

Pathology labs forget: patients come before profits

In coming to the defence of the National Pathology Group in "Lab offering cheap Aids test not with NPG" (*The Star Letters*, August 19), its chairperson, Dr A C Harrison, misses the point.

The issue raised by the provision of essential HIV-related laboratory services at substantially reduced prices is not about placing blame on the public health sector, tax laws, government health policies, laboratory equipment suppliers or big business.

Rather, it is about examining the relationship between the NPG, excessive pricing and price fixing in the private pathology sector, and the role that the NPG can and should be playing to support and encourage its

members to ensure that affordable pathology becomes a reality for all persons living with HIV/Aids.

Further, Harrison is somewhat economical with the facts. Four examples are illustrative.

First, while the Treatment Action Campaign (TAC) has asked for a meeting with the NPG, its relationship with Harrison's group at this stage can hardly be characterised as a partnership. TAC's discussions with the NPG are aimed at clarifying whether it operates as a cartel in violation of applicable competition law and whether it is committed to taking the necessary steps towards ensuring access to affordable laboratory tests, especially in the private sector.

Second, access to essential laboratory services – such as CD4 counts – are crucial, even when a patient is not able to access highly active anti-retroviral therapy (HAART). It is widely recognised that a CD4 count is the most appropriate marker of disease progression for all persons living with HIV/Aids, irrespective of whether they are receiving HAART or not. Prophylaxis, diagnosis and treatment of infections are severely hampered without knowledge of a patient's CD4 count.

Third, for all patients on HAART, access to laboratory services such as a viral load test is essential to monitor the overall effectiveness of treatment. In South Africa, almost all patients

on HAART access treatment in the private sector.

The excessive cost of viral load tests is therefore an issue for both the public and private sectors. Harrison's focus on the state's shortcomings conveniently ignores this.

Fourth, although independent, Toga – the laboratory that has made the offer – is directly associated with Ampath Laboratories, one of the largest private pathology laboratories in South Africa and a member of the NPG.

TAC welcomes Harrison's call for key players to "join hands" to find ways of ensuring greater access to treatment for all people living with HIV/AIDS.

But we caution against pointing fingers at the public sector

without also addressing problematic and unlawful practices within the private sector itself, and failing to recognise that public and private health care are inextricable.

We agree that all players must come to the party. But the NPG should get its own house in order if it wishes to engage constructively and be taken seriously in claiming that its "members have indicated their willingness to be counted among those who, in the spirit of Hippocrates, care".

The Hippocratic oath puts patients first, not profit.

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