

Johannesburg cardiologist Jean Paul Theron told the commission that doctors were aware of affordability issues and avoided procedures that were expensive or added little value.

Medical aid schemes interfere in the doctor-patient relationship, resulting in poorer care for the patient.

They also set prices for doctors, who can charge patients only what medical aids are prepared to pay.

This is according to a presentation by the SA Society of Cardiovascular Intervention, at the Competition Commission's market inquiry into private healthcare costs in Pretoria.

Cardiologists said that medical aids interfered with doctors' procedures and often questioned the treatment or tests prescribed by doctors.

In one instance, Port Elizabeth cardiologist Dave Kettles was treating a young patient with pulmonary hypertension who had 18 months to live. She needed a drug that cost R2000 a month to keep her alive.

But, he told the commission's panel on Wednesday, her medical aid scheme asked him to resort to a surgical procedure that would be risky for the patient

Kettles said doctors wanted to be viewed by medical aid schemes as "ethical and competent practitioners who acted in the best interests of the patient".

Johannesburg cardiologist Jean Paul Theron told the commission that doctors were aware of affordability issues and avoided procedures that were expensive or added little value.

But cardiology required expensive technology for diagnosis and life-saving operations, he said.

"We are breaking our backs to get treatment for patients in fights with medical aids," said Kettles.

Commission panel member Nthutuko Bhengu told Kettles he had "presented a good case on how medical aids interfere in the doctor-patient relationship" but it was the schemes "who had to pay for treatment".

The specialists argued that medical aids held the power when negotiating prices for procedures.

"We face enormously powerful opponents in that dialogue," Kettles said.

Theron complained that medical aids had all the data on what cardiologists charged, what the success rates of operations were, how many were done, and what medical aids could afford, but did not share this with doctors, putting them in a compromising position when negotiating fees with medical aid schemes.

"Legally, they are not for profit. Practically, that isn't correct. Medical aids are run by some of the strongest performing companies . There are big profits involved."