State doctors and nurses who refuse to perform legal abortions should clarify their values so that they can see themselves as health care workers rather than as ‘gatekeepers’.

This was the view of Eddie Mahlangu, Chief Director of Maternal and Child Health Services, following a storm of controversy over recent comments made by Health Minister Manto Tshabalala-Msimang.

The Minister had said health care workers should ‘place their duty before their beliefs’, infuriating pro-life lobbyists and prompting a verbal wave of attack from opposition MPs.

The Constitution recognises that health care workers have as great an individual right to choose whether or not to terminate a pregnancy as the pregnant woman herself.

Tshabalala-Msimang’s comments followed a recent Parliamentary Health Portfolio Committee probe into why more than 500 women are still dying each year after incomplete backstreet abortions. Legal abortion is meant to be provided by the state in terms of the 1997 Choice of Termination of Pregnancy Act.

The committee heard that of the 269 hospitals and clinics designated to perform abortions, 166 were not providing the service. This was mainly because of staff shortages.

However some health care workers have been victimising colleagues for performing abortions or refusing to give pregnant women relevant information.

There was anecdotal evidence of medical superintendents in rural areas simply not allowing abortions in their hospitals and nurses telling pregnant women to ‘go and wait under that tree until the murderer is ready for you’.

The committee heard that a mere 81 public sector nurses country-wide were trained to perform legal first trimester pregnancy terminations.

Those willing to perform abortions were carrying a disproportionate workload which left them physically and emotionally drained with little or no counselling support.

According to Sanjani Jane Varkey, a researcher at the Reproductive Health Research Unit, only 69 of these nurses are still performing abortions in the public sector.

‘Our biggest problem is that we haven’t introduced termination of pregnancy (ToP) into our basic nursing education curriculum. All our ToP midwives were trained through a three-year British funded pilot programme, now in its final year,’ she said.

Varkey appealed to the Health Department not to wait until the pilot was over before broadening the initiative and to provide vital funding.

Varkey believes it is a media-induced fallacy that people are resistant to abortion per se. ‘There’s more understanding for reasons like poverty, a minor or rape – the surveys don’t show this.’

Tembeka Gwagwa, Executive Director of the 101 000-member Democratic Nurses Association of South Africa (DENOSA), said a 1997 survey showed that 64% of members were against the Termination of Pregnancy Bill.

Denosa’s strategy was to ‘educate and educate – we cannot take sides’.

Mahlangu, a deeply committed Christian, said it was unacceptable for health care workers to use their beliefs to deny people access to services.

He said that if one was to ‘take this kind of moralistic stand (to its logical conclusion) one would ultimately not do anything in hospitals. What about not treating somebody who was drunk and got into a fight? What about ignoring a prisoner coming for treatment? Do you refuse to treat them simply because you don’t approve of drinking or crime?’

Mahlangu said what emerged from the portfolio hearings was an urgent need for programmes to help health workers re-examine their roles and for overworked abortion nurses to get psychological support.

Mahlangu added that after maternal deaths became notifiable in 1997, of the 676 deaths reported the following year, 575 were from pregnancy-related sepsis or incomplete abortions.

This showed that the legislation was reducing incomplete abortion deaths but ‘there’s a long way to go’.

Mahlangu said there seemed to be a ‘tendency’ towards second trimester abortions. This could be put down to difficulties rural people had in accessing clinics and hospitals.

He said the pro-life protesters sounded like they were well-off, educated people who did not have to contend with critical decisions such as
whether they could feed and support another unexpected child.

Mahlangu appealed to them to separate their religious beliefs from their roles as doctors meeting vital needs. ‘Telling women they’ll go to hell isn’t supportive,’ he said.

Regarding the scarcity of clinics able to perform the function for which they were designated, Mahlangu said it was never the intention to ‘bring them all on stream at one time’.

Lack of trained staff was a major problem. ‘It requires careful planning and a slow rolling out – just designating hospitals doesn’t cut it,’ he said.

