

Recommendation on Access to Acute Medical Care for Road Accident Victims.

The right to have access to health care services is a basic human right guaranteed by the Constitution. Section 27 of the Constitution provides that everyone has the right to have access to health care services.

In order to ensure the constitutional right to appropriate access to treatment for road accident victims the current care system needs to be improved for non-medically insured victims.

The initial key factor in reducing the extent and costs of permanent disability, and the return of greater numbers of injured individuals to the productive workforce, is appropriate the acute investigation, treatment, and rehabilitation. The psychological consequences of receiving substandard treatment and rehabilitation also have a severe and negative effects on physical recovery and permanent disability and all the associated economic, medical and societal costs.

The ideal treatment for road accident trauma victims is available in South Africa and is practiced on daily basis. This treatment starts at the accident scene where the severity of the injury is assessed and treatment priority triaged with referral done to an appropriate level trauma centre.

The system generally fails to varying degrees in the non-medically insured victims due to the poor state of provincial health care systems. Treatment of victims with medical insurance (Medical Aid) would be regarded as the expected standard of care.

In the short term this failure of care and consequences can only addresses by funding the appropriate treatment in the private health sector.

It would be proposed that the fuel levy for road accident victims be apportioned to two separate categories, each ring fenced and managed separately. The one to compensate the acute management and rehabilitation, and the other for the settlement and payment of the disability claim.

The fund to compensate the acute management and rehabilitation, would need to be managed by an existing and experienced medical treatment/insurance administrator, and not the RAF. There would be an oversight body that could ensure governance and appropriate usage of the funds.

An actuarial assessment of cost to the fuel consumer and of comprehensive treatment would need to be undertaken to establish reasonable tariffs for compensation for medical treatment. The existing medical aids have costs for road accident victim treatment that can be utilised. A negotiation for the reasonable and affordable cost of administration would need to undertaken.

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