The State's responsibility to support indebted final year health sciences students in South Africa

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Abstract

In this study, I analyse the ethical challenge faced by indebted healthcare students in South Africa of not being able to graduate and enter community service. The number of indebted healthcare students who are not able to enter community service is often under-reported. However their failure to pay off these fees results in them not being able to graduate. The State has provided NSFAS loans for students whose families earn a household income of R350 000. Those who earn more than R350 000 would not qualify, causing healthcare students in the "Missing Middle" being unable to pay their tuition in time to graduate. This results in the shortage of healthcare professionals entering community service that is required for an adequate public healthcare system. In this report, I examine legal framework and ethical theories aimed at improving the status of healthcare, to make a case that the State has an ethical obligation to assist these students, all things considered. Through the ethical theories of Rule Utilitarianism, Weber's Stewardship model, the Common Good approach, Rawls' Theory of Justice and the Difference Principle, I present arguments which show that 1) the current status quo is ethically problematic, 2) the State rather than any other entity is best equipped to address, 3) the State providing loans is the most ethically appropriate option for assistance and 4) this obligation on the State to provide loans to these students outweighs all other competing claims on the State coffers. All things considered, the State has an ethical obligation to assist these indebted healthcare students.

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CHAPTER 1: INTRODUCTION

1.1 Introduction

In the South African tertiary education system, tuition is largely paid up-front (Marcucci & Johnstone, 2007: 25-40): registration fees are expected to be paid, followed by a payment of the tuition fees which are expected to be paid before the end of the year, for the student to progress to the following year or to graduate (Koen, et al., 2016: 404-414). The failure to pay these fees results in an outstanding student debt being due to the university by the end of the year, which often prevents students from progressing to the following year of study or being able to graduate (Koen, et al., 2016: 404-414).

Within this upfront payment system, students can pay their fees through many different forms, such as, parental support, bursaries, company sponsorships, scholarships, grants, or private and government student loans such as South Africa's National Student Financial Aid Schemes (NSFAS) (Marcucci & Johnstone, 2007: 25-40). NSFAS is a government financial scheme that funds part of the tuition of South African students coming from families that earn a combined income of not more than R350 000 per annum. Part of these students' study costs are paid as a bursary, while the remainder must be paid by the students. As such, students whose families earn more than R350 000 per annum do not qualify for NSFAS (NSFAS 2021). Although these students do not qualify for NSFAS, many of them do not have bursaries, sponsorships or scholarships and, even with parental support, are not able to pay their outstanding debt to the universities in full. These students fall into a category of financially challenged students known as the "Missing Middle" (The Bursaries Portal 2017). As part of the up-front payment system, -a challenge that is not unique to only these missing middle students but is also experienced by students sponsored by NSFAS, is that due to their inability to settle their fees towards the end of their final year- they accumulate debt which they are not able to pay prior to graduation. This thus results in students not being able to access their final marks and subsequently attain their degrees and become employable (Koen, et al., 2016: 404-414).

In the case of healthcare students (namely radiographers, professional nurses, medical doctors, pharmacists, physiotherapists, speech and audiology therapists,

dentists, dieticians, and occupational therapists), this results in these students not being able to graduate and to enter the public healthcare sector to work as community service healthcare practitioners (National Department of Health 2017). The South African healthcare system has an immense shortage of healthcare practitioners: for instance it is estimated that South Africa has a shortfall of some 60 000 doctors (North-West University News 2018). Thus, when healthcare graduates are not able to enter the public healthcare sector as new healthcare practitioners, this further exacerbates the already excessive shortage of healthcare workers. By further exacerbating the already excessive shortage of healthcare workers, the public healthcare system is thus placed under even more strain, further threatening the ability for patients to receive adequate healthcare services.

At every higher education institution, in all fields of training, there are students from wealthy families who can afford university fees, as well as those who are underprivileged who qualify for NSFAS bursaries that are able to pay for their tuition. This leaves a portion of students within the “Missing Middle” not being able to afford the full payment of their tuition fees. Among the indebted university students in South Africa, healthcare students are distinct and their plight is of particular interest as an ethical question because, unlike other students from other faculties, they are expected to enter community service training to further qualify as Health Professions Council of South Africa (HPCSA) registered healthcare professionals. As such, healthcare students must graduate to do their in-service training as healthcare professionals (HCP’s) (Chiemezie, 2021). Those students who are not able to finish paying off their outstanding debt due to unaffordability are unable to graduate so as to enter into public health care service (Koen, 2016: 404-414).

This is clearly an undesirable situation, which entails unfortunate consequences for patients and for society. It is obvious that something must be done to ensure that these students are able to proceed with their training and community service. I will argue that it is ethically unjustifiable to allow the status quo to continue. What should be done and by whom is the focus of my research project.

The problem I have identified is not unique to South Africa, and the literature describes the way in which some other countries address the problem of student fee debt in the later phase of healthcare training. The United Kingdom assists healthcare

students by allowing them to apply for a bursary provided by the State managed National Health Services. These bursaries are awarded to medical students from 5th year (NHS Business Services Authority, 2020). The Australian government assists final year students by allowing them to defer their outstanding university fees by settling the outstanding university fees debt of each student and deferring collecting this debt until students have reached a certain income level after graduation (Marcucci & Johnstone, 2007: 25-40). These models present interesting possibilities for resolving the problem in South Africa.

The literature also addresses the ethics of intervening and not intervening to assist students in this position. Gecowets states that apart from these students standing to be negatively impacted because of their inability to complete their degrees and to choose careers that create personal fulfilment, the State also stands to gain from assisting them through the benefit of their public service. They thus conclude that "more effective student financing can have a beneficial impact on communities and the State". Therefore, it appears that the State should be responsible for assisting these healthcare students in being able to graduate (Gecowets, 2017: 19).

By contrast, Walsh is of the viewpoint that, notwithstanding the benefits gained from students having this unique type of financial assistance by the State (such as positive physical and mental health, family stability and career satisfaction), this initial financial assistance is not necessary, because they are bound to become financially well off within society and will eventually manage to pay off this academic debt during their careers. In addition to this, Walsh also warns about the moral implications of justice and equality being disregarded by students choosing to depend on the State to pay off their final year outstanding fees, despite being able to afford to settle them themselves (Walsh, 2020).

These two different views demonstrate that this is an area of ethical contestation, and not only in South Africa.

1.2 Research question

The fact that there are healthcare students who have completed the academic component of their training, but who are unable to proceed to their community service component, due to outstanding student debt, is undesirable for many

reasons. Thus, my research question is: What should the State do to resolve this problem in the best way possible?

The question assumes that this is a problem that the State (rather than any other entity) has a responsibility to address. I will justify that assumption in my research report. Once I have shown that the State has a duty to resolve this problem, I will consider the principal options available to the State to do so. The following possibilities can be identified:

1) the State could try to force educational institutions to write off these debts, or

2) it could pay these debts for the students, or

3) it could provide loans to the students to pay these debts.

I will argue that the third of these options is the most ethically appropriate.

1.3 Rationale for study

The South African context is very different from the more well-resourced countries, especially because we have a much lower ratio of healthcare professionals to population (Bateman, 2018: 891)(OECD iLibrary, 2019). Furthermore, given our quadruple burden of diseases, the level of inequity of healthcare, poor provision of the social determinants of health and high levels of poverty, unemployment and violence, the ethical issues surrounding the problem of healthcare student debt in South Africa needs an approach that addresses this context specifically. To my knowledge no normative ethical study addressing this issue in the South African context exists. My research project will go some way to addressing this gap in the literature.

The importance of this study as a response to a critical social problem should be self-evident. I trust that my research will contribute to finding a solution to the problem of health sciences student debt that is practically implementable and ethically justified.

1.4 Thesis statement

I will argue that, all things considered, the State has an ethical obligation to provide loans to enable final year healthcare students in the "missing middle" who are required to do community service after completion of their academic training to settle their historical fees debt.

The use of the phrase "all things considered" acknowledges that it is necessary to give consideration not only to the various options available to the State to resolve the problem of student debt, but also to the many competing and often legitimate claims on the State coffers for support.

1.5 Aim

My aim is to defend the thesis that, all things considered, the State has an ethical obligation to provide loans to enable final year healthcare students who are required to do community service after completion of their academic training to settle their historical fees debt.

1.6 Objectives

To achieve my aim of defending my thesis, I will seek to fulfil these objectives:

- To argue for why it is a serious ethical problem for final year healthcare students who are required to do community service after completion of their academic training to be prevented from continuing with their community service and other training solely because of historical fees debt.
- To defend the claim that the problem of this historical student debt is one that the State (rather than any other entity) is best positioned to address.
- To defend the claim that of the options available to the State to resolve this problem, the most ethically appropriate is that in which the State provides loans to the students to pay these debts.
- To defend the claim that the obligation on the State to provide loans to these students outweighs many of the competing and often legitimate claims on the State coffers for support.

1.7 Research Design and Methods

The approach to this research report will be normative. I will use the standard methods of philosophical research, which involves critical, informed assessment,

careful and precise analysis and robust, plausible argumentation in defence of a thesis. No new empirical research will be undertaken. The secondary research will be desktop and library based. It will rely on literature of relevance to the aim of the project, including the bioethics and legal literature -Databases such as PubMed, Sabinet, Wits Health Sciences Library and sources such as Google Scholar will be used to identify the important literature.

1.8 Ethics

This normative study received an ethical waiver from the Human Research Ethics Committee (Medical) of the University of the Witwatersrand, Johannesburg.

CHAPTER 2: WHY THE STATUS QUO IS NOT ETHICALLY JUSTIFIED

2.1 Introduction

In this chapter, I discuss the interconnected nature associated with the right of access to healthcare and the training of healthcare professionals through the tertiary education system, to explore how health education and training and its funding thereof is associated with the right to access to health. With this in mind, I will present legal analyses and ethical arguments for why the status quo of healthcare students not being able to graduate and enter into community service due to historical fees debt is ethically problematic.

I will further describe what healthcare training is, and how it builds up to community service. This enables me to explain which healthcare students are required to do in-service training and how the community benefits from each of these professions within the healthcare sector. The importance of these people being trained to provide this service to communities is discussed. The importance of healthcare students in terms of their contribution to ensuring the access to healthcare and the realisation thereof is highlighted.

Because of the role in-service training plays in the provision of healthcare, I consider what laws that are meant to motivate the realisation of access to healthcare. How student debt creates a barrier preventing healthcare students from graduating and compromising the provision of healthcare is analysed. Within the context in which indebted students are prevented from entering community service, I make a rule utilitarian argument for why the status quo is ethically problematic.

Therefore, I will conclude that the status quo is ethically problematic and argue for why the State, as custodians of the practice of healthcare in South Africa, should be responsible for assisting these students to graduate as per the Stewardship model, to fulfil their obligations concerning the realization of health for all citizens as per the South African Constitution.

2.2 Healthcare training and its associations to community service

According to Mahlathi and Dlamini's contextual understanding of the health workforce in South Africa's healthcare system, a health science student is expected to graduate from a university or college with the appropriate qualification. By law,

they are required to “register with the relevant professional health council, namely the South African Nursing Council in the case of nurses, the Pharmacy Council in the case of pharmacists and one of the 12 professional boards for those professions that are governed by the Health Professions Council [of South Africa]” (Mahlathi & Dlamini, 2015: 4). Under the directive of the National Department of Health, the State has established the Health Professions Council of South Africa (HPCSA), which is a regulatory body responsible for “setting contextually relevant standards for healthcare training and practice” (HPCSA 2021). By this definition- which includes the role they play in registering healthcare practitioners- they are responsible for overseeing the registration of 9 main registration categories within the healthcare sector, namely students, interns, student interns, public service- community service, supervised practice, independent and private practice and specialized and sub-specialized practice (HPCSA, 2021).

The HPCSA and their associated auxiliary South African Nursing Council established certain training requirements needed for each of these registrations to be attained and to subsequently allow healthcare practitioners to practice and serve the community within South Africa. For radiographers, professional nurses, medical doctors, pharmacists, physiotherapists, speech and audiology therapists, dentists, dieticians, and occupational therapists, the HPCSA regulations instruct that the basic requirement for registration and practice within healthcare is a qualification prescribed for the duties of practice that a healthcare practitioner intends to practice in (HPCSA, 2021). This qualification serves as proof of the tertiary and clinical training a healthcare student has attained to be as adequately competent to provide community service to the country. Community service is compulsory and required by law to be allowed to work as an independent practitioner (South African Government, 2021).

