

International

Smoking after heart attack ups risk

After a myocardial infarction, quitting smoking may offer patients more benefits than any medication, but Italian researchers say the flip side is that resuming smoking after leaving the hospital can raise the same patient's risk of dying as much as five-fold. On average, people who started smoking again after being hospitalised for acute coronary syndrome (ACS) were more than three times as likely to die within a year than people who successfully quit – in a study led by Dr Furio Colivicchi of San Filippo Neri Hospital in Rome.



'Relapse is a major risk factor for long term survival,' said Dr David Katz, Associate Professor of Internal Medicine at the University of Iowa Carver College of Medicine in Iowa City. Quitting smoking has a similar lifesaving effect for ACS patients as taking recommended drugs to lower blood pressure or cholesterol, added Dr Katz, who was not involved in the new study.

To gauge the effects of resuming smoking after a cardiac event, and to see how many people are likely to relapse, Dr Colivicchi and his colleagues tracked 1 294 patients who reported being regular smokers before they were hospitalised with ACS. All the participants had ceased smoking while in the hospital and declared themselves motivated to continue abstaining once they were released.

Patients received a few brief smoking-cessation counselling sessions while in the hospital, but no further counselling, nicotine-replacement or other smoking-cessation help was provided after they left the hospital.

Africa

SA doctors in Somalia treat 200 patients on the first day

South African doctors and dieticians treated more than 200 patients on the first day of setting up a clinic in the Somali capital, Mogadishu. The country is grappling to deal with a widespread drought and famine in the south. A mass exodus of families desperately searching for food and health care has put even more pressure on the already dwindling resources. South African volunteer Jean Simonis said that although the building they

are using as a makeshift clinic was not ideal, it was all they had. 'There are bullet marks and grenade marks on the wall. We have converted it back into what it was supposed to have been – a clinic,' he said.

The Gift of the Givers, a South African NGO that has built an international reputation helping out in war and natural disaster zones, moved into a clinic that was bombed during the recent civil war. Simonis said staff who previously worked there were pitching in and helping.

South Africa

30 new Gauteng ambulances

The Gauteng Department of Health is to deploy 30 new ambulances to the province in the hope of improving response times. These ambulances will be distributed to areas where they are most needed. This follows recent reports that about a third of state ambulances in the province had a mileage count of more than 200 000 km on the clock. Of the 383 state ambulances, about 121 have allegedly travelled more than 200 000 km. The department, however, have said high mileage was not a sufficient reason to remove an ambulance from road use.

'The general condition of the vehicles and cost of maintenance are some of the things considered when deciding to keep vehicles on the road,' said department spokesman Simon Zwane, who added that the ambulances were regularly tested for road worthiness.

'They undergo a certificate of road worthy annually before licence disks are renewed as per the Department of Transport's policy,' he said.

Zwane's comments come after claims that the use of ambulances that are over the mileage limit are responsible for poor response times and should 'retire'. Democratic Alliance spokesman on health, Jack Bloom, said it was a cause for concern as high-mileage vehicles were expensive to maintain and suffered frequent breakdowns.

He claims poor management was to blame, and not a lack of money.

Gauteng government spends a fraction of health budget

Gauteng Premier Nