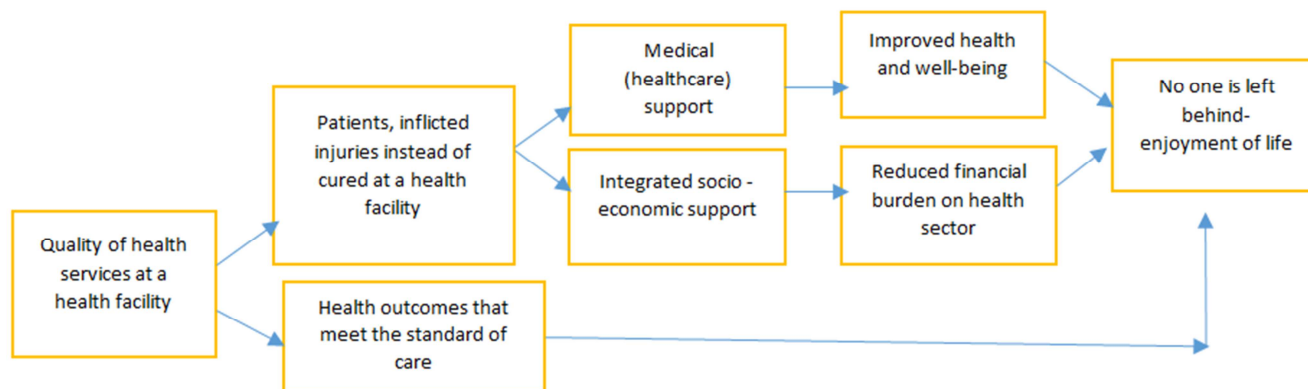


Figure 2. Integrated support not left behind anyone from enjoyment of life.

Support towards realisation of individual rights will allow one to thrive and to take full advantage of his/her capabilities [17]. Furthermore, a rights-based health services delivery approach recognises that there is a fundamental causal relationship between the right to health care and the development of self-esteem. The rights towards good quality healthcare services for all is enshrined in the Constitution of South Africa and its progressive realisation must, therefore, be supported with adequate resources. Looking at the broader

picture and the State resources, it is possible to argue for sharing some of the burdens and alleviate resource constraints from health sector. For instance, damage claims expressed under future expenses include cost of social workers to provide care and support, special educational support and others. Table 2 provides a wide range of policy options for patients affected by medico-legal cases will potentially improve the conditions of living for patients as well as save costs from medical claims.

Table 2. Action areas to inter-sectoral collaboration for improving health.

Policy area	Justification	Action or strategy to promote health
Pro-poor public policies	Evidence-based pro-poor public policies tailored to their needs create opportunities to be healthy and productive.	Widen benefits that make poor people less vulnerable through developing responsive policies and implanting them effectively including UHC.
Poverty	The burden of disease is often more associated with poverty as a result ill-health is continued and disproportionately affecting the poor.	Social protection measures to protect individuals and families at risk of poverty will create opportunities to protect them from ill-health triggered by poverty.
Healthy environment	Most people often have less access to healthy living environment.	Improve physical environment which include housing, sanitation and waste disposal, parks, and green open spaces contributes to better health and well-being.
Health systems strengthening	Health facility needs to operate with adequate resources to provide reasonable good quality and accessible health services.	Not to leave any one behind, strengthen the health system building blocks towards UHC while tackling inefficiencies, wastage and corruption through accountability of action in place is necessary.
Trust-based relationship	There is a need to develop trust based relationship among stakeholders to raise adequate resources and its effective implementation thereof.	More trust-based work relationship, especially with healthcare funders and health sector is vital to ensure that resources allocated to health systems match health sector needs as well as used efficiently and effectively.
Actively engage on medico-legal cases	Some of the cases may not have genuine merit for litigation.	Adequate support from State Attorneys to health sector will help to actively engage on cases, and settling those cases with merits fairly, in most cost-effective manner.
Special classes to support children with special need	Special support to learners with intellectual or psychosocial disabilities for their successful completion of school.	Children spend most of their early childhood development time at school. Schools should optimize opportunities by providing support for developing their all rounded personality growth.
Communication and information exchange	Information exchange can support the decision making process in health sector.	Timely information exchange on client status could save money, which otherwise be spent unnecessarily. Health sector can benefit from the status report from Home Affairs on the status of the client.
Social protection floors	People who need essential health, social and economic services need to be supported.	Improving social protection in the form of social cash transfers and brining integrated services to people with disabilities is vital to improve their living status.
Health in all policies for inter-sectoral collaboration	Public policies both within and outside the healthcare sector have impact on the health system.	Health sector needs to work with stakeholders to identify and assess the health impacts of different sector policies to monitor and maximize health benefits to all.

5. Conclusion

Despite the many advances and achievements of the health sector, the recent sharp increase in the medico-legal cases and the associated damage claims against the sector have given perception that health systems in the country is under significant threat of collapse. To alleviate the pressure from the health sector and support clients affected with unintended adverse health outcomes, in the context of carrying society and client-centered responsive health care system, further deepening of the inter-sectoral collaborative actions is needed. Through provision of a holistic and inclusive service supported by public policies, it is possible to further improve population health status while saving scarce resources and time. South Africa is in the right foot to promote and implement the National Health Insurance that provide equal access to good quality health care services to anyone to the same level of need irrespective of their socioeconomic status and ability to contribute to the pool. This will significantly address the bottlenecks from public health facilities which currently hindering them not to provide quality health services.

6. Recommendations

1. Inadequate resources and limited capacities at a health facility in the context of right-based health approach and clients' expectations for accessible and good

quality health services, calls for overhauling of the current fragmented health system towards good quality health for all and health system that works for all.

2. Long lasting solution to most of the current health facilities problems is through addressing the root causes of the problem, instead of proposing solutions based on symptoms. The proposed NHI for South Africa, will transform the existing service delivery platform along with improvement in the quality of care which ultimately reduce unintended health outcomes.
3. Further deepening inter-sectoral collaborative efforts among key stakeholders in health sector will create the possibilities for better addressing and promoting the socioeconomic conditions as well as the daily lives of affected clients with unintended adverse health outcomes at public facilities.

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