The WHO describes a healthcare practitioner as someone who “plays a central and critical role in improving access and quality health care for the population. They provide essential services that promote health, prevent diseases and deliver health care services to individuals, families and communities based on the primary health care approach” (The World Health Organization n.d.). By extension, these are the responsibilities that healthcare students are trained to have when they enter into community service. From the individual roles, medical students are trained to

promote, maintain or restore health through the study, diagnosis, prognosis and treatment of disease, injury, and other physical and mental impairments, while nursing students are trained to manage physical needs, prevent illness, and treat health conditions. To do this, they need to observe and monitor the patient, recording any relevant information to aid in treatment decision-making" (Smith, 2021)(World Health Organization, 2021). Other healthcare students such as physiotherapy students would be trained to "addresses the illnesses or injuries that limit a person's abilities to move and perform functional activities in their daily lives" (Griffith, 2019) and students studying dietetics as another example would be trained for "maintenance and improvement of health through good nutrition" (Gauteng Province 2021). In essence, each of these healthcare students are trained to provide services that are complimentary to each other to achieve the optimal health of patients and for society.

With their potential in providing healthcare services that they have been trained to provide, healthcare students are thus illustrated as an integral part of the essential healthcare needs of the country and its citizens. I will further expand on this by exploring their role in fulfilling certain claim rights of South Africans, as well as the barriers that keep these rights from being realized.

2.3 Healthcare students in respect to South African law

To argue that the status quo is unethical, it is important to consider what rights in South African law speak to the importance of the provision of healthcare services, and to question whether it would be ethical for these rights to not be achieved if healthcare graduates are not able to fulfil these obligations due to outstanding fees.

2.3.1 The Constitution

The values of the Constitution of the Republic of South Africa Act 108 of 1996 are rooted in promoting the equality and socio-economics realizations of its ideals. These are best highlighted in the Bill of Rights where section 27 states that:

> "(1) Everyone has the right to have access to
>
> (a) health care services, including reproductive health care;
>
> (b) sufficient food and water; and

(c) social security…

(2) The State must take reasonable legislative and other measures, within its available resources, to achieve the progressive realisation of each of these rights" (The Constitution of the Republic of South Africa Act 108 of 1996).

Section 27 thereby entitles citizens to having a legitimate claim to being able to access healthcare services and places the onus on the State to ensure that for whichever of these rights are not adequately realized, should be progressively realized through the resources that are made available to it. The definition of healthcare services is further expanded on in the National Health Act 61 of 2003, where "health[care] services" means

"(a) healthcare services, including reproductive healthcare and emergency medical treatment, contemplated in section 27 of the Constitution;

(b) basic nutrition and basic health care services contemplated in section 28(l)(c) 25 of the Constitution;

(c) medical treatment contemplated in section 35(2)(e) of the Constitution; and municipal health services" (The National Health Act 61 of 2003).

I now focus further on the National Health Act in terms of the additional responsibilities placed on the State.

2.3.2 The National Health Act

The National Health Act 61 of 2003 identifies additional responsibilities that the State should have in the realization of this access to healthcare services, and in particular, according to Section 3, the Department of health has responsibility where;

"3. (1) The Minister must, within the limits of available resources-

(a) endeavour to protect, promote, improve and maintain the health of the population;

(b) promote the inclusion (i) of health services in the socio-economic development

plan of Republic; (the health of the economy is determined by the health of its people)

(c) determine the policies and measures necessary to protect, promote, improve

and maintain the health and well-being of the population;

(d) ensure the provision of such essential health services, which must at least include primary health care services, to the population of the Republic as may be prescribed after consultation with the National Health Council and equitably prioritise the health services that the State can provide" (The National Health Act 61 of 2003).

There is thus a mandate that the State is required to fulfil for the betterment of society's public health needs, achievable through which the training of their healthcare professionals and more so healthcare students, becomes necessary to the realization of this mandate. Nevertheless, there are barriers that stand in the way of healthcare students. The current economic conditions, with the appreciable escalation in the cost of living, university tuition and stationery, have prompted an ethical evaluation of the current status quo of the financial position of healthcare students across South Africa- a challenge that has resulted in healthcare students trying to find assistance in the form of crowdfunding campaigns. In December 2020, a final year medical student from the University of the Witwatersrand, Mumtaaz Emeran, went onto social media in a desperate plea to ask South Africans and people abroad for assistance in being able to settle her historical debt more than R470 000. This debt was meant to be settled before the 9th of December 2020 for her to graduate, with the implication that should she not settle her fees by that day, she would not be allowed to graduate and to start work as a medical intern on the 1st of January 2021, as was required of her by the National Department of Health (Vivier, 2020). Although not documented online as well as Mumtaaz Emeran's plea for financial assistance towards settling her fees, there are other healthcare students who, towards the end of their final year of healthcare studies also find themselves challenged with having to settle their debt to graduate and enter community service. For other healthcare students, their financial challenges begin to accrue in the early and middle stages of their academic careers. Crowdfunding campaigns have then

been initiated, to help financially excluded medical students to pay their fees, to be able to register for their subsequent year of medical training (SAMSA UKZN, 2021). As I have previously mentioned, this is clearly an undesirable situation, with potentially unfortunate consequences for public health, patients and for society. We cannot deny that this challenge in its current state of form is ethically problematic. Ultimately, Section 27 of the Constitution and Section 3 of the National Health Act holds the State legally responsible for ensuring that these resources are made available- partly to ensure healthcare students are able to be trained and to graduate, to ensure that these healthcare services are provided. By the State not fulfilling this obligation to ensure that resources are made available, they would be failing to fulfil their mandate to South Africa- which would deem the status quo persisting to not be legal. But my question however is more of an ethical question. Therefore, I will evaluate whether it is ethical for the status quo to persist by considering this challenge through the perspective of the moral theory of Rule Utilitarianism.

2.4 Healthcare student debt through the perspective of Rule Utilitarianism

Along with various other moral theories that aim to determine whether an act is ethical depending on how individuals or collective societies are treated because of the act, utilitarianism is a moral theory that defines morally right actions as those that would bring about the most benefit to the most people, while also aiming to minimise the amount of harm. The moral theory of utilitarianism aims to provide guidance on moral judgement on certain actions based on the consequences they have produced, in which the desired outcome is to achieve the greatest good for the greatest number of people, while also ensuring that the least number of people are harmed as a consequence of these actions (Hooker, 2003). This moral theory is further understood from the perspectives of two broad types of utilitarianism, namely Rule Utilitarianism and Act utilitarianism which both derive from this theory. Rule utilitarianism has its roots in the writings of the liberal scholar John Stuart Mill who argued that society ought to strongly defend the rights of individuals if they are of moral aptitude. According to Mill, the theory of Rule utilitarianism is centred around having rules and ethical behaviour as the societal standard of our actions and decision-making, but when there are exceptions that implore us to break these rules, these actions should be justified (Habib, 2008). In present society, Richard Brandt

and Brad Hooker are regarded as philosophers of this approach. They regard the underlying principle regarding Rule utilitarianism that 'the rightness or wrongness of a particular action is a function of the correctness of the rule (Hooker, 2003). In this perspective, Rule utilitarianism is premised on the assumption that the correctness of a Rule is determined by the quantity of good things when followed. Rule utilitarianism is premised on the argument that following rules that tend to lead to greater goodness will have better consequences generally than making individual exceptions, even if better consequences can be demonstrated in those instances (Hooker, 2003). Rule utilitarianism is therefore concerned with a set standard for all actions so as to promote the benefit for the greater society with impartiality. This is in contrast with Act utilitarianism which judges an act alone rather than judging whether it faithfully adhered to the rule of which it was an instance. In Act utilitarianism, each act is judged by its positive consequences on an individualized, case by case level. Because the problem with student debt is systemic and because it must be addressed at the level of policy, rule utilitarianism is the more appropriate form of the theory to apply in this situation.

My arguments, therefore, are centred around assessing the status quo from the perspective of Rule utilitarianism and as such, I will now utilize Rule utilitarianism to debate whether there is an ethical problem in final year healthcare students being unable to graduate and join public healthcare internships due to failure to pay their fees. This will be done by looking at the status quo's impact on community service, healthcare professional attrition, the healthcare provider-to-patient ratio, the healthcare professional "brain-drain" and healthcare specialization and the overall impact on the economy.

2.4.1 Impact of historical healthcare student debt on community service

When considering how historical debt becomes a complete barrier to healthcare students being unable to enter community service, we see that there are potential consequences for the community that these new healthcare professionals are meant to serve. Through the inadequate supply of healthcare workers into the system, the country would fail to meet its healthcare needs causing more patients to experience healthcare challenges that could otherwise have been diagnosed, treated, prevented or cured had there been the full complement of qualifying healthcare practitioners working in the system, serving communities. The best way to assess the importance

of each student's potential in their service to the community is found in their ability to address the country's quadruple burden of disease. South Africa is a unique country with unique health challenges, where in the rest of the developing world, countries are faced with the double burden of disease being mostly non-communicable diseases and violence and injury, however in South Africa, the quadruple burden of disease is further extended to include HIV/AIDS and Tuberculosis (TB); and maternal, newborn and child health (NCOP Health and Social Services, 2016)

Over the course of 1997-2012, South Africa experienced a peak mortality of approximately 677 078 deaths in the year 2006, contributed extensively by diseases such as HIV/AIDS, which contributed approximately 350 000 deaths (South African Government 2010). South African universities are therefore expected to be equipped to train healthcare students to serve the country in the context of the quadruple burden of disease, to prevent further loss of life, a reduced quality of life and to provide the highest quality of life available to its citizens. Resulting from this is a country that is healthier, which despite being burdened by chronic illnesses such as HIV/AIDS, the health of the population benefits greatly from having healthcare professionals who are adequately trained to deal with these illnesses. But when students are barred from starting work in the healthcare system, because they have not managed to settle their historical debt by their graduation, this results in a problem of them being unable to use this training to help the population of South Africa, through the healthcare services that they are expected to provide. This is a cause for concern in a country that is compelled under the directive of its Constitution and National Health Act to ensure that we can fulfil the right to access to healthcare (The Constitution of the Republic of South Africa Act 108 of 1996) (The National Health Act 61 of 2003). Of course, this right is achieved only within the confines of the limited resources available to the State. However in considering that final year healthcare students are a human resource that is essential for the provision of healthcare, and is also readily available to be used by the State in achieving this obligation, there is thus an ethical problem that arises in them not being able to fulfil the duties that they have been trained for. With our quadruple burden of disease placing so much more pressure on our healthcare system, than seen in any other country that is only affected by a double or single burden of disease, it is important to ensure that as many qualified healthcare professionals can

help to deal with the health challenges faced in our country, as this would help to benefit as many sick patients as possible. When also looking at the quality of healthcare that is provided, from the perspective of the healthcare practitioners working together in the healthcare system, it is evident that having an adequate number of them entering into the system and working towards the same common goal would improve staff morale and provide a more consolidated team effort to provide patients with the healthcare service that they deserve as per their Constitutional right.

Where the positive perception of the healthcare profession is considered, this is viewed by whether patients feel that they can trust healthcare professionals to meet their healthcare needs. As postulated by the principles of rule utilitarianism, the increase in healthcare professionals therefore is directly related to the increase in the improvement of healthcare services in South Africa. This means that the State must come up, within the frameworks of rule utilitarianism, with policies and principles that ensure that healthcare professionals who have a historical debt graduate and enter into practice because the benefits that such a policy. As postulated by Habib (2008), rule utilitarianism is formed with the collective good of a society and therefore, such a policy will have a positive impact on communities, because of the quality healthcare services they will receive.

Therefore, the overall population of South Africa would be sicker if there were fewer healthcare practitioners being able to provide healthcare services. However I will provide an expanded understanding of how the status quo fares regarding to the low healthcare provider-patient ratio in South Africa.

2.4.2 Healthcare professional attrition and low healthcare provider-patient ratio

To further understand how the status quo fares where the low healthcare provider-patient ratio is concerned, a study looking at the attrition of doctors in South Africa had found that of the 478 respondents of medical graduates graduating from the University of the Witwatersrand over the years of 2007-2011, 7.1% had left the country to practice medicine outside of South Africa. The most prominent countries of which these doctors have emigrated to are the first world countries of Canada, Australia, the UK or the USA, often citing unsatisfactory working conditions, a troubling socio-political environment, problems with the healthcare system, and other

personal/family matters (George, A et al., 2019: 6). The loss of healthcare practitioners leaving the country thus results in fewer healthcare practitioners with highly valued skills being able to practice in our healthcare system that is already riddled with many challenges. Therefore, as healthcare practitioners leave the healthcare system's employment, one would need recently graduated healthcare practitioners to be fed into the system to meet this shortage. George notes that there is lack of healthcare professionals in South Africa (George, A et al., 2019: 6), which would be worsened by qualified professionals who cannot serve due to failure in meeting tuition obligations. To create equity of healthcare services provided to remote and rural areas, new healthcare practitioners are also encouraged to complete their years of community service in remote areas, where the healthcare practitioner-patient ratio is even lower than healthcare facilities in metropolitan areas. This becomes hard to achieve when these final year healthcare students are in a state of limbo due to their outstanding fees, disallowing them from being able to practice medicine. This therefore challenges the gains that are attempted to be made for equal access to healthcare services in South Africa in rural and remote communities, where they would still experience great lack in terms of access to healthcare services. And this is exacerbated by the fact that the public healthcare system is severely understaffed. Nationally, the doctor per 10 000 population ratio was 9 doctors per 10 000 South Africans in 2017 (The World Bank, 2018), which has since decreased to 7.92 per 10 000 (The World Health Organization, 2021). In the public health sector, this ratio is currently a starkly low 2 doctors per 10 000 population, which is coincidentally the WHO minimum ratio for healthcare service provision. However, when looking at the WHO's recommended doctor-patient ratio of 152 doctors per 10 000 population, this figure is drastically low for what would be the optimal conditions to ensure adequate healthcare services to the South African population (Bateman, 2018: 891). This stands in stark contrast to the average of 25 doctors per 10 000 population in some developed countries (OECD iLibrary, 2019). Looking at other healthcare personnel, we note that the ratio of nurses-patients is 13.08 nurses per 10 000 South Africans in 2017 (The World Health Organization, 2021) and for other healthcare providers such as physiotherapists, the physiotherapist-patient ratio is 7.9 per 10 000 (The World Health Organization, 2021). Worldwide, the low healthcare-patient ratio is of concern, especially since the beginning of the COVID-19 pandemic, where there has been a surplus of

hospitalised patients at a given time, and an excess number of deaths over the period of 2020 (Mbunge, 2020: 1809-1814)(National Department of Health, 2020). This has highlighted the importance of an adequate healthcare provider-patient ratio where health systems able to deal with excess hospitalisations in times of crisis (Mbunge, 2020: 1809-1814). This does not imply that pandemics are permanent fixtures in society. Pandemics are temporary phenomena in time that occour and end. However, with the increased globalization that the 21st century has seen, we can expect that more pandemics will be inevitable (Saker et al, 2020: 36). The State is expected to increase the capacity of the healthcare system, by increasing the number of healthcare workers that are adequate to deal with further epidemics and pandemics. This therefore compels us to consider how we can reach these goals of pandemic-preparedness from the final year healthcare graduates that are produced and made available to the State each year, to ensure that all healthcare graduates are enabled to work as practicing healthcare practitioners, so as to operate for the good of the country. Furthermore, it would also cause us to question as to whether the State has considered the challenge of indebted healthcare students from the perspective of not being able to address public health challenges associated with the healthcare brain-drain. From the perspective of rule utilitarianism and its reference to healthcare students being financially supported, rule utilitarianism would thus argue that if the State pays the fees of healthcare professionals, the healthcare-patient ratio is maximized and there would also be low healthcare attrition rates. By the State allowing the status quo to persist, we would therefore see that the currently low healthcare-patient ratio and high healthcare professional attrition rates persist, which would be to the detriment of all South Africa's citizens who require the provision of adequate healthcare services.

I have thus looked at rule utilitarianism through the perspective of the low healthcare provider-patient ratio and the high levels of healthcare professional attrition. I now look at this ethical theory through the perspective of the healthcare "brain-drain" and healthcare specialization.

2.4.3 The healthcare "brain-drain" and healthcare specialization

Medical brain-drain is defined as "the migration of healthcare personnel from developing countries to developed countries and between industrialised nations in search for better opportunities" (Misau et al., 2010: 6). There is a medical brain-drain

that is causing South Africa's provision of healthcare to deteriorate. Every year, the country loses about 17% of its qualifying doctors. According to government figures from 2001-2005 there have been a loss of nearly 1000 doctors who have not registered to work (Makoni, 2009). Makoni speaks about how "thousands of highly skilled health professionals have left the country in search of better opportunities abroad, which has negatively impacted the efficient functioning of the healthcare sector, thus reducing the overall quality of medical care offered by South African health institutions" (Makoni, 2009). He further postulates that these healthcare professionals leave under the motivations of globalization and immigration control centres of developed countries being relaxed causing for more healthcare professionals to emigrate and use their specialised skills in practice within a different country and causing a shortage of these healthcare personnel within our own healthcare system (Makoni, 2009).

These highly skilled healthcare professionals leave with skills that are often so specialised that they become scarce within the practice of healthcare. Of course, recently graduated healthcare students are not the immediate solution to these scarce skills leaving the country. However, fewer healthcare workers that enter the system, would result in less healthcare workers with the potential of being able to develop their skills to being specialised practitioners within their field of practice. The fact that indebted healthcare students are barred from graduating and receiving further and more specialised healthcare training, would result in fewer healthcare specialists being produced in our country each year. This fails to combat the healthcare brain-drain that we experience yearly. And because these challenges in the healthcare system have a direct and resultant effect on the patients they are meant to treat, this would also affect the type of specialised healthcare treatment that a patient would be able receive. Therefore, because there would be benefit in having more healthcare students entering the system at a given time, and especially, particularly, those who are indebted to their respective universities, it would be ethically problematic for the State not to have strategies implemented to assist these indebted healthcare students, to be able to maximize the number of highly skilled professionals available for clinical practice.

Beyond the humanistic and clinical evaluations of whether the status quo is not ethically problematic, we should also consider whether there is any implication of it being an ethical problem for the economy of the country.

2.4.4 The economic impact of historical healthcare student debt

I am unable to equate the Rand value that each indebted healthcare student would have on the economy. However when considering the potential economic benefit of the healthcare industry on the economy, we gain insights on how advantageous having a stronger healthcare system would be on the economy, with each individual healthcare practitioner directly contributing to its strength thereof.

Observing the effects of an improving public health on economic growth, Bhargava found that the economic performance of developed countries had increased over the period of 1965-1990 as indicators of a strong public health had improved over this same period. (Bhargava et al., 2001: 423) Further studies have suggested that with an annual improvement of life expectancy by one year, economic growth would be expected to increase in growth by 4% (Acemoglu & Johnson, 2007: 925–985).

The benefit that is created within a State that can provide adequate healthcare services is that over time, its citizens become healthier, leading to more financial soundness and an overall boost in the country's economy. This is evident when we see how an improved access to healthcare helps to increase overall life expectancy, a better quality of life and a higher chance of contributing positively towards a nation's economy (Raghupathi, 2020: 156). For these reasons, we can consider it beneficial in having as many final year healthcare students graduating, to assist in improving the overall quality of the country's public health. But until we have all healthcare students of graduating potential being able to graduate and enter community service, we cannot say that the current circumstances are not problematic. In addition, when we consider the economies of scale, it is evident that having a much larger investment in the number of healthcare professionals being able to enter into the system would therefore have a positive financial effect on the country's economy, as they are able to treat patients through a more adequate healthcare provider-patient ratio, resulting in patients receiving better treatment and a healthier, economically active country (Lustig, 2004: 15).

There is thus a need for policy makers to consider the challenges facing potential healthcare professionals who are impacted by being unable to graduate and provide healthcare services to the country. Without reforming the status quo, the State would be doing a disservice to its citizens in terms of the quality and value of the healthcare services it is meant to provide, as per our Constitution.

2.5 Conclusion

Through evaluating how healthcare students not being able to graduate has a detrimental effect on the nation's public health, and does not assist with alleviating the already low healthcare-patient ratio caused by healthcare attrition and highly skilled doctors leaving the country and has a negative effect on the economy, we suggest that the status quo is problematic.

The resultant effect shows the importance and subsequent value in assisting these healthcare students to settle their historical debt and, to graduate. That these students- through exhaustive efforts- are not able to settle these fees on their own, I will argue why the State as custodians of the practice of healthcare in SA should be responsible in assisting them to graduate as per the Stewardship model, to fulfil their obligations in so far as the realisation of healthcare services for all citizens as per the South African Constitution.

CHAPTER 3: WHY IT IS THE STATE'S RESPONSIBILITY TO RESOLVE THIS PROBLEM

3.1 Introduction

In this chapter, I address the second premise of my main argument and seek to defend the claim that the problem of this historical student debt is that the State (rather than any other entity) is best positioned to address. I present legal and ethical arguments for the State being most equipped entity to address this problem, and as a result, bears the most responsibility for addressing this problem.

Within Chapter 3, I will debate the capabilities that different entities of society have, towards assisting indebted final year healthcare students and to assess the risk of placing this type of responsibility on tertiary education institutions. This enables me to subsequently elaborate on which entities of society have the most responsibility towards these students and to consider why the State is the most capable and most responsible to assist these students.

I will also consider other laws that are meant to support the realisation of access to health, while discussing what the realisation of this access to health means in terms of economic development plans. Within the context of these responsibilities, I describe the theory of the Stewardship model of the State and use this to argue why the State holds these responsibilities as the sole custodian of how the access to health can further develop. Finally, I will argue that the State has more to lose by not assisting these students than it has to gain, I will also argue that the State is the only entity that has this obligation to assist these students because it is the only body whose function is to ensure the well-being of the citizens of the country. I defend each of these positions respectively by looking at the investment that the State has made in training these students and to consider what it means if they are not able to further their training through their community service, and what this would mean for this return on investment. I also defend my latter position by supporting this with the right-based deontological notion of the State's obligation to progressively realise the right to healthcare to the maximum of available resources, and communitarian arguments about the need for the State to promote the common good.

This enables me to conclude that the State as custodians of the practice of healthcare in South Africa should be responsible in assisting these students to

graduate as per the Stewardship model, to fulfil their obligations concerning the realisation of health for all citizens as per the South African Constitution.

3.2 Societal entities and their responsibility to indebted healthcare students

To understand which entities of society could play a part in assisting indebted healthcare students, we must consider which sources they are able to get funding from, to pay for their academic tuition. As has been stated in my literature review, students can pay their fees through parental support, bursaries, company sponsorships, scholarships, grants, or private and government student loans such as South Africa's NSFAS (Marcucci & Johnstone, 2007: 25-40). Therefore, the main entities at play would be banks and associated financial service providers providing private loans, Corporate South Africa providing sponsorships, bursaries and scholarships, universities providing scholarships and the State providing NSFAS, bursaries and other financial support. I now each of them, starting with banks and associated financial service providers.

3.2.1 Banks and associated Financial Service Providers

The banking industry is a R6.3 trillion industry, providing loans to individuals for them to undertake any financially dependent activities as and when necessary (Norrestad, 2019). This would also include providing loans to their Private bank loan applicants who are assessed based on their ability to repay the loan received (Safier, 2020).

One would assume that students who are expected to earn a stable middle income salary straight out of university would have a reasonably high potential to repay their loans. This would be a reasonable assumption to make, however qualifying for financial assistance is more complex. Students applying for bank assistance must be assessed based on their risk profile and to understand which assets the banks may use as collateral should the healthcare student default on their loan repayments (Kagan, 2020). Based on rule utilitarianism highlighted in Chapter 2, we are also looking for an entity which could provide assistance on a needs basis with minimal chance of a request for assistance being rejected. Having rejected applications would defeat the ends which we are aiming to achieve, which is to ensure that all health science students can graduate to serve the country. Despite the industry being financially stable and capable of affording to support these indebted healthcare students, the process by which this would be achieved would lead to some students

having their applications rejected. This invalidates them as an entity best fitted to serve the interests of indebted healthcare students.

Shifting the focus onto the obligation banks and other associated financial service providers have to indebted healthcare students, it is important to also note that they have no obligation placed on this entity to assist indebted healthcare students because they have no benefit to banks to assist these students. Much to the misfortune of indebted healthcare students, banks do not have anything to gain in direct benefit from being willing to assist them, because ultimately, the bottom line of any financial institution would be to make a profit through the provision of financial services. Assisting indebted healthcare students is therefore a responsibility that they would absolve themselves of needing to fulfil.

