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Cardiac health care in South Africa: The devil is in the (unavailable) detail

Discussions about health care in South Africa, particularly cardiac health care, often evoke a variety of emotions ranging from pride to despair. We are filled with pride when we read reports of the first trans-catheter aortic valve implantation recently done in the country or when we reflect on the days of the first heart transplant performed by Chris Barnard at Groote Schuur Hospital. We are drawn to despair when we hear of a major state hospital that cannot function because of a lack of consumables or lack of water. What is the real state of cardiac health care in South Africa? Often the analysis of this question is superficial and we jump to the conclusion that when it comes to private cardiac care, we rank amongst the best in the world, whilst in the case of cardiac health care in the public state hospitals the situation is desperate. Is that really the case? It is estimated that 14% of citizens are able to access the private health care sector in South Africa. That leaves 86% of our citizens dependent on the public health care system. Can we justify patting ourselves on the back for our performance in the private sector whilst we ignore the limitations placed on both the providers of cardiac health care in the public hospitals and on the patients dependent on these services?

The simple truth is that for the most part we are not in a position to answer these questions as we do not have the data; we have only anecdotes. In a comprehensive survey of cardiovascular disease in sub-Saharan Africa⁽¹⁾ published in 2006 Anthony Mbewu and Jean-Claude Mbanya state: "Sources of data on cardiovascular disease rates in Sub-Saharan Africa are generally lacking and when present are often of poor quality". This statement still applies to South Africa today, not only because of our geographical location but also because of the current paucity of data on cardiovascular disease rates and cardiovascular health care in this country.

Against this background the audit of pediatric cardiac services in South Africa and the accompanying article on providing optimal paediatric cardiac services featured in this issue of SA Heart, make a significant contribution to the available data on cardiac health care in South Africa. Ebrahim Hoosen and his co-authors, under the auspices of the Paediatric Cardiac Society of South Africa, are to be commended for assessing the available services for the country as a whole rather than separating the analysis into private and public care. It does not go unnoticed however that, whilst the country as a whole is lacking in terms of paediatric cardiac services (operations for congenital heart disease are estimated to provide only 40% of the procedures required for our population), the deficiencies are particularly evident in the public sector. If you needed any convincing of the magnitude of the problem the article by John Hewitson and Peter Zilla on the burden of children's heart disease in sub-Saharan Africa makes for compelling reading.

These three articles, featuring paediatric cardiac services in South Africa and Africa, highlight the need to report the data we have so that we can identify and address deficiencies. Whilst it is acknowledged that the data has a number of shortcomings with some figures being unavailable or based on estimates, it does provide us with information on which to base initiatives aimed at improving the status quo.

The article by Barry Barnard and co-authors similarly provides valuable insight into mitral valve replacement at a major South African academic hospital. Once again the authors acknowledge the deficiencies in the data inherent to retrospective studies, but nevertheless they provide us with important observations that can be used to improve current systems and the authors are to be commended for reporting this important information. These four articles highlight the important role our Journal has in disseminating vital information regarding the state of cardiac care in South Africa, information that will ultimately influence the shape and quality of cardiac health care in our country.

The final two articles in this issue feature important basic science contributions informing us about interesting developments in the laboratory that will shape the world of the clinical cardiologist in the future. Amshan Ramburan from the group of Hanlie Moolman-Smook elegantly dissects the role of cardiac myosin binding protein C in regulating the activities in the sarcomere, thereby shedding new light on cardiomyopathies. Barbera Huisamen and Amanda Lochner provide new insight into heart disease in the obese, insulin resistant and diabetic patient with their review of GSK-3 protein.

As the mouthpiece of the South African Heart Association, the Journal has as one of its core objectives the dissemination of research results, recent advances and relevant information in the field of cardiovascular medicine. I would like to believe that, when reading this issue of SA Heart, readers will agree that the articles featured disseminate important information relevant to our profession and the service we provide in South Africa. The successes of our attempts at improving cardiac health care will depend on the availability of sound and detailed information on which to base our decisions and planning. Future publications in the Journal will continue to contribute towards the detailed information required for sound planning and individuals and organisations responsible for this planning will do well to heed the advice that often the devil is in the detail.

References:

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