Evidence from Britain showed that incentives to perform ToPs made conscientious objection ‘disappear’ and this should be considered in the South African context.

The committee is delaying a final report until research is completed by the Reproductive Health Research Unit and the MRC on the effect of the new legislation on women’s mortality and morbidity and reasons for the ongoing backstreet abortions. This research should be finalised early in September.

Chris Bateman

WE CAN DETECT DRUG ABUSE – BUT WILL WE?

Nearly half of all crime arrests in the three major urban centres in August and September last year were alcohol- or narcotics-related.

Intoxication also wreaks havoc in road accidents, domestic violence, costs billions of rands in lost working hours and traumatises those close to abusers.

These were some of the findings which emerged from the latest drug/crime study of the SA Community Epidemiology Network on Drug Abuse (SACENDU). It was a team effort with the MRC, the University of Durban-Westville, SANCA (Port Elizabeth), the Institute for Security Studies and the SAPS Crime Information Analysis Centre (CIAC).

The study showed high levels of drug use, with nearly half testing positive for at least one drug (including 44% for dagga, 25% for Mandrax and 4% for cocaine).

More tested positive in Cape Town for at least one drug (63%) than in Durban (52%) and Gauteng (32%).

In all three metropoles, more than half the people arrested for the following crimes tested positive: housebreaking (74%), drug and alcohol offences (68%), weapons-related crime (57%), robbery (52%) and murder (55%).

What the statistics fail to show is that most drug abuse remains undetected – mainly because of a woeful lack of training in drug detection techniques among physicians, police and traffic officers and paramedics.

Hundreds of ‘high’ drivers pass road block checks because the little alcohol they have consumed creates a ‘decoy’ effect on the drug taken, and fails to register any significant reading on a breathalyser test. Law enforcement officers thus have no ‘probable cause’ for ordering a blood test.

According to a Columbia University study, 9% of American primary care physicians failed to diagnose substance abuse when presented with early symptoms of alcohol abuse in adults.

It’s no different here, claim Dr Johan van der Spuy, Trauma Research Chief at the MRC and Judith Shopley, SANCA’s information and resource centre manager in Gauteng.

Without effective early detection and intervention the crime and carnage will remain or even worsen.

A ‘South Africanised’ drug abuse recognition manual does however exist. This documents physical manifestations, an abuser’s likely behaviour and the generic group to which the taken drug is most likely to belong.

The manual has been converted by local experts from a highly successful Los Angeles Police Department programme aimed at addressing their similar dilemma.

It has been available here for two years but neither the Department of Transport nor the Department of Health have yet been able to come up with the R1.5 million needed for the programme.

Graduates of the course in Los Angeles had an 80% success rate in spotting the existence of a non-alcoholic drug group in suspects.

American courts have noticed the impact of this training and the costs of negative blood, urine or sweat smear tests have been virtually eliminated.

Van der Spuy who, as former head of Groote Schuur Hospital’s Trauma Unit, is no stranger to the horrific effects of
substance abuse, says the manual resulted from collaboration between the LA Police Department and local social workers and psychiatrists working in detoxification programmes.

The training system creates tutors in clinical drug recognition who can then educate school teachers, health and social workers, university students, workplace supervisors, parent bodies, police, prison warders and so forth.

Mr Christo Mynhardt, a researcher in substance abuse at the CSIR and the only graduate of the LAPD course in South Africa, says an expert steering committee consisting of himself, Gauteng State advocate, John Welsh, the HSRC, SANCA and state department representatives 'converted' the LA manual two years ago to train law enforcement officers in all tiers of government.

'Nobody seems to have the money to pay for it in spite of the application possibilities and massive potential benefit,' said Mynhardt.

The R1.5 million bill would pay for six LAPD instructors to teach here for three to four weeks; equipment for newly qualified drug recognition officers (stethoscope, thermometer, blood and breathalyser test kits); sets of three training manuals, and qualification badges.

The manuals cover a standardised field sobriety test battery and drug recognition expertise. The course is two weeks long followed by a month of supervised practical field evaluations. After this, a written examination must be passed for certification.