This is a crucial point to acknowledge, because it therefore allows us to see that the banking sector would not concern themselves with the additional financial risk of providing assistance, purely because they are in no way affected by healthcare students not being able to pay off their fees, so as to graduate and be able to serve the communities of South Africa.

With all of this considered, I will now look at the capabilities of Corporate South Africa to compare their capabilities.

3.2.2 Corporate South Africa

Corporate South Africa is a contributor to the funding of higher education and training through the provision of sponsorships, bursaries and scholarships. Through these types of funding models, they can provide financial assistance to university students with either no-obligation to the company they are sponsored by, or through an obligatory service to the sector that they are sponsored by. Using Deloitte as an example, this obligatory service to the industry they are sponsored by is because they would be studying towards a degree that can contribute to the corporate entity that they will be obligated to work for after graduating (Bursaries South Africa 2021). Engineering students, for example, would be financially assisted by companies in the engineering field such as Eskom and Transnet. Students studying a BCom degree could be sponsored by commercial companies such as Deloitte, Standard Bank. The same may be said about law students being funded by law firms such as Webber Wentzel and the list goes on for students from other faculties. The equivalent to this

in the private healthcare sector would be bursaries offered by hospital groups such as Life Healthcare Group. However these bursaries cater to all students and are not specific to healthcare students (SA Portal 2021). A prominent role player within the healthcare funding space, Discovery South Africa, in 2018 established a loan for 2nd-6th year medical students studying at the University of Pretoria. This loan is particularly for those students studying at University of Pretoria and is not available for other types of healthcare students, nor for medical students registered at any other university (Discovery 2018).

Healthcare students, have an obligation to serve the National Department of Health, following graduation. Therefore, there is no motivation for Corporate South Africa assisting such students with their historical debt other than a corporate social responsibility towards financially assisting healthcare students (Umsizi 2017). A University of Cape Town review, which interrogates free decolonised Higher Education funding states that there would however be a government subsidy given to these corporations if they are able to fund students, because they would be assisting in "providing skilled labour [to the economy]" (Bassier et al., 2018: 48). Although this may serve as a good incentive to motivate them to take on this responsibility, they further continue to note that corporate entities are not obliged to make mandatory contributions to Higher Education except through the Skills Development Levy, which is a levy imposed on Corporate South Africa by the State to "encourage learning and development in South Africa and is determined by an employer's salary bill" (Bassier et al., 2018: 48) (SARS 2021). There is thus no resounding nor appealing motivation towards Corporate South Africa in assisting healthcare students, because a) these students are studying towards degrees that are not directly relevant to the corporate industry they would be working in and b) there is no obligation on Corporate South Africa to assist in this way, as is also evident by the absence of legislation which would compel them to assist these students in this way.

I now consider whether universities as an entity would be able to take on this responsibility upon themselves.

3.2.3 South African Universities

Regarding universities, the cost of training healthcare students at healthcare facilities is already a pricy exercise, where Universities invest large amounts of money to pay for faculty time, course materials, technology, facilities and administration. In the USA, these costs far exceed the tuition fees the university receives from healthcare students. This has resulted in faculty staff stating that universities are losing money through the training of their students, and that universities consequently must obtain extra funding through subsidies from clinical revenue, philanthropic donations and other public support (Asch, 2020: 7). In South Africa, universities like the University of Cape Town and the Tshwane University of Technology receive Gap funding from the State, which is used to assist students. Gap funding is targeted at funding students who fall within the “Missing Middle” financial category (Department of Student Affairs 2017). It is unclear how this helps to assist students who have over time accrued historical debt (Tshwane University of Technology 2017). Gap funding neither gives an indication of the upper limit of historical debt to which universities are willing to assist with and it would not be safe to assume that Gap Funding would clear all historical debt that an individual student has accrued. The information on Gap Funding does not indicate whether it would be reinstated for each annual tuition fee increase (Bornman, 2017). Therefore, other avenues of university revenue such as donations should also need to be explored.

In 2018, my alma mater, the University of Cape Town was able to bring in a revenue of R347 million in donations. It was able to use some of this to help fund indebted students (University of Cape Town 2018). It would be important to note that the University of Cape Town is also one of the better funded universities in South Africa and through the donations that it receives from private and public donors, it is better able to provide assisted funding for its indebted healthcare students (MacGregor, 2008). But what of other universities which tend to receive a disproportionately low amount of funding external to that which is provided by the State? This would be true especially for those universities which are of the status of being “historically Black” (MacGregor, 2008) (Ilorah, 2006: 442-460). At the level of individual universities, it may be achievable to make funding provisions for some students, however based on how much money is available through donor funding and equivalent measures in other universities, we may see well-funded universities ie “historically White”

universities such as the University of Cape Town, Stellenbosch University and the University of the Witwatersrand being able to help their indebted healthcare students, whilst healthcare students from historically Black universities such as University of Fort Hare and Walter Sisulu University may not be able to get the same level of support. This thus plays into existing inequalities between the training of students from these universities of differing historical status (Ilorah, 2006: 442-460). It would also fail to address the lack of healthcare graduates working in rural areas, of which most would originate from "historically Black" universities (Ilorah, 2006: 442-460). It would thus be important to understand if the State has different capabilities compared to that of each of the different entities that have been discussed.

3.2.4 The State

In their University of Cape Town review, Bassier et al (2018: 39) reviewed the potential capability of the State to provide government funding to tertiary students. They found that the National Budget represents the main distributive channel in the country (Bassier et al., 2018: 39). The State, through its tax revenue service, has been able to bring in a revenue of R1.36 Trillion over the 2020/2021 financial year. (South African Government 2021). In doing so, it is able to redistribute this money towards individual portfolios as it sees fit and on a needs basis to achieve the agendas of the State, which would include ensuring that its nation is as healthy as is possible through the responsibility enacted on it by the Constitution, and through the means of their National budget. Amongst all the entities mentioned- Banks and other FSP's, Universities and Corporate South Africa- the State is the only entity which has an obligation of promoting good public health. This obligation, coupled with the revenue that it can use at will to achieve this, would suggest that the State is better positioned to be able to address these challenges.

This alludes to the idea that the State has a capability in assisting students which surpasses the capability of the other entities. Without the State's support in such crucial matters, the greatest number of healthcare students would not get assistance to graduate. I now explore what the law says about whether the State has any responsibility towards these prospective health professionals by further considering at aspects of the National Health Act.

3.3 The State's responsibility towards healthcare students

To gain a deeper understanding of the State's responsibility towards healthcare students, I will look at the Health Professions Act and to assess what this legislation prescribes, to develop the argument of why the State should be responsible for assisting indebted healthcare students.

3.3.1 The National Health Act

The National Health Act no. 63 of 2003 aligns with the South African Constitution, to provide the State the authority to be able to undertake certain activities in providing healthcare, as per the responsibilities outlined in section 27 of the Constitution.

In doing so, the State -through the National Department of Health- acts as the regulatory authority undertaking the functions and responsibilities in this Act.

When considering the functions most relevant to this chapter, it is evident that section 21 plays a vital role in describing the responsibilities placed on the department through the Director-General.

According to section 21(2), The Director-General must-

> "21(2)(c) issue and promote adherence to norms and standards for the training of human resources for health."

This prescribes that the training of health education in South Africa is a responsibility that the State must assume to ensure that human resources are provided for the provision of healthcare services. The provision of healthcare services by healthcare professionals has been discussed in Chapter 2, wherein I alluded to the fact that the State has some responsibility in ensuring that these services are provided for. However, I now assert the fact that from a legal aspect, the State is solely responsible for ensuring that this happens.

Within this responsibility, section 21(3)(a) continues to say-

> "(3)(a) The Director-General must prepare strategic, medium term health and human resources plans annually for the exercise of the powers and the performance of the duties of the national department".

Section 21(3)(a) therefore puts the onus on the National Department of Health through the Director-General to make healthcare practitioners available through plans that are devised annually, to be able to fulfil the provision of healthcare within the country. But without redefining what it would mean for human resources to be made available, we must ask what it means for human resources to be made available? Would it mean to just make available the healthcare practitioners who are already available? Or, would this also mean to ensure that we consider other healthcare practitioners within the entire pipeline and to also focus on making them available as well? One would argue that of those already qualified and registered with the HPCSA, the most that could be done is to employ those who are still unemployed and looking for work as healthcare practitioners. However, when considering the low healthcare practitioner-patient ratio, it is evident that this would not be a complete fulfilment of the onus placed on the State. It would then perhaps be necessary to consider increasing the healthcare human resources available, by looking at final year healthcare students who despite having reached the completion of their degrees, are not able to enter into community service, due to their outstanding university fees.

There are moral considerations when considering indebted healthcare students outside of what the law provides as obligations. Therefore, I will now look at what it means for the State to be a custodian of healthcare, by considering this through the lens of the Stewardship model.

3.4 The State as a custodian of healthcare

The Stewardship model of public health is an ethical theory developed by the World Health Organization, used to guide State governments on the managing of public health, based on ethical principles (Saltman & Ferroussier-Davis, 2000: 732–739). This concept has been established to direct countries and governmental States on how to approach achieving a high state of public health for its citizens. This is best achieved by giving States the responsibility of undertaking public health initiatives and healthcare services through pathways of sustainable financing and domestic resource mobilisation (Brinkerhoff, et al. 2019: 4). The Stewardship model of public health also addresses the fact that the State has an overarching authority over directives, which govern adequate public health and in doing so, gives State governments the power to set directives through legislative and resource allocation

to achieve public health standards as it deems fit (Saltman & Ferroussier-Davis, 2000: 732–739). This ethical theory is contentious because of the idea that the State may have “too much power” regarding, where it may act in good faith for the benefit of the health of citizens. However, in doing so, it would cause citizens to be stripped of their autonomy by a “Nanny State”, which executes actions on behalf of its citizens without public buy-in (Saltman & Ferroussier-Davis, 2000: 732–739). But through this concept, States are given the ethical responsibility of ensuring that it does that which is in its power and control to provide an environment that is safe and that promotes health.

The World Health Organization upholds the importance of Stewardship because it is aimed at:

- “achieving the health targets in the 2030 Sustainable Development Goals;
- managing low-income countries' transition from reliance on external resources and expertise to country leadership and domestic resource mobilisation;
- mobilising both capacity and commitment of the public and private sectors, along with civil society, to strengthen the health system and improve health outcomes; and
- mitigating inequality and discrimination in access, coverage, and utilisation of health services.” (Brinkerhoff, et al. 2019: 4)

Ultimately, the aim is for the State to manage its financial resources and to make the necessary provisions to have as many healthcare providers working in the healthcare system as is required. This is because the historical debt for healthcare students impacts on their ability to enter into community service. The public would be best served by having young vibrant healthcare practitioners doing the work that will help ensure that the country is as healthy as possible.

An aspect of how the State’s Stewardship would be achieved is to consider what would be for the “common good”. The idea of fulfilling the common good is centred in ensuring that an entity whose resources are available are made available to benefit members of a community that they have a relational obligation to (Stanford, 2018). Thus, the obligation would be what the State should do to ensure that healthcare

students are not barred from graduation due to indebted fees because this would be detrimental to the common good of helping citizens of South Africa. Weber (1993: 12-15) views the common good approach as a way in which healthcare can be morally just. In this view, Weber states that “A just healthcare system is one in which individual desires for medical treatment beyond the basic level are accommodated whenever possible but not when they undermine the primary purpose of medicine to meet the basic healthcare needs of all persons” (Weber, 1993). Weber’s opinion motivates for a healthcare system which seeks not to only achieve the bare minimum, but to promote the ideals of the World Health Organization, namely those of strengthening the health system and to improve health outcomes. These ideals correspond with the commitments made by the State to its citizens, to provide for a public healthcare system which improves over time. This would need to reduce the attrition of doctors to a minimum, and ensure that the uptake of newly qualified healthcare professionals is at its highest potential- including those who are barred from qualifying to become healthcare professionals due to outstanding fees. Through these two points, and along with the technical and structural resources that allow for healthcare to be administered to patients, the State could ultimately achieve a robust healthcare system that would help serve the medical needs and interests of South African citizens.

I thus argued that it would be in the interest of the public for the State to hold themselves to this responsibility. But what of the interests of the State itself? Surely the State should have an interest in seeing these healthcare students completing their formal education and training, and that there should also be a commitment to ensure that persons deemed academically eligible should graduate? This is because the State has been with them on this journey through the investment they have made in training them.

