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AN ETHICAL REFLECTION ON THE DOTS PROGRAMME IN SOUTH AFRICA:

ADHERENCE, VULNERABLE POPULATIONS, BENEFITS, AND BURDENS

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MSc Med (Bioethics and Health Law) Steve Biko Centre for Bioethics

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MSc Med (Bioethics and Health Law) Course Code Number MM C 070

Wording of the Declaration of my own work

I EMMANUEL MABOKO **(student: 324951)** am a student registered for the MSc Bioethics and Health Law in the year 2008. I hereby declare the following:

- I am aware that plagiarism (the use of someone else's work without their permission and /or without acknowledging the original source) is wrong.
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- I understand that the University of the Witwatersrand may take disciplinary action against me if there is a belief that this is not my own unaided work or that I have failed to acknowledge the source of the ideas or words in writing.

Signature: **E Maboko, 324951** Date: October 6, 2010

Abstract

The introduction of the Directly Observed Treatment Short course (DOTS) recommended by the World Health Organization (WHO) in 1991 was developed as the ideal public health measure for the treatment and management of tuberculoisis (TB) (Naidoo, Dick & Cooper 2008:1). However, despite attempts to cure and control tuberculosis, two million new cases are reported in the sub-Saharan region of Africa. The problem of TB in South Africa is made worse by the high incidence and prevalence of HIV/AIDS.

There are many contributing factors that may play a part in South Africa's low cure rate such as unequal national drug distribution, lack of healthcare personnel, patient superstitions and myths concerning tuberculosis. I have touched upon some of these issues. But in this research report I have mainly concentrated on the South African DOTS programme and some of the ethical issues involved in the problem of patient adherence as it concerns the fair societal distribution of burdens and benefits. I have used the ethical framework for public health ethics for my analysis as proposed by Nancy Kass, and also placed a special focus on adherence problems as they concern vulnerable populations.

Quality of the DOTS programme in South Africa such as staff attitudes towards TB patients and poor communication skills, nursing care, broken equipment, dirty facilities, absenteeism may contribute towards non-adherence. Moreover, poor quality healthcare services may encourage TB patients to seek alternative treatment other than hospital care thereby increasing their vulnerability to infection and disease progression. Cultural differences in health care and practices may be a barrier to the effective distribution of quality healthcare.

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