

## Loadshedding and healthcare: Salt in the wound?

**To the Editor:** South Africa (SA)'s energy crisis is a longstanding problem. With no permanent solution in sight, the worsening power cuts continue to detrimentally impact the quality of public healthcare across the nation.<sup>[1,2]</sup> At present, the country is experiencing the highest numbers of loadshedding hours since its inception – averaging over 1 500 hours in 2022.<sup>[3]</sup> As the effects of the COVID-19 pandemic remain apparent, it is questionable whether we can handle another crisis.

Currently, only 72 hospitals are exempt from loadshedding nationwide!<sup>[4]</sup> This is frightening, as state-run hospitals nationwide care for >80% of the population.<sup>[5]</sup> Of most concern is the impact on intensive care units, which utilise electronic machinery to keep patients alive.<sup>[5-7]</sup> Multiple technologies involved in critical care are unable to function without power, which leaves numerous healthcare workers forced to do these tasks manually.<sup>[6]</sup> In an already short-staffed system, where there is only 1 doctor per 3 198 citizens,<sup>[8]</sup> this proves deadly. The pandemic saw the lives of over 1 300 SA healthcare professionals lost – replacements for whom have proven difficult to come by.<sup>[9]</sup> Loss of massive aid from technology, even for minutes, leaves opportunity for worker exhaustion and patient mismanagement.

Another major blow affects surgical departments, where doctors have had to resort to torches during surgery.<sup>[10]</sup> Poor lighting in procedures is associated with a higher error rate and increased postoperative complications.<sup>[11]</sup> More importantly, the inability to carry out emergency procedures and scans causes untimely deaths and emotional trauma for all involved.<sup>[12]</sup> In less urgent instances, multiple procedures must be delayed or cancelled, resulting in an increase in the backlog – which was already an issue post-COVID.<sup>[13,14]</sup> Such circumstances lengthen hospital stay, which puts patients at risk of acquiring serious nosocomial infections.<sup>[15]</sup>

The only 'solution' in place is that of backup generators, which also provide a challenge, as these are poorly maintained and prone to failure.<sup>[16]</sup> Moreover, the cost of diesel is proving difficult to maintain, since hospitals spend millions of rands to function when cuts occur.<sup>[17]</sup> It has been stated that other power sources are being investigated, as generators are not meant to be utilised for long periods.<sup>[18]</sup> The Health Professionals Council of SA has voiced a plea that all healthcare facilities be exempt from loadshedding,<sup>[19]</sup> but this has not yet occurred.<sup>[4]</sup>

With no effective solution in sight, the morale of healthcare workers is on the decline. Aside from the lingering 'side-effects' of the COVID-19 pandemic, the exacerbation of power cuts brings an already dilapidated system to its knees. If not addressed, this problem is one that will further place patients' lives at risk, and doctors and

nurses may not be able to work under such challenging conditions much longer.

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