The former MEC for Health in Gauteng, Bandile Masuku noted in 2019 that it takes about R150 000 annually to train a medical student, amounting to R900 000 over their six-year course (Medical Brief 2019). When we lose the potential of healthcare students by them being unable to use their professional training upon graduation due to historical fees debt, we lose the investment that the State- and taxpayers have invested into training them.

Should the logic be questioned whether it is worth the initial investment to begin with? When a group of healthcare students remain each year, who are not able to graduate because of outstanding fees, it might not seem like a worthwhile investment. One could ask “Why don’t we just accept poor students who would qualify for NSFAS and rich students who would easily afford the high tuition costs?”. While this would solve this ethical dilemma, it would not help to diversify the healthcare potential that the State could benefit from, by having a diverse collective of minds being accepted into and trained by the State’s medical schools. It would also be unjustifiable in terms of the equity that our country is trying to achieve within all industries of the economy.

It may also seem worthwhile to prevent this dilemma from occurring by the State creating a directive to universities where students who are at risk of being financially excluded in the formative years of their healthcare education should not be allowed to apply for their debt to be waived, to continue with their studies and training. However, without investing in the healthcare training of the healthcare professionals of the future, we risk the health of future generations. Therefore, the State should consider the investment made into training healthcare students towards their obtaining a degree and to consider the benefit of assisting them in being able to graduate.

3.5 Conclusion

Therefore, by assessing the plight of these healthcare students and understanding that their inability to enter community service due to indebted fees, and in understanding that the State above any other entity is best capable to address this issue, we conclude that the State is held ethically responsible in assisting them. But despite this conclusion, and in Leonardo Manus’ own words, he is of the opinion that “Any State development plan needs a well allocated budget to go with it. Because a plan without funding is not a plan. It is merely an intention” (Manus, 2021). Therefore, it is also important to consider the financial means by which this will be achieved, because this challenge needs a financial plan of action, for it to be achieved.

After arguing why the State is the most capable and therefore most responsible to address this problem, I will now discuss and argue in Chapter 4 why providing loans to students is the most ethically justified option.

CHAPTER 4: WHY PROVIDING LOANS TO STUDENTS IS THE ETHICALLY JUSTIFIED OPTION

4.1 Introduction

In this chapter, I assess the three options of financial assistance that would be available to the State, namely:

1) the State could try to force educational institutions to write off these debts, or

2) it could pay these debts for the students, or

3) it could provide loans to the students to pay these debts.

I assess the moral implications of each option and determine which potential entity may be affected, i.e. whether that would be the State itself or the State in relation to universities or healthcare students.

The moral implications of each option is addressed through different moral theories such as Utilitarianism and the principle of Justice. Using these moral theories motivating for, or against each of these three options concerning the State, I conclude that the third option is the most ethically appropriate and then, proceed in Chapter 5 to discuss why providing loans to students remains an ethical priority despite the competing, legitimate claims on the State coffers

4.2 The options available to the State

Before venturing into understanding the ethical implications of each assistance option available to the State, it is important to describe the relationship that would exist between the State and the entities that it would be acting with. These relationships are important, as they would ultimately influence the ethical implications that would result from the decision the State takes. I will thus be able to address the moral implications arising in the relationship that exists amongst the options of how the State could try to force educational institutions to write off these debts, or it could pay these debts for the students, or it could give loans to the students to pay these debts. Of which I will now commence with option 1).

4.2.1 The State enforcing universities to write off debt

The higher education and training of students and healthcare students are guided by the Higher Education Act no. 101 of 1997, which is aimed at:

> "[regulating] higher education; to provide for the establishment, composition and functions of a Council on Higher Education; to provide for the establishment, governance and funding of public higher education institutions; to provide for the appointment and functions of an independent assessor; to provide for the registration of private higher education institutions; to provide for quality assurance and quality promotion in higher education; to provide for transitional arrangements and the repeal of certain laws; and to provide for matters connected therewith". (The Higher Education Act no. 101 of 1997)

This establishes the State as a custodian of the training of healthcare students, as described by the National Health Act. In accordance with the relationship that exists with public higher education institutions, the Higher Education Act defines the relationship between the State's Department of Higher Education and Training, and public higher education institutions as one in which certain liberties are given to help fulfil the mandates of the Higher Education Act and that of the Department of Higher Education. This is best outlined in the Act through part of the Preamble which states "AND WHERE IT IS DESIREABLE, for higher education institutions to enjoy freedom and autonomy in their relationship with the State within the context of public accountability and the national need for advanced skills and scientific knowledge;" (The Higher Education Act no. 101 of 1997). This autonomy would help to allow public universities to operate independently for functions that require independence, such as obtaining of funds necessary for a fully operational university.

Instances where a university is not autonomous is when the State expects to receive reports of the standings of each university, where a university's Council has a responsibility to provide reports to the Minister of Higher Education and Training (University of Cape Town 2021). Despite public universities being associated with the Department of Higher Education and Training, it is apparent that they have somewhat limited independence to the State for their operations. This is also evident as universities are partially reliant on funding received from donations to fulfil the mandate of their operations. The more reliant they are on the State, the less

independence they would have. The State would best be described as an overseer of Higher Education and Training in which there is a loosely established relationship with public universities. Because public universities have this loosely established relationship with the State, and are not entirely reliant on the State, it is important to consider the ethical implication that would arise, should the State decide to make universities pay off the debts of healthcare students.

I highlight this relationship as part of the moral implications which arise in the instance where the State would choose to make the universities pay off this debt.

But allow me to continue by exploring the relationships at play, where the State is expected to pay off these debts itself.

4.2.2 The State paying off these debts itself

The UK Aid's Department for International Development (DFID) defines the State-Society relationship as:

> "interactions between state institutions and societal groups to negotiate how public authority is exercised and how it can be influenced by people. They are focused on issues such as defining the mutual rights and obligations of State and society, negotiating how public resources should be allocated and establishing different modes of representation and accountability" (Haider, H and Mcloughlin, C 2016: 3) (DFID 2010: 15).

As discussed in Chapter 3, the public resources in question would be funds obtained from citizens through tax via the South African Revenue Services (SARS). The main relationship which exists where tax-funded State initiatives are involved is the relationship that exists between the State and its citizens. In this relationship, the State is expected to act on behalf of citizens to promote the greatest benefit for its citizens. Through the tax that is paid to SARS, citizens place their trust in the State to use this money to fulfil objectives which aim to promote the common good. As there has been money that has been entrusted to the State for the purpose of it being able to promote the common good, there is thus a responsibility for the State to ensure that this is the best option which could be considered. This is because there has been a long-standing erosion of trust between citizens and the State, as the mismanagement of State funds has worsened within South Africa's political

instabilities (Oberholzer, 2008: 45). The trust-relationship between citizens and the State has perhaps resulted in a devolution of the intended Stewardship that the State should hold itself accountable to (Mantzaris and Pillay, 2017: 63-77).

Because of the degradation in State Stewardship, there is thus an expectation that should the State be ethically compelled to pay off the debt of these healthcare students as a solution, it should be the best solution, and does not affect the economy. In this case, one could use this as an indicator of the livelihoods of the citizens who are of most concern within this trust-relationship with the State.

I highlight this relationship as part of the moral implications which arise when the State chooses to pay off this debt themselves.

I continue by exploring the relationships at play, when the State provides loans to these healthcare students.

4.2.3 The State providing loans to indebted healthcare students

As is the crux of my research aim, this discussion is centred on the fact that indebted healthcare students are not able to graduate. Therefore, I argue that the State hold themselves responsible towards addressing this plight. The most apparent relationship would be the relationship that the State has with healthcare students.

My literature review in Chapter 1 and my legal review of the Constitution and the National Health Act, in Chapter 2 indicate that the State holds itself as custodian to the citizens it serves and custodian of the healthcare students that it is meant to employ in the public healthcare system. This is thus a relationship where the State benefits from employing healthcare students and where healthcare students benefit from the State by being employed by it.

Without a biased opinion of this relationship, it is important to clarify that although the relationship I have just described between the State and indebted healthcare students is seemingly mutualistic. It should be noted that the State as an authoritative body holds more power in this relationship, much like the relationship that the State has with citizens in the case of the option of the State using taxes to pay off this debt. With this factor also being considered, I will now argue the moral implications that would exist in each relationship that has now been considered, to

conclude that the State providing loans to indebted healthcare students is the most ethically viable option.

4.3 Moral implications of each option

To argue which of the three options considered is the most ethically viable, I consider the relationships that have been mentioned, through the lens of utilitarianism and through the lens of Beauchamp and Childress' moral principle of Justice. This is one of four ethical principles within ethical principlism, which focuses on what actions and decisions should be made which will be fair, and more especially, fair to the needs or the agency of those who hold less power within a hierarchical structure (Beauchamp and Childress, 1989: 228).

4.3.1 The State enforcing universities to write off debt

The relationship which exists between the State and public universities is one in which the State can create directives through policy and instruction to fulfil certain mandates, such as to write off debt for these students. The State has the power and the right to do so. However, should the State choose to force universities to write off these debts, this may have deleterious consequences, which would not benefit the operations of the universities providing education and training to these students. I therefore pose this question: Should this be the mandate that is given to universities, would there not be a danger of universities incurring additional financial strain for each year they write off indebted final year healthcare student debt- while also considering that these universities are already struggling to manage their operation costs (Maistry and McKay, 2016: 1-10)(Qonde, 2016). This is also in light of the fact that universities are not entirely financially supported by the State and as a result, must obtain revenue through external donations (Fin24 2015). This would also be an ever-growing debt, since there is no cause for this money to be recouped, either from the State or from the healthcare students. It may be attempted to be recouped through public donations as has been previously mentioned in Chapter 3, however for the reasons addressed in Chapter 3, this approach does not seem to be feasible, even for those historically White universities who are able to receive large sums of revenue in donations. The moral implication through a utilitarian view is that universities will not be able to be sustainable, especially for a highly priced faculty of that requires additional clinical training. This unsustainability would perhaps cause

the overall training of future healthcare students to deteriorate overtime due to the lack of funding available for an adequate training program.

Furthermore, it may result in students from other faculties not getting the type of financial support they also need. When we consider that students from other faculties also find themselves indebted, we need to ensure that universities are financially stable, to also assist students from other faculties, without posing a risk to its own financial stability. However, should universities be forced to pay off this debt, and as a result are financially strained from doing this repeatedly, then what would become of the plight of students from other faculties, whose needs would not be met? I argue that this solution would be unsustainable for the universities who would be directly affected by this obligation. As the universities themselves would find themselves financially strained, they could not provide students from other faculties the type of assistance that healthcare students would receive the benefit of.

But this unsustainability is evident when tuition costs stay the same. What happens when tuition costs of healthcare education and training are increased to cover the debt that will is cancelled every year? This would result in a highly expensive, practically unaffordable training to future healthcare students, i.e. one that is not only unaffordable to students in the “Missing middle”, but that would be more costly to the State to fund NSFAS students enrolled for these healthcare degrees. In addition, this may also be unaffordable to students who are from rich and affording families. The ultimate consequence which may affect most South African’s, is that healthcare education and training would not be accessible to the people who would need to be responsible for the healthcare needs of each South African, thereby causing a degradation in the quality of healthcare and general quality of public health.

Can it be said that it is just or fair for the State to put the onus on universities to write off this debt? Especially when universities are merely meant to fulfil a mandate as per the directive of the State. Universities have been expected to increase the capacity of their health science faculties as a directive by the State, to increase the number of healthcare practitioners (University of Johannesburg 2020). The simple correlation that I will make for this argument is that for every healthcare student that is enrolled beyond the feasible capacity of the programme, the higher the overall cost of running an education programme for this class would be. Would it then be

justified for the university to accrue a financial loss, year-on-year, at the expense of also needing to pay off the debts of these students, more so, without the support of the State? And would this be just for future generations of students hoping to receive a tertiary education at universities which are so extensively burdened by debt? And can we still expect these universities to have the resources to provide future students with adequate education and skills in research to also be competitive internationally?

It would thus be unethical for the State to place this expectation on universities because it would redirect the responsibility of assisting healthcare students to an entity that has to assist them, while also needing to manage their own operations in a manner which is sustainable. This would cause the deleterious effects of an increasingly poor healthcare education and subsequently declining provision of adequate healthcare services. It would also deny the opportunity of prospective students, hoping to gain an education equivalent to those who have since previously graduated from their alma maters.