Mynhardt said the manuals had seven generic drug categories, grouped symptomatically, namely central nervous system depressants, inhalants, PCP, central nervous system stimulants, cannabis, narcotic analgesics and hallucinogens.

Until the government decides R1.5 million is a worthwhile investment or untangles the red tape needed to turn conviction into prevention, what can doctors do?

Van der Spuy said he couldn't make specific recommendations but advised doctors to ask direct questions, especially with younger patients. 'When anything doesn't fit, especially with behavioural disorders, just think about it and if appropriate, ask straight out. Some patients are just waiting for the stimulus to say: for God's sake help me!'

The local crime/drug study also noted gender, race, income and police station area differences and urged the Justice and Welfare departments to focus attention on young adults in specific areas.

The study said protocols for dealing with arrestees under the influence of drugs were badly needed.

Mynhardt said he hoped funding for the drug detection training could be shared between the Transport and Health departments and the World Health Organisation, but was not prepared to guess when this might happen.

SA Police Services Director of Crime Prevention, Immanuel Molale, said Mynhardt should apply to make a presentation of his training programme to national police commissioner Jackie Selebe. He was unaware of the state's involvement in the manual two years ago.

Chris Bateman

GET PRAGMATIC ABOUT POT

With an understaffed police service unable to effectively counter crime and prisons overflowing with minor offenders, it is time the government decriminalised dagga and harnessed its medicinal and commercial properties instead.

This is the view of Cape Town neuropsychiatrist, Professor Frances Ames, and veteran politician, Helen Suzman, both of whom are well-known for speaking out against injustice.

A significant number of medical professionals support such views – albeit anonymously – with some unofficially 'prescribing' raw dagga for chronic pain relief.

The two women above quoted solid scientific support, including research from the American Institute of Medicine and University College, London.

Studies there have validated the potential therapeutic value of cannabinoid drugs for pain relief, control of nausea and vomiting, and appetite stimulation.

The American Institute recommended that clinical trials for symptom management be conducted with the goal of developing rapid onset, reliable and safe delivery systems.

Multinational pharmaceutical manufacturer, Pharmacare, achieved this in South Africa seven years ago.

Pharmacare patented the pill 'Elevat', hailed as a Schedule 7 'wonder drug' for treating the symptoms of cancer, AIDS, multiple sclerosis and cancer therapy side-effects.

The pill uses dronabinol, or Delta-9-THC, the active ingredient in dagga.

The local 'Drugs and Drug Trafficking Act' was amended to exclude dronabinol, thus enabling the local pharmaceutical industry to use cannabis.
At first Elevat was marketed as a drug for depressives, but it has quickly become better known in cancer and AIDS care circles as a pain reliever. Elevat limits the side-effects of chemotherapy (like nausea) and stimulates the appetites of those with AIDS. However, it costs between R60 and R150 a tablet depending on its strength, making it prohibitively expensive for most.

The manufacturers claimed to import the drug under licence from an unspecified 'overseas country'.

In the United Kingdom, the British Medical Association and a House of Lords Select Committee have backed proposed human trials of cannabinoids and the British Police Foundation is about to publish the results of a two-year study into the '1971 Misuse of Drugs Act'. The Police Foundation is expected to recommend that people no longer be jailed for possessing cannabis for personal use. According to London's Independent newspaper, the British government is on the brink of allowing cannabis to be prescribed on a 'named' basis and letting people suffering debilitating painful conditions grow or buy the drug for their own exclusive use, with the written support of their doctor.

In Cape Town, Ames simply refers patients in severe pain to Francois leBlond, 50, of Observatory, a wheelchair-bound multiple sclerosis sufferer who has been drinking 'dagga tea' for ten years.

LeBlond said that 'doctors have always expressed great interest when I tell them I use dagga for pain. When they hear how dramatic my relief is, they say that if it works for me, I should go for it.'

'My question to them is: why don't you stand up and be counted?'.

