



## Discovery Health Premier Rate

**To the Editor:** The Discovery Health Premier Rate, and the list of participating specialists published on their website, has opened a new can of worms. At issue has been the publication of specialists' names without their written consent or knowledge. Discovery insist that this was done in response to requests from individual specialists and specialist groups, that they only facilitated this automatic enrolment, and based this on 'expert legal and ethical input'.

The response from specialists who found their names on the list – usually pointed out to them by colleagues who felt they were selling out the profession – suggests that these claims are disingenuous, and verge on an attempt to mislead the medical profession and their clients as to their motives. Attempting to divide a united front by targeting a perceived weak link is well understood in war and business, and is effective against a group such as ours aiming to maintain high standards of care. Since Discovery professes to be a partner in the health care industry this underhand behaviour deserves condemnation.

Contrary to Dr Maurice Goodman's assurances and explanations, getting one's name off this list is not simple – colleagues have phoned, e-mailed and written several times, and have not succeeded. How can Discovery simply unlawfully misrepresent one on a list, but have difficulty when removal is requested?

The Premier Rate was paid directly as promised to those names on the list (which practitioners might not have known about!). Those wanting their names removed are informed that they were paid erroneously and that it will be taken off any further disbursements to their practice until paid off! Does this not sound like a protection racket run by some who profess to look after you as long as you toe the line?

Dr Goodman said that Discovery sells their clients our services. We are the commodity, without us there is nothing to sell and they don't exist. Without them we would continue to exist, as we did until funders came into existence in the 1970s. It is incumbent on us to negotiate with funders for our patients to benefit optimally. However, the operative word is 'negotiation', and it is here that Discovery needs to revise its position.

In this spirit of negotiation a group of specialists from the Stellenbosch area arranged to meet with the Directorate of Discovery to discuss the unfortunate issues surrounding the Premier Rate. The 'rules of engagement' were agreed on after a lengthy process by representatives of the two parties and circulated to all the parties who would be attending, together with the agreed-on agenda. Dr George du Toit (who facilitated the meeting on behalf of the specialists) telephonically confirmed this with Discovery and again when he opened the meeting. The Discovery spokesperson then explained why

they would deviate from the agreed-on 'rules of engagement'. An unpleasant exchange followed, which culminated in the meeting being dissolved by the specialists. That Afrikaans would be the official language of the meeting and that Mr Neville Koopowitz intended to speak English is not the issue, although it appears that this has been suggested by Discovery. The real issue is that Discovery agreed to terms and an agenda they did not intend to honour. What guarantee is there that agreements with Discovery will be honoured in future, be it fees, payment, coding, ethics, sustainability or consultation, if the Stellenbosch experience is anything to go by?

Discovery's words and promises mean nothing and it's time the profession called them to order. If Discovery wants to be a part of our noble and honourable heritage, they must abide by our standards. Quaint explanations of how the names got on their Premier List are unacceptable. They should remove the names from the list and apologise. Negotiations with our elected representatives can then proceed.

### **Derrick Wagenfeld**

*Past President, ENT Society*

### **Dick van der Jagt**

*RASD Chairman, SAMA*

### **George du Toit**

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## Infectious disease surveillance?

**To the Editor:** The Department of Health is to be commended on its preparation for the 2010 World Cup.<sup>1</sup> However, 'surveillance' falls far short of adequate planning. How is this to be accomplished – further monitoring of antenatal clinic testing?

The most basic strategy for limiting and controlling an infectious disease epidemic is statutory and thorough follow-up of infected patients' contacts with appropriate testing.

Ethics dictate that the best interests of the majority supersede the interest of the individual. The last and unlamented regime failed utterly in the HIV/AIDS pandemic, and the present government continues on this treacherous path of misguided public health policy.

Have we already drowned? 2010 seems frivolous compared with this flood.

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1. Tshabala-Msimang M, Pillay Y. Preparing the health sector for the 2010 soccer World Cup (Editorial). *S Afr Med J* 2007; 97: 40.