We now need to consider if the State paying off these debts itself has ethical value, compared with universities having to foot this bill themselves.

4.3.2 The State paying off these debts itself

As discussed in Chapter 3, the State has extensive public funds which are placed at their disposal. Of the debt experienced by indebted final year healthcare students, there is no doubt that the State has the financial capacity to help pay off these debts. Therefore, it is not the question of whether it is possible, but rather whether it is ethical under the evaluations of utilitarianism and according to Beauchamp and Childress' moral principle of Justice (Beauchamp and Childress, 1989: 228), and in doing so, to consider any moral hazards which may arise.

When it comes to the State paying off these debts itself, there would be a great moral hazard which arises from the State choosing to do so, which from the perspective of the healthcare students involved would be viewed as a "cancellation" of debt. As the State makes funds available to pay off these debts, it is believed that the State would not pay this debt off without economic consequences for tax-paying citizens (Farrington, 2019). Ways the State has recouped finances over the past decade include the increase in Value-Added Tax, an increase in Sugar-tax and "Sin" tax, which have each put a strain on the financial livelihoods of citizens as

consumers of goods and so, a decision for the State to pay these debts themselves may destabilise the already strained livelihoods of citizens, causing an even higher cost of living (Business Tech 2018). The utilitarian view in this regard is that this would harm livelihoods (Business Tech 2018). Tax payers would not feel that they deserve to have this obligation as they would feel that the State is already gaining enough revenue through the tax that is being paid.

We can also consider the view that citizens would ultimately be paying for these Healthcare students to graduate, which however is not to their benefit. Such sentiments by citizens should not be a justification to default on taxes prescribed for by the State, because Former Finance Minister, Trevor Manuel once stated that "the obligation to pay one's fair share of taxes as and when they fall due is part of the new morality which democratic governance must inculcate in every South African" (Oberholzer, 2008: 45). But unless we can guarantee that the standard of care in our public healthcare system will improve from taxpayers paying more money for the State to write off these loans, we cannot justify how increasing revenue through further taxes would benefit the communities that these healthcare practitioners are meant to serve, especially when the aim is to benefit the very communities who would be assisting the State to pay off these debts.

Until the improved standard of care in our public healthcare system can be guaranteed, we can consider this suggestion to be unjust, as the State would thus be seemingly absolving themselves of the responsibility to "foot the bill", and instead shifting their responsibility of Stewardship from itself to its citizens. If the State chooses to pay off these debts without an increase in taxation to citizens, it would be unsustainable as a long term approach for the same reasons when universities are made to pay off the debt is deemed to be unsustainable. In this instance however, as compared to the quality of academic output declining when universities are made responsible for the debt, there would be a decline and a dysfunction in the operations of the State. This would result in public entities such as the National Department of Health becoming dysfunctional, which would cause for the State to collapse, with citizens suffering the greatest loss.

Is it fair that the State pays off this debt? Because the State would be pouring finances into a solution which is unsustainable, citizens would ultimately be paying

for a system that leaves the State dysfunctional. This is also not fair, since they are not given the option of being able to opt out of paying these taxes (Ramfol, 2019).

Although there is a case for exceptionalism for the State to assist healthcare students which I explore further in Chapter 5, there is less merit for exceptionalism if there are debts which would ultimately be cancelled, compared to if loans were granted. When considering the fact that many other students from other faculties are also indebted and in need of financial relief, it would put increased pressure on the State to then cancel all other debts, i.e. those related to university tuition initially, and then ultimately the debts of other citizens. While still focusing on students from other faculties, the conversation becomes different when considering the exceptionalisation of loans given to healthcare students. But because debt cancelation is to be explored, in this instance, we would not be able to justify cancelling this debt without agitating for indebted students from other faculties in a system treating them differently, purely because of their chosen professions instead of studying something related to the provision of healthcare services. The trickle-down effect of cancelling the debt of indebted healthcare students would result in other indebted students demanding that their debts be cancelled as well, because there would be few arguments which could be used for indebted healthcare students to receive this grace from the State, compared to other faculties' students. Should the State concede to the demands of other indebted students, other groups of society may claim the same entitlement, justifying that their claims to the State are equally legitimate because of their individual merit.

Therefore, it is not viable for the State to cancel the debts of indebted healthcare students, because it would be impossible to legitimise the State cancelling their debts while pretending that they won't need to legitimise cancelling the debts of other faculties' students or other facets of society.

We now consider if the State providing these indebted healthcare students with loans has more inherent ethical value, compared to when universities or the State foot this bill themselves. Should my argument show that it has more ethical value than the two preceding options, this would assist in concluding that the State has an ethical obligation to provide these students with loans. This is because I have concluded that there is an ethical problem with the fact that they are indebted and

unable to enter community service and that the State is the most ethically capacitated and thus ethically obligated to assist these students.

4.3.3 The State providing loans to these students

Marcu‘s economic analysis (2017) of the options made available to financing medical student debt has found that “although avoiding debt through national service confers substantial up-front economic benefits, borrowers do better in the long run because of the higher incomes available through non-profit or for-profit practice in the private sector” (Marcu et al., 2017: 966). The same applies to healthcare students in South Africa, who upon entering the public healthcare system are among the highest earning employees, immediately after university. This sound financial standing would thus forge the making of a healthy relationship with the State in which a loan repayment policy can be established.

Driessen (2020) proposes that a value-based loan repayment policy should be the solution for medical students studying in U.S.A., where doctors and other specialists repay the loan at a repayment system based on their technical skills and their “earning power” (Driessen, 2020: 1576-1578). This is spoken about in the context of general practitioners having more debt over time compared to specialists with higher earning power and as a result can pay their loans off much faster than those who are going onto specialise, due to the additional debt accrued during post-graduate specialisation. This proposal may seem to be in good faith by allowing specialist doctors to repay their loans and become practitioners without immense debt looming over their heads. However, at the point of graduating from medical school, there isn’t a clear determinant of whether people are destined to specialise in their practice of medicine. And neither does every doctor studying towards their desired specialization end up completing their degree (University of Kwa-Zulu Natal 2017). Therefore, I propose for a loan repayment system that is non-discriminatory for those who are cannot graduate due to historical debt. To counteract the risk for the State by healthcare professionals defaulting on their loans from the State, I propose a loan repayment system in which an agreed upon amount is automatically debited from their remunerated service to the Department of Health. This would seem to be the most logical proposition, as there is a direct relationship with the National Department of Health as their employers and the entity which provided them with the loan.

It is also important to consider whether there may be any negative consequences to one being granted a loan and thus being indebted to the State. A 6-year long retrospective study which looked into assessing the career mobility of medical doctors graduating from University of Minnesota Medical School who had an average university debt of $182 590 found that amongst all those doctors who went onto practice medicine as a primary care physician (General Practitioner) or a Specialist Physician, there was no statistical difference in the amount of debt that they had amassed before graduating from medical school (Fritz et al., 2019: 397) . This lead Fritz, et al. to conclude that at this specific institution, the level of indebtedness did not impact on one's decision to specialise. Instead, there may have been other motivating factors on choosing to specialise, which did not include the level of financial indebtedness. From the perspective of the ethical principle of Justice, this thus suggests that the poorest students on NSFAS and the richest students, would both not have to be concerned with graduating with debt, and be able to specialise if they wish to do so. This would also enable those indebted healthcare students within the missing middle to have the same levels of career mobility, so as to specialise within their field of medicine, should they choose to do so.

However, the converse may be true if these students are not assisted by the State as this may prolong their time to enter into community service. This may potentially deter the likelihood of specialising when they have to consider the number of years that they have left to practice medicine in comparison to their peers, and in turn may consider the laborious task of specialising at a much older age to be a deterrent.

When assessing the ethical value of the State providing loans compared to the State paying off these debts, I would argue that although the cost of providing loans is not negligible, it is considerably less compared with paying the debts off. Through a loan repayment system, the money made available to assist these students can be recouped, posing less of a threat to the financial security of the State. And based on the principle of justice it would be unfair for the State to fully pay off these student debts when other students in different professions are not given any assistance. There will be contention that I will address in Chapter 5 of the perceived "exceptionalism" of health science students receiving assistance in the form of a loan in comparison to other needs placed on the State. However it would be even more

unjust for healthcare students to receive preferential treatment compared to students from other faculties who face a similar fate of not being able to graduate.

Furthermore, the danger to the State paying off fees is that if students realised that the State would just pay their fees debt, it might encourage even greater indebtedness.

The State providing loans has shown itself to be the most ethical option, because it provides for an agreement to be drawn up with the indebted healthcare students, which does not have to involve citizens of South Africa, nor does it place any financial strain or jeopardy on universities. This does not place any threat to the State's long-term financial stability, due to the assurance that the loan would be paid back to the State, according to an agreement repayment plan in which there is a low risk of these students defaulting on their loans. As the State is the employer, thereby ensuring that the State will be able to recoup their funds as efficiently as possible.

4.4 Conclusion

I have evaluated the ethical contentions that have arisen in the defence of my thesis statement, and conclude as in Chapter 2 and 3, that it is ethically problematic for indebted healthcare students to not be able to graduate and enter into community service because of their outstanding fees. It is the State that has the highest ethical responsibility in assisting these students with this challenge. I have also presented arguments which help to validate that of the three options available to the State, it is the provision of loans which holds the highest ethical value. The viability of this option is demonstrated, which assists in showing that there would be the least harm inflicted upon all entities involved in this mutualistic relationship. It would also ensure the most benefit to the students and the patients that they would be assisting. Lastly, this option shows ethical value also in the justice that would prevail by ensuring that the indebted "Missing Middle" students would benefit from these loans being provided by the State.

Providing loans to these students is one of many pressing matters that the State must attend to, and in Chapter 5, I provide arguments for why this matter remains an ethical priority.

CHAPTER 5: WHY PROVIDING LOANS TO HEALTHCARE STUDENTS REMAINS AN ETHICAL PRIORITY DESPITE THE COMPETING, LEGITIMATE CLAIMS ON THE STATE COFFERS

5.1 Introduction

There are many legitimate claims on the State for it to use its resources in support of the people. Yet, there are limits to what is financially possible. Many other tertiary students also owe their institutions unpaid fees. Since I am not arguing that the State has an obligation to provide loans to all these indebted students, I need to make arguments for why healthcare students ought to be treated differently. I argue for exceptionalism with respect for these students and I attempt to justify this exceptionalism.

I show that even though there are competing priorities for State expenditure, providing loans to healthcare students in their final year of study is a more pressing obligation on the State than providing similar support to other faculties' students.

These arguments assist in showing that there is a strong basis for loans to be provided by the State to these indebted healthcare students which supersedes other claims on the coffers of the State. Considering the arguments made in my previous chapters, I am able to conclude in chapter 6 that all things considered, the State has an ethical obligation to provide loans to enable final year healthcare students who are required to do community service after completion of their academic training to pay their historical fees debt, and thus successfully defend my thesis.

5.2 Other legitimate claims on the State

In chapter 4 it is noted that there are various claims on the State coffers which compete with the State providing loans to assist indebted healthcare students. Therefore, I will argue for why this obligation carries more weight than competing claims on the State for assistance. I first consider students of other faculties, who also owe their institutions money. What reasons are there for thinking that even if the State is not able to provide loans to all these students, it still has a duty to provide loans to indebted health sciences students? To make an argument for indebted healthcare students, I use the principle of justice and in particular, Rawls' Difference Principle to validate the need for the State to provide loans to healthcare students in comparison to students from other faculties. I also make arguments around the

extent to which maximising the health of the population facilitates productivity and sustains the economy, allowing there to be increased money available to the State to assist in other areas of need such as students from other faculties. While making this argument for indebted healthcare students, I proceed to argue for the exceptionalism of indebted healthcare students in comparison to other pressing claims on the State.

For my main argument for this chapter, I present arguments for how providing loans to healthcare students remains an ethical priority over students from other faculties.

5.2.1 Final year students from other faculties

It has become evident how much university students are struggling to settle their fees to graduate from university (Mavunga, 2019: 81). This is evident in the protest action which occurred at South African university campuses in the years before #FeesMustFall (Sibanyoni, 2012), but have since gained national and international recognition since the first #FeesMustFall protests in October 2015 (Mavunga, 2019: 81). The challenge of student indebtedness is universal across all faculties and it affects these students similarly, causing them to also not be able to graduate, as for indebted final year healthcare students.