LeBlond has been catheterised for five years and says he's suffered just two bladder infections - because the THC in dagga does the trick 'by ending up in my bladder'. He says his left arm shakes 'like wet spaghetti unless I pin it down' and that cannabis soothes and relaxes it.

Cannabis has made his life 'a lot more bearable'. 'I can go days without using it and not miss it - but not being on a medical aid, I can't afford Elevat.'

Ames, who wrote a paper as far back as 1958 based on detailed observations of 12 colleagues who took cannabis, says that with 80% of South Africans not on medical aid, making dagga a prescription drug is long overdue.

She's done short (inconclusive) runs with intractable epilepsy and says cannabis is a 'brilliant' bronchial dilator, reduces intra-opular pressure and claims that it even reduces violent behaviour in the mentally handicapped.

Ames said she knows multiple sclerotics who take 'unbelievable amounts' of morphine for chronic pain.

Helen Suzman agreed that the official attitude to dagga is 'absurd'. She advocated controlled medicinal use, making recreational use a misdemeanour for people under 18, and totally decriminalising dagga for adults.

'I have a Scotch every night of my life and I'm not going to become an alcoholic,' she added.

Suzman said that in 1971, the then Health and Welfare Minister, Connie Mulder, boasted that South Africa's new drug laws were the harshest in the world with two-year jail sentences for possession and five years for dealing in dagga. 'Dealing' was until recently defined as being in possession of more than 115 g of dagga.

Nowadays, anyone possessing an 'undesirable, dependency-producing substance,' can be fined and/or jailed for not more than 15 years. Dealing in higher quantities carries a maximum jail term of 25 years and/or a fine.

'At first they gave the courts the right to give suspended sentences. Then they removed this right and the prisons and courts protested because of unbearable pressure, so they gave it back.'

Suzman believed the bottom would drop out of the black market, citing the example of the Netherlands where dagga is legal.

Suzman does not want to encourage dagga use and wants to make it illegal to drive a vehicle under its influence and said a major media drug education campaign warning of misuse should accompany decriminalisation.

SAMA CEO, Dr Percy Mahlali, commenting in his personal capacity only, encouraged the South African scientific community to take the lead in establishing the medicinal properties of dagga. However he warned that 'we need to be careful that we do not create loopholes for people to use cannabis like they eat sweets'.

Chris Bateman

**NEXT MONTH IN CME**

Next month CME, SAMA’s continuing professional development journal for GPs, features ‘Ears and Noses’.

Topics include:-
- Functional endoscopic sinus surgery
- Cochlear implants
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Every participant can earn two CPD points and sessions will be limited to a maximum of 15 participants each.

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SAMA WORKSHOP ON KICKBACKS

SAMA recently hosted a workshop on the issue of kickbacks, following recent media allegations that doctors were accepting incentives to perform certain procedures or prescribe treatments.

CEO Dr Percy Mahlati, who chaired the workshop, invited Dr Ayanda Ntsaluba, Director General of Health, to give his department’s perspective on the matter.

Ntsaluba said such occurrences indicated an unhealthy relationship between some doctors and others in the health care industry, which destroyed the good work done by honest doctors.

'The action of the guilty minority has a large negative impact which is disproportionate to the rest of the profession'. He said that doctors were too accommodating about their colleagues’ practices, and emphasised that the profession was in serious trouble if it could no longer distinguish between right and wrong.

He called on SAMA to offer guidance to the profession and said the relevant statutory bodies should tighten up their role to help weed out perverse practices. Ntsaluba referred to existing legislation to curb kick-backs and suggested that changes to the National Health Bill was another possibility that could be considered.

Professor Jan van der Merwe, chair of the Multiprofessional Peer Review (MPPR) Committee, echoed Ntsaluba’s concern, and said the kick-back issue indicated that the industry was ‘rotten from inside’. 'We cannot wash our hands and expect others to address it. We as the profession must not tolerate it, but take responsibility for our actions.'

