



'Danger pay' for TB staff?

By Kerry Cullinan

Durban healthworkers who treat patients with drug-resistant TB should be given special incentives such as “danger pay”.

This is according to Dr Iqbal Master, head of clinical services at King George V Hospital in Durban, the province’s specialist hospital for drug-resistant TB.

King George V Hospital is struggling to find staff willing to work with drug-resistant patients, and has been trying to get itself declared “inhospitable”. This which would mean that staff would get an “inhospitable allowance” added to their pay.

“Healthworkers at Sizwe Hospital, Gauteng’s referral hospital for drug-resistant TB, get an inhospitable allowance as do staff at Prince Mshiyeni Hopsital in Umlazi. We have asked for King George to be recognised as inhospitable but so far we have failed, ” said Master.

There are few incentives and plenty of risks for healthworkers. A recent study by Boston University’s Dr Max O’Donnell found that healthworkers in KwaZulu-Natal were six times more likely to get drug-resistant TB than ordinary members of the public.

“I don’t know any young doctors who want to come and work in TB,” says Master.

“Of the nine doctors working in here, five are over the age of 55 and only one is under 40. At our FOSA step-down facility, three of the four doctors are over 60.”

Every year, at least 10 staff members from the hospital get TB while, in the last decade, 14 staff members have died of the disease. One is currently being treated for the deadly extensively drug-resistant (XDR) TB.

Master and his eight fellow-doctors also have a huge work load, and nurses are also reluctant to work at the hospital.

The hospital does not have the staff or beds to isolate patients with XDR TB. The XDR patients are thus kept the same wards as patients with multi-drug resistant (MDR) TB, although efforts are made to keep them in a different section.

XDR TB currently has a cure rate of around 20% and treatment of the virulent strain of TB takes two years and involves daily injections five days a week for at least six months and up to 16 pills a day.

However, the need for healthworkers and treatment facilities for people with drug-resistant TB continues to grow.

About 180 people with drug-resistant TB are waiting for treatment at King George V Hospital. One hundred of these people need to be admitted but they face a six-week wait for a bed, while another 80 are waiting to join the hospital's outpatients' programme.

Doctors who have referred patients to the hospital told Health-e that it was "very difficult" to get their patients admitted and that, in the meantime, they could die or infect their families with drug-resistant TB.

King George V Hospital can accommodate 200 inpatients and 700 outpatients, but the demand for treatment for drug-resistant TB in South Africa's worst affected province shows no signs of abating.

There are almost 400 beds in eThekweni for drug-resistant TB patients, and four satellite MDR clinics in other districts have been open since March 2008.

After extensive renovations to King George, two 32-bed wards are available for TB patients while there are plans for a further 64 beds to be made available. But the wards cannot be opened until more staff have been recruited.

However, Master believes that there will "never be enough beds" and that the province's move towards treating more people as outpatients is the only option.

But he admits that this “can only work if people are monitored by mobile health units to make sure that they are taking their treatment”.

Meanwhile, According to Bruce Margot, chief technical officer for communicable disease at the KwaZulu–Natal health department, over half the patients with XDR TB die before they start treatment as it takes about six weeks to diagnose. – Health–e News Service.