Because all these students are under the same circumstances and are bound to a similar fate, one would question the exceptionalism in my claim. I argue for the State to provide loans to indebted health science students, which forgoes any assistance given to students from all other faculties. This exceptionalism would thus seemingly raise the question of whether there is merit in the apparent exceptionalism inherent in my claim and subsequent arguments which I have made as a case for them. Furthermore, since this exceptionalism exists, would what I am arguing for be considered to be fair. To provide arguments for why loans to healthcare students remain an ethical priority over other students and grants given to citizens as social relief, I provide reason through the lens of Rawls' moral theory of Justice as Fairness. In doing so, I show that there is merit in the State providing loans to healthcare students over other students, when the interests of the public good and the realization of the right to healthcare is to be considered. I will also use Rawl's theory of Justice as Fairness to argue for those who are most disadvantaged by being indebted to the universities that they were trained by (Rawls 1971: 42-44).

5.2.2 Healthcare students prioritised over indebted final year students from other faculties

It is often thought that the healthcare sector is treated with a much higher regard than other sectors of industry. And at the tertiary level, this translates into the exceptionalism perceived for the health science faculty, over other university faculties. Rawls' theory of justice would argue for a solution in which there is no prioritisation of health science students over other indebted students as this would fail to ensure justice over student indebtedness, where no favouritism is expressed for one group of a university's student body over the other.

Students from other faculties could argue that they are trained to provide services which would help contribute towards building South Africa's economy, either through legal services, investments, creative arts or even through science, technology, engineering and mathematics (STEM) (Pols, 2019). But because there is not a direct monetary value placed on the productivity of healthcare practitioners, it is often hard to quantify the value that healthcare workers are able to contribute to a nation's economy. Because of this, some would argue that the healthcare sector does not contribute the same amount of utility to the economy as other sectors would. A study which goes into addressing this claim found that the contribution that the healthcare sector makes to the economy is equivalent to those of "traditional sectors". This finding was elaborated further by observing that a 10% increase in hospital productivity would result in a 4% increase in patients in 5 years' time (Chandra et al., 2013: 4). This must not be confused with the number of patients which would be admitted into hospital due to disease, but rather the number of patients the hospital attracts as a result of the quality and efficiency in the services it provides. Therefore, it has been proved that health science students and their potential thereof, has an equal standing within the economy compared to other faculties' students.

However, I would use Rawls' Difference Principle to argue that there is a cause for exceptionalism for indebted health science students, despite that they have been shown to be similar to indebted students from other faculties in terms of the degree to which they become indebted and their potential contribution to make towards the economy.

The Difference Principle is part of Rawls' two principles in his theories of distributive justice, namely that:

> "1. Each person has an equal claim to a fully adequate scheme of equal basic rights and liberties, which scheme is compatible with the same scheme for all; and in this scheme the equal political liberties, and only those liberties, are to be guaranteed their fair value", and
>
> "2. Social and economic inequalities are to satisfy two conditions:
>
> (a) They are to be attached to positions and offices open to all under conditions of fair equality of opportunity; and
>
> (b), they are to be to the greatest benefit of the least advantaged members of society." (Rawls 1971: 42-44).

Principle 2b, which becomes the focus of my application of Rawls' theories of distributive justice is known as the Difference Principle, which is understood as applying distributive justice to circumstances where the least privileged members will be able to benefit the most. In this way, the least privileged members will be able to achieve equity because equality will only serve to benefit those who already stand to benefit from this assistance, or are better positioned to benefit from it. In this context, I emphasise that despite students from other faculties being equally indebted as healthcare students, and being of equal value to the economy, there is a difference in terms of the equitable challenges they face, which would call on the Difference Principle to warrant exceptionalism for health science students over other students. I provide reasoning based on the distinguishment I made in Chapter 3 regarding the financial assistance that can be made available to other students, in comparison to healthcare students, and to provide reasoning based on the employability of healthcare students compared to students from other faculties.

5.2.3 Exceptionalism of healthcare students - Financial assistance made to students from other faculties

As noted in Chapter 3, students from other faculties can obtain assistance from South African Corporate entities in the form of bursaries or scholarships. This helps indebted students, although the assistance is not evenly distributed across all faculties nor provided for to all indebted students. Despite this, we find that students from other faculties find assistance from Corporate South Africa, as it benefits from this pool of graduates, which assists in easing the burden placed on them due to indebtedness.

In comparison, indebted health science students have fewer options available to them. Apart from government provided bursaries, which must be applied for and are not guaranteed to be awarded these students, find themselves not able to graduate. They also have skills which are not employable to sectors outside of healthcare, due to the added compulsory requirement of completing their in-service training, to qualify as independent practitioners. This point will be further emphasised in this chapter's comparison of indebted tertiary student employability.

Reverting to the subject of available funding, Rawls' difference principle would argue that the indebted students who are least disadvantaged and subjected to the challenges faced by this indebtedness, should be afforded distributive justice to place them on an equal footing as those who are less disadvantaged in these same circumstances. Therefore, we look to the fact that indebted health science students compared to other faculties' indebted students are less advantaged and more vulnerable concerning their debt. This debt would incapacitate them more than their peers as there are less opportunities for assistance unless by the Department of Health at the provincial or national level. Furthermore, the exceptionalism which would be justified in this regard is that while indebted students from other faculties are also unable to graduate due to their indebtedness, it would necessitate looking at indebted healthcare students in comparison and to consider the distributive justice which would be achieved by applying Rawls' Difference Principle to these students. In this case, indebted healthcare students will therefore be able to benefit the most from loans provided to them, because they are found to be the most disadvantaged to the circumstances of indebtedness to their respective tertiary institutions.

Having considered exceptionalism through the perspective of what type of students are least likely to attain financial assistance, I focus my argument on the second aspect which must be considered, which is to determine what would serve the interests of the public good and how this would best achieve the progressive realization of the right to healthcare.

5.2.4 Exceptionalism of healthcare students- Professionalism and the progressive realisation of healthcare

Naidoo describes professionalism as "a broad term used to include the conduct, aims, and qualities that characterise a professional or a profession and relates to the behaviour expected of one in a learned profession. It embodies positive habits of conduct, judgement, and perception on the part of both individual professionals and professional organisations. Professionalism has been viewed as that quality of conduct and character that accompanies the use of superior knowledge, skill, and judgment, to the benefit of another, prior to any consideration of self-interest." (Naidoo, 2016: 166). In the commercial industry context, I would describe professionalism as a way in which people conduct themselves according to their training, which is often signified by someone being deemed a professional within their sector of the industry, when certain training practices have been achieved. This professional achievement would then often allow someone to be able to practice independently, such as in the case of legal practitioners, chartered accountants and healthcare professionals (Law Society of South Africa n.d.: 13) (Stellenbosch University 2013). When it comes to the professionalism and independent practice for students from other faculties within law and commerce, and because of the vastness of their training, many employment opportunities are open to them even if they do not go along the route of becoming attorneys/advocates or chartered accountants, their employability is as vast as the range of practice that they have been trained for, allowing them to provide legal or financial practice within different types of organisations and fields of industry. In this way, these professionals are still deemed valuable to the job market. They are able to motivate for funding towards their tuition and the assistance thereof. In comparison, despite health science students also developing a vast set of skills that they can employ through the training they have received, their area of practice is more defined towards clinical practice, and are required by law to firstly be used in the public healthcare system before being

permitted to use this training in private healthcare or independent practice, still within the public healthcare system. This difference in how health science students are employable, shows that healthcare students are more disadvantaged by the limitations of their clinical practice and hence their employability. Rawls' Difference Principle would require that we view these students differently and are able to then promote exceptionalism towards their case.

As discussed in chapter 2, the Constitution requires that there be a progressive realisation to the access of healthcare (The Constitution of the Republic of South Africa Act 108 of 1996). I have explored what it would mean for healthcare students who are incapable of being employed, and how this would create subsequent barriers for access to healthcare at the current capacity, and also for the progressive realisation of access to healthcare.

The progressive realisation of access to healthcare is an active task. It often needs to be reviewed to determine if we are increasing our healthcare infrastructure. These include facilities, medicinal products, medical devices and equipment, healthcare personnel and their services made available (Ransom and Olsson, 2017: 320-329). But at the crux of how healthcare is provided, and how it is realised, are its people, i.e. the healthcare personnel. The practice of medicine, surgery, nursery, midwifery, audiology, physiotherapy and dietetics is obsolete without the people who practice these fields of healthcare. Thus it is crucial that when we speak about the progressive realization of access to healthcare, it is about how we can ensure that not only do we focus on progressively improving the quantity and quality of the other healthcare resources at hand, but that we focus our attention towards improving the number of healthcare personnel available for the services that patients would need them to provide.

New healthcare professionals and personnel are not able to be absorbed into the public healthcare system through community service, if they are indebted and unable to graduate. Without them, we cannot achieve this progressive realization of access to healthcare. Should this progressive realization of access to healthcare not achievable, this would make false the promises made by the Constitution of South Africa. We would also have to ask if we are giving citizens the adequate healthcare services they deserve? Lastly, would this not be a barrier for healthcare students

who are subject to this misfortune, more than other indebted students? To finally come to terms this dilemma, we can't have the progressive realization of access to healthcare without people qualifying to be healthcare professionals. But this requires community service which is not required of students of other faculties. For these reasons I would say that it is justified for exceptionalism to exist for indebted healthcare students in comparison to indebted students from other faculties.

When it comes to the exceptionalism of indebted healthcare students, it is not only confined to exceptionalism over other students, but also the many other claims on the State coffers which I will need to address, namely social relief grants and other further objections. I now begin to contextualize these claims and to argue why there is a still a case for exceptionalism towards indebted healthcare students.

5.3 Other claims on the State

There are numerous pressing matters that are placed in the State's care. Examples include social relief grants, loans given to companies that are folding because of COVID-19 restrictions, loans for the disabled to set up properly equipped homes, or further loans or bailouts to failing State enterprises to ensure that more jobs are not lost in the country.

Although these claims to the State coffers are different in nature, their common theme is of the State promoting the common good, whereby the funds made available to these claims would be to the benefit of many citizens placed in distress.

Since there are many claims on the State coffers, it would not be financially viable for the State to absorb the costs of all these interventions, which could result in a collapsed economy. Justice then requires a fairer mechanism for choosing which of these many pressing social needs to be addressed first, so as to promote the common good.

In the spirit of promoting the common good, I present arguments for why providing loans to indebted healthcare students remains an ethical priority that will help to promote the common good, initially starting with its contentions with social relief grants, and finally looking at their role within the COVID-19 pandemic.

5.3.1 Healthcare students prioritised over social relief grants

Social relief grants such as the COVID-19 relief grant have been a prominent point of discussion since the pandemic began. This came into consideration as South African lockdown measures were put in place to manage the pandemic. This caused the closing of parts of the economy which has affected the poorest of the poor South Africans the most (Elsley, 2020). To provide relief to these South Africans, the State implemented a monthly grant of R350 from an allocated budget of R26.7 billion, which was aimed at being in assistance until March 2022 (Omarjee, 2021) (South African Government News Agency 2021) (Mofokeng, 2021).

South Africa has had a 17-year-long history of social relief (The South African Social Security Agency Act No. 9 of 2004). With the country having one of the highest socioeconomic inequalities in the world (Scott, 2019), the State has had to implement strategies of State funded relief to assist citizens, such as the implementation of the South African Social Security Agency, SASSA, which provides relief to as many as 18.1million people in a single month, as of 2020 (SASSA 2020: 10). State funded social relief is an immediate demand with an immediate, yet temporary effect. By comparison, State funded loans provided to healthcare students, the demands on the State are immediate, resulting in immediate relief for the indebted healthcare students, but also providing a longer lasting effect on the impact they can make on society and the economy. Therefore, by comparison, it is important to provide critique on whether there is an overall benefit to the provision of healthcare, whose benefits to risks, could outweigh that of providing grants.