The MPPR had drafted a comprehensive policy statement which was scheduled for further discussion by the Forum for Statutory Health Councils. Delegates at the workshop agreed that the principle that health care professionals always prioritise the clinical needs of the patient, formed an excellent basis for developing and exploring further action.

The aspect of doctors owning shares in hospitals and clinics to which they referred patients for tests and procedures remained a sensitive area, and extensive and heated debate can be expected on this matter.

Workshop delegates listed diminished income, lack of moral conscience and deficiency in instilling moral values among doctors in medical education and training as possible causes for the high prevalence of kickbacks. It was agreed that a detailed investigation into these factors was necessary.

They also agreed that SAMA should convene a forum of all stakeholders in health care to discuss and take the process further, and to deliberate the matter with members at branch and group forums.

The Association should also promote the development of clinical practice guidelines on appropriate medical care by the respective professional groupings.

MDB inquiry

The Medical and Dental Professional Board of the Health Professions Council has meanwhile also recently established a Preliminary Committee of Inquiry to investigate complaints of perverse incentives.

Professor Len Becker, chairperson of the Medical and Dental Professional Board, will chair the committee. Other members are Dr Brian Brink (Board of Healthcare Funders), Prof R Charlton (former Vice-chancellor of Wits), Dr L Robertson (former member of INMDC), Prof Y K Seedat, (MDPB), and Mr S W van der Merwe (lawyer and former member of the INMDC).

The HPCSA invited stakeholders or members of the public with information on perverse incentives to contact the Council at fax (012) 324-1594 or hpcsa@hpcsa.co.za

Magda Naudé
WORK ON THAT SWING FOR SAMA’S ANNUAL GOLF DAY

Dr J D Griessel, Honorary President of the Northern KwaZulu-Natal branch that organises SAMA’s popular annual golf competition, has urged medical golfers to practise their shots for the event to be held on 15 – 20 October. The 72-hole tournament will be played over four days (Betterball, Alliance, American scramble, IPS) at the spectacular ‘Lost City’ golf course. Participants will need to pay their own accommodation costs but all other expenses will be covered by sponsorships. Please register with Dr Griessel at tel/fax (03431) 27055 or cell 082 444 1713 by the end of August.

Last year the Gauteng golf team, aptly called the Lions, won the inter-branch tournament held at Sun City in late October. Sixty-eight doctors from all corners of the country enjoyed this fun event, which was sponsored by MLS Bank, Hoechst Marion Roussel, and Rhone Poulenc Rorer.

Pictured left is tournament organiser Dr J D Griessel, with last year’s winners, the Gauteng team of Drs G Pitcher, K Fetter, M Lebos and M Karlson.

SA HEALTH WORSE THAN NEIGHBOURS

South Africa’s health system was recently ranked 175th out of 191 systems worldwide, according to the World Health Organisation’s (WHO’s) first-ever analysis of the world’s health systems.

The government has already begun to question the validity of the results, which found South Africa lagging behind poor war-torn countries like Rwanda, Afghanistan and Cambodia.

The report showed that it was mainly the HIV/AIDS epidemic that forced Southern African countries so far down the list. In most of these countries, life expectancy for babies born in 2000 has dropped to below 40 years.

The WHO’s assessment system was based on five indicators: overall level of population health; health disparities within the population; overall level of health system responsiveness, how well people of varying economic status were served by the system, and distribution of the health system’s financial burden within the population.

The WHO also broke new methodological ground in this study. It compared each country’s system with what the experts estimated to be the upper limit of what could be done with the level of resources available. It also measured what each country’s system had accomplished in comparison with other countries.

The report found that France provided the best overall health care, followed by Italy and tiny countries like San Marino, Andorra and Malta. Other thriving economies making it to the top of the list were Spain, Oman, Austria, Japan and Singapore.

A key recommendation of the report was for countries to extend health insurance to as large a percentage of the population as possible, as the South African government is itself currently considering.

The WHO said it was better to make as many ‘pre-payments’ on health care as possible, whether in the form of insurance, taxes or social security.

Bearing that in mind, perhaps it was surprising that the United States, which spends a higher proportion of its domestic product on health than any other country, ranked only 37th in the report. The United Kingdom, which spends just 6% of GDP on health services, by comparison, ranked 18th.

Other findings on overall health included:
- Mediterranean countries like France, Italy and Spain ranked higher than others in Europe. Norway was the highest Scandinavian nation at 11th.
- Colombia, Chile, Costa Rica and Cuba were rated highest among the Latin American nations – 22nd, 33rd, 36th and 39th, respectively.
- Singapore was rated 6th, the only Asian country apart from Japan in the top 50 countries.
- In the Pacific, Australia ranked 32nd overall and New Zealand 41st.
- In the Middle East and North Africa, many countries ranked highly: Oman was in 8th position overall, Saudi Arabia was ranked 26th, United Arab Emirates 27th and Morocco 29th.

Janet Howse
IS FLYING UNHEALTHY?

SAA has strongly refuted recent newspaper claims that poor quality cabin air can spread disease and cause fatigue, headaches, nausea and respiratory problems on board.

The *Sunday Times* of London, citing 'confidential industry documents', recently reported that Boeing 777 cabin staff had complained of nausea, dizziness and nosebleeds. Many had to be given oxygen during flights. It also cited unsourced new research which showed that aircraft filters failed to stop viruses after becoming clogged with mould and fungus.

Dr Eric Peters, Medical Chief of South African Airways, said SAA used identical aircraft to all the top carriers and followed the same strict international safety and health regulations.

Air supplied to the cabin of commercial planes was provided by engine compressors, cooled by air conditioning packs located under the wing centre section, and mixed with an equal quantity of filtered, re-circulated air.

Approximately 20 cubic feet per minute of air per passenger was provided, of which half was filtered re-circulated air, and half outside air.

Peters said this resulted in a complete cabin air exchange every 2 – 3 minutes (20 – 30 air changes per hour).

Independent research by the United States Department of Transport (DoT), and the National Institute For Occupational Safety and Health, revealed a high efficiency filtration system with consistently low particulate levels in the cabin. The Boeing re-circulation system effectively removed all microbials and particulates, while the dry, sterile and dust-free outside supply of air was supplied in much larger quantities per cubic volume of space compared with most environments.

Boeing freely admitted to a documented study of 72 passengers becoming ill with influenza within three days of an airport apron incident in 1979.

The findings showed that for three hours the plane was parked on an airport apron with its ventilation system turned off while an engine malfunction was checked.

The airplane had a 100% outside air system, with no re-circulation. One passenger (the index case) was ill while the plane was delayed.

Boeing concluded that, had the ventilation system been working during the delay, the possibility of the other passengers becoming ill would have been minimal.

It now insists on full operation of the air conditioning packs whenever passengers are on board.

Peters said Boeing planes use high efficiency particulate air type filters which have a minimum efficiency of 94% – 99.97% and are rated using 0.3 micron size particles (a human hair averages 70 microns in diameter).

Peters said 99% of bacteria were larger than one micron and viruses ranged from 0.003 to 0.05 microns in size.

Re-circulation filters used in current Boeing airplanes were similar to filters used in critical wards of hospitals, such as organ transplant and burns units.

A United States DoT study on 92 randomly selected flights showed that bacteria and fungi levels in aeroplane cabins were similar to or lower than those found in the average home.

Peters denied media assertions that pilots switched off air-conditioning on long-haul flights to save fuel, saying this would only happen when a major diversion with significant fuel consumption implications was essential and fuel safety margins were a factor.

Symptoms reported by flight attendants were more likely due to an interaction of factors that included cabin altitude, flight duration, jet lag, turbulence, noise, work levels, dehydration and an individual's health and stress. Efforts to support flight attendants were focussed in these areas.

The cabin environment 'could exacerbate' the situation for passengers with certain pre-existing medical conditions or those who developed an acute medical problem during the flight.

The main potential problems related to the physiological effects of the relative hypoxia (the reduction in blood oxygen saturation of 10% which occurs at normal cruising cabin altitude), and the expansion of trapped gases (reduction in ambient pressure of around 20% at cruising cabin altitude).

People potentially at risk included those with certain cardiovascular disorders; circulatory or blood disorders; respiratory disorders; gastrointestinal disorders; central nervous system disorders; ear, nose and throat conditions, and psychiatric disorders.

No woman with an uncomplicated single pregnancy more advanced than 36 weeks or in the case of an uncomplicated multiple pregnancy beyond week 32, should fly.

Scuba divers should avoid flying within 24 hours of diving (decompression sickness danger).

A Boeing research paper quoted
British Airways, for the year ended March 1999, as having carried 36 million passengers. In that period, there was a total of 3,000 in-flight medical incidents, including six deaths and 47 aircraft diversions for medical emergencies.

Peters said that among the 2,500 SAA cabin crewmembers, ‘we see no trends in sickness rates or causes which would indicate a link with regular travel in a pressurised aircraft cabin.’

Could the press have picked up a misinformation virus?

Chris Bateman

WMA DECLARATION RECLARIFIED

SAMA’s Committee for Human Rights, Law and Ethics will soon meet to discuss its comments on the proposed revisions to the Declaration of Helsinki by the World Medical Association.

Well-known South African ethicists, Professor Solly Benatar and Professor Leslie London of UCT have been invited to give their particular input.

The Declaration of Helsinki forms the cornerstone of guidelines for biomedical research involving human participants.

The WHO has emphasised that in a time of rapid change in research, it was essential to ensure that the Declaration continued to provide adequate patient protection and appropriate guidance to physicians and researchers.

After consulting national medical associations, patient representative groups, specialists and other interested parties, the WMA proposed revisions, and called for comment.

The WMA will prepare the final proposed revision in mid-August. The proposed amendments to the Declaration of Helsinki are available on the Internet on www.wma.net and comments can be submitted on SAMA’s website at www.samedical.org.

Magda Naudé

BUSINESS STEROIDS’ GIVE DOCTORS EDGE

George Veliotes, who teaches the managed health care course module (second from right) with Durban GP, Nkera Gutabara, Randburg pharmacist, Heidi Jacobs, and Johannesburg pharmacist, Dharma Vassanjee.

SAMA’s education division, the Foundation for Professional Development (FPD), is currently signing up health care practitioners for its popular business management courses.

The Manchester Business School’s Advanced Management Programme (AMP) offered by the FPD has previously been oversubscribed. It is designed to help health care professionals deal with the increasing debt, high interest rates and cash flow constraints that threaten the survival of many private practices.

Organisers have said the course popularity shows that an increasing number of doctors have realised that such skills, not otherwise taught in medical curricula, have become indispensable if they want to run private practices efficiently and survive in business.

Feedback from doctors after the AMP course indicated that their new skills had indeed been very valuable. Dr Peter Darazs, a GP and top course student last year, described the course as ‘business steroids for doctors’. He said that students could obtain considerable business skills in a relatively short time compared with similar courses offered elsewhere. This training also rewards doctors with 104 CPD points.

The registration deadline for the next course is 15 August. The on-campus lectures have been scheduled for 31 August - 2 September, 9 – 11 November, 1 - 3 February 2001 and 5 - 7 April 2001.

SAMA’s FPD is also offering a new three-day course in Financial Health. Financial management experts will present a course that combines some self-study, case studies, exercises and business simulation. Students will receive comprehensive study guides of course content.

The first Financial Health workshop will be held from 28 to 30 September at the Midrand Conference Centre.

For enquiries and registration, please contact Marie de Wet at tel: (012) 481-2033, fax: (012) 481-2080, or e-mail: foundation@samedical.org

Magda Naudé

SAMA-ONLINE NEWS

- http://www.samedical.org

- Check out the brand-new look of our site which was recently redesigned from members suggestions.

- Weekly chat sessions are hosted on Tuesdays and Thursdays between 21:00 and 22:00 with a different interesting topic for each session advertised in advance.

- Earn your obligatory 10 CPD points through distance education.

- Link to the Foundation for Professional Development and its various courses, tailor-made for SA health professionals. Also check the medical books online from more than fifty premier publishers.

- To subscribe or unsubscribe to the hard copy update of SAMA Online News, please write to online@samedical.org

SAMA Online: Uniting doctors in the interactive medium
A UK prospective diabetes study showed that patients randomised to BP control had a significant reduction in diabetes-related endpoints, diabetes-related deaths, strokes and retinopathy, compared with patients with less tight BP control.

*J Hypertension* 1999, 17, No 12.

Abnormal accumulation of protein normally found in the human brain may be responsible for neurodegenerative disorders like Parkinson's disease.


A new study has found that nicotine actually increases alcohol consumption. Both drugs release the pleasure-inducing chemical, dopamine, into the brain.

*Alcoholism; Clinical and Experimental Research* 2000; 24:155-63.

Laser removal of 'double' tattoos – originals covered over or altered – carry a higher risk for scarring because the high density pigment strongly absorbs energy from the laser, producing excess heat and damaging the skin and blood vessels.

*Archives of Dermatology* 2000; 136: 269-70.

Doctors are often overly optimistic in predicting how long a terminal patient has to live, resulting in overuse of aggressive treatments and underuse of hospice care, revealed a University of Chicago Medical Centre study of 343 doctors who were accurate in only 20% of cases.

*BMJ*; 320; 469-473.

European scientists have created the world's first genetically modified mosquito to use in the attempt to eliminate malaria by introducing harmless versions of the insect into the wild.

Twelve Danish women will act as guinea pigs in Copenhagen next month to test out a pill to restore flagging female sexual appetites.

At least eight children in eastern Russia have contracted a mild form of smallpox from discarded vaccine ampoules, which a local clinic kept in case of germ warfare attack and discarded negligently.

Frogs also suffer from tuberculosis, and by studying the amphibian version, Stanford University Medical Centre researchers have pinpointed two genes that may enable the TB bacterium to survive for decades within humans.

A process that may someday be used in humans with spinal cord injuries to minimise or even reverse the damage to nerve cells that results in paralysis, has been used with success in adult guinea pigs.

Only 60% of the 17 million Americans with diabetes have been diagnosed, the Centres for Disease Control and the American Diabetes Association recently estimated – a percentage not unlikely in South Africa.

The risk of transmitting the AIDS virus through oral sex is higher than experts previously thought, a collaborative study between the United States Centres for Disease Control and the University of California has found.

A pioneering transplant technique in Britain holds out hope for the ultimate repair of damaged eyeballs. The eyesight of rats whose nerve cells were damaged by macular degeneration and retinitis pigmentosa was improved radically by injecting nerve cells taken from parts of their legs, into their eyes.

A super broccoli loaded with natural cancer-preventing compounds could be on dinner tables within a few years, British researchers claim. The new plant, which is not genetically modified, contains up to 100 times more of the sulphoraphane compound than normal broccoli.

Almost half of all British GPs support acupuncture, the traditional Chinese therapy, but it still doesn't count as mainstream medicine, the British Medical Association said recently. A BMA postal survey found 46% of the 365 GP respondents said they were sending patients for acupuncture or practising it themselves, and more than three-quarters said it should be available on National Health.

Scientists say they have transplanted human ovarian tissue into the muscles of mice to grow human eggs – a technique that could one day be used to retain the fertility of cancer patients.

Researchers at an American biotechnology company believe they have identified a new compound which is effective against drug-resistant strains of tuberculosis.

Scientists at the US Department of Energy's Sandia National Laboratories have recently developed a 'smart scalpel' mechanism intended to detect the presence of cancer cells as a surgeon cuts away a tumour obscured by blood, muscle and fat.

Compiled from SAMA Media Scan and other sources.