Chitaga-Magubu and Magubu would consider social relief grants to be “risk sharing, as it has the potential to prevent a group or class of people from falling behind the mainstream and from being unable to participate in the market economy. In this way it presents an insurance against risk (i.e. sickness, unemployment, and so forth)” (Chitaga-Magubu and Magubu, n.d.). They have found that social grants are drivers of economic growth due to the increased consumption of food and education. There is much merit in having grants provided to poverty-stricken citizens, as it is an alleviator of abject poverty and a restorer of human dignity when one is capacitated economically. However not to the extent where they can make self-determinant choices on their livelihood outside the autonomy of breadwinners who are custodians of their livelihoods. In South Africa’s current socioeconomic climate, one cannot

ignore the value that social relief grants have in progressively realising the Constitution's aim for socioeconomic justice (The Constitution of the Republic of South Africa Act 108 of 1996). Progressive realisation of socioeconomic justice does not stand compete with the progressive realisation of healthcare, as the Constitution aims to achieve both for the citizens it serves. We are perhaps in the situation where one progressive realisation of rights would be able to assist another in being able to be achieved. Much like the philosophical "chicken or egg" causality dilemma, we find ourselves questioning whether economic vitality improves public health or if good public health improves economic vitality.

A literature review which investigates the relationship between population health and economic activity in U.S. metropolitan over 15 years found that public health contributes positively to a community's economic vitality. It was also found that an improvement in public health helps to "protect citizens against economic shocks such as the Great Depression" (Connell, 2019: 4). The latter is an important finding as it shows that should there be an investment in optimising a nation's public health, we would see more resilience in coping with challenges brought on by economic recessions, perhaps even which has been caused by the State's COVID-19 lockdown's effect on the economy (Arndt et al., 2020: iv).

It is shown that social relief grants are an active driver of the economy because as people are economically empowered, this drives the economy through the consumption of food, education and one's livelihood (Chitaga-Magubu and Magubu, n.d.). But if there is a greater investment made into achieving a healthier country through helping many indebted healthcare students graduate, there would perhaps be adequate income being used to stimulate the economy. More people would be shifting their social relief funds towards buying food, investing in education and their livelihoods, instead of needing to invest in healthcare services that arise as a result of hospitalisation and other medical complications, which would incapacitate one economically. The State would thereby be able to promote the common good for its citizens as not only will the middle and upper class benefit from a stronger economy, but the impoverished lower class will also benefit from a stronger economy, especially when they feel the effects of economic downturns more viscerally than other classes. Thus, while it is important to provide social relief to assist in stimulating the economy, a robust economy which has the capacity to grow over a

longer span of time would ultimately derive from a nation which has an adequatedly funded public health system.

In terms of considerations thus far, it seems that there is a strong case for the exceptionalism of indebted healthcare students over social relief grants. However I provide final arguments for the exceptionalism of healthcare students over loans made to companies that are folding because of COVID-19 restrictions, loans to the disabled to set up properly equipped homes, and further loans or bailouts to failing State enterprises aimed at ensuring that more jobs are not lost.

5.3.2 Healthcare students prioritised over other claims on the State

Since the beginning of the COVID-19 pandemic, world governments have extensively explored the idea of providing loans and other economic relief to failing businesses, to mitigate the crippling effects that national lockdowns have created for these business (OECD 2020: 2). In this regard, the South African government has been no different (South African Government 2020).

The recent track record of the State bailing State owned enterprises (SOE's) out has shown that these SOE's have since required further financial assistance. Taxpayer's money has had to be used to rescue the businesses, without much evidence of them achieving a financial turnaround (Bauer, 2013). The State has thereby poured money into a bottomless well- a wishing well which grants only wishes of further misfortune for citizens instead of wishes of economic prosperity (Winning, 2020). While the State rescuing these businesses seems to be a noble act that ensures that the State remains a key player within most markets of the economy and aims to bring in added revenue to the State coffers, business rescue and the repaying of these loans is ultimately dependent on whether these businesses will eventually start thriving operationally and start generating profits. Therefore, it cannot be trusted that these loans will ever be repaid which would result in financial unsustainability.

As for loans given to indebted healthcare students in comparison, these would be found to have less financial risk. However, the cost of the loan is hardly negligible. It will certainly cost the State an initial tens of millions of Rands, considering how many indebted healthcare students there may be. But when considering that there is a greater chance of it being repaid, the crucial balancing act of the State managing its financial stability would seem far more worthwhile than the bailout of failing

businesses, thereby adding to the economic growth and prosperity of the State and its citizens.

But the State also has grants paid to people living with disabilities, to consider. The World Health Organization estimates there to be more than one billion people living with some form of disability, worldwide. Statistics South Africa estimates that approximately 3.8 million people live with disabilities, in 2014 (The World Health Organization 2020) (Stats SA 2014).

SASSA provides a social relief grant of R1 890.00 per month to those who qualify (The South African Government n.d.). Considering that the Household Affordability Index for basic food items would cost R2 194.02, this is less than what someone with disabilities would earn to afford basic nutrition, let alone the extra cost of R689.21 needed for household and personal hygiene, estimated according to the index (Foundation for Human Rights 2021: 5). In addition to these costs, there are also assistive devices and equipment which are needed to be installed in the homes of disabled people, to make the house accessible, such as ramps, handrailing and specialised taps (Disability info South Africa 2016). Without providing these assistive measures, the ordinary life of someone with disabilities would be further challenged, to extent that they would not be able to have a functional life and livelihood. Thus I would agree that people living with disabilities require assistance from the State in making their homes more accessible, to live functional lives.

It would be impossible to ignore the value that social relief grants have in progressively realising the Constitution's aim for socioeconomic justice. And when providing arguments for healthcare students being prioritised over recipients of social grants, it would be impossible to ignore the value that providing people with disabilities with assistive measures would help improve their quality of life, to ultimately allow their right to human dignity be observed and realized, as per Section 10 (The Constitution of the Republic of South Africa Act 108 of 1996). But in the context of my thesis statement, it would be important to also consider the health status of people living with disabilities to debate if the provision of healthcare and the progressive realisation thereof would not be detrimental to them, if not of an adequate standard, given their status as vulnerable citizens within our society.

A study which observes the link between access to healthcare and disability found that people living with disabilities are far more vulnerable, generally requiring more medical attention than people without disabilities (Shakespeare et al., 2018: 8). Another study found that there is a greater need for more medical attention, as the health status of those with disabilities is significantly under-reported compared to people without disabilities (Krahn et al., 2015: S198-S206). This would therefore highlight the necessity to prioritize how healthcare practitioners are able to provide adequate healthcare. Therefore, when looking through the lens of the common good approach, how the exceptionalism indebted healthcare students capable of providing the communities they serve with adequate healthcare, would help the general population of South Africa, it would assist a subset of our population even more, due to them having disabilities. They seek the care of healthcare practitioners at a disproportionately higher rate in comparison to people without disabilities as they often have more medical challenges than the general public (SAMS 2017: 10).

Shifting the focus from specialised care by healthcare practitioners, to the general care of people with disabilities, people living with disabilities find themselves within the care of carers to assist them with daily or complex life tasks. Depending on the severity of the disabilities in question, they may also need additional specialised care or to be placed in care homes, where they will be cared for (SAMS 2017: 10). These measures are made as considerations to ensure that despite challenges of accessibility, their quality of life would not be dramatically reduced. Therefore, while there is a legitimate need for homes that are more accessible, I highlight the fact that there are assistive carers, whether volunteers, family members or specialised care which would be present to assist in making their daily lives as accessible as possible. When considering the medical needs of patients with disabilities, I highlight the fact that there aren't people outside of healthcare practitioners who would be able to provide them with access to healthcare, nor is anyone who is not a healthcare practitioner legally allowed to provide this service. We should consider the critical role that healthcare practitioners play in the lives of people with disabilities, as it would, be in their best interests for the State to have an adequate number of healthcare practitioners within the healthcare system, because this would serve the common good, for patients without disabilities, and especially for patients who live with disabilities. Therefore, I argue that the State should therefore consider

placing a higher priority on healthcare practitioners, to assist the economy to grow, while striving towards the economic ideals of providing universal assistance to people living with disabilities.

And what of the role that healthcare practitioners have played in the recent past. The role that they play within communities has become highlighted even more since the beginning of the COVID-19 pandemic. During this period, healthcare practitioners have made extensive sacrifices by putting themselves on the frontline, treating severely ill patients, at the expense of their personal safety, personal lives, and their physical and mental health (Greenberg et al., 2020: 1)(Mehta et al., 2021: 226). Recent history has shown how healthcare practitioners have demonstrated what it means to promote the common good, which was to ensure that as many people could receive medical attention as possible, to mitigate severe illness, prevent death or to aid in the recovery of post-COVID-19 symptoms known as “long COVID” (The World Health Organization 2021). There has been no greater example in recent history to show why they are important for the common good of South Africa and its citizens, to be achieved. Despite the efforts which have been made, we have seen an excess number of deaths over the years of 2020-21 which have shown how strained the healthcare systems have been, globally (SAMRC 2021). This should of course encourage the exploration of how to maximize our healthcare systems, to promote the common good, for the world and for South African in particular. I thus conclude that when the State can capacitate the healthcare system, through the employment of additional healthcare practitioners, it has an ethical obligation to do so. Therefore, when these healthcare practitioners are not able to be readily employed by the State, the State has an ethical obligation to assist to make them employable.

5.4 Conclusion

In summary, according to the Rawls’ Difference Principle and the Common Good approach, it would be deemed a worthy cause for indebted healthcare students to be assisted when considering their contribution to public health and potential contribution to the economy which would result from these students being assisted over others. Through my critique of the challenges faced by indebted healthcare students and by comparing them with students from other faculties, and with other claims on the State coffers, I show that there is value in indebted healthcare students

being assisted due to the requirements of needing to do community service, thereby placing them at a disadvantage compared to students from other faculties. Furthermore, the provision of healthcare services will benefit the economy and also citizens within society who need the services of healthcare practitioners, such as those living with disabilities.

The COVID-19 pandemic has also shown the importance of healthcare and the importance of having a healthcare system which works. But the public healthcare system is nothing without the warm bodies who walk through its clinic corridors providing service to those who need them the most. Healthcare practitioners and the students who are the healthcare practitioners of the future have shown their importance thereof, in their plea for assistance by the State, to fulfil their duties to their best capabilities possible.

CHAPTER 6: CONCLUSION

Every year, there are healthcare students who are not absorbed into the public healthcare system for their obligatory community service requirements, due to indebtedness to their universities. My research has attempted to answer the question: What should the State do to resolve this problem in the best way possible? Through this research, I have argued that, all things considered, the State has an ethical obligation to provide loans to enable final year healthcare students must do community service after completion of their academic training to pay their historical fees debt.

Through evaluating Rule utilitarianism against the detrimental effect indebted healthcare students not being able to graduate would have on the nation's public health, I propose that the current status quo of indebted healthcare students not being able to graduate and enter community service is problematic. The status quo also does not assist in alleviating the already low healthcare-patient ratio, caused by healthcare attrition and highly skilled doctors leaving the country, and a negative effect on the economy.

Weber's Stewardship model and the "Common Good Approach" have shown that the State- as compared to South African universities, banks and Corporate South Africa- is best capable of addressing this issue. I conclude that the State is therefore ethically responsible to assist these indebted final year healthcare students with an economical strategy of assistance that would be most ethically appropriate for their needs, while also taking into account the needs of South African citizens.

In terms of the most ethically appropriate strategy of economic assistance, Rule Utilitarianism and Rawls' Theory of Justice required exploration of which option would bring about the most benefit to healthcare students and the citizens they would serve. It was found that the provision of loans holds the highest ethical value and is demonstrated as the most viable of the options given. Through the provision of loans to indebted healthcare students, those within the "Missing Middle" would also be able to be financially assisted to graduate and enter community service, thereby being of benefit to South Africa's public healthcare system.

The public healthcare system is not the only priority of the State's National Budget. In this report, I have provided examples of other pressing needs, each with a valid

claim on the State coffers. However, through Rawls' Difference principle and the Common Good approach, indebted healthcare students were shown to have a greater disadvantage towards having their fees settled and meeting their conditions of employment, while then also being of the highest intrinsic benefit to the State's health and economy. Therefore, they should be prioritised over students from other faculties. Indebted healthcare students would also need to be prioritised over other claims on the State, as the healthcare services they are trained to provide would benefit the country's public health status and to grow the economy. Enabling the country to have a robust economy would help meet these other needs made to the State coffers.

Through these arguments, I have thus successfully defended my thesis statement. The resultant effect of all these arguments therefore shows the importance and subsequent value in assisting these healthcare students in settling their historical debt, to graduate at the end of their final year, and to enter community service.

For these research findings to have substantial effects in legislation, it is recommended that further research is conducted on how to implement these findings within systems of public health economics. This would help the State to commit to assisting these healthcare students in becoming the healthcare professionals of the future, further advancing the ideals of a healthier South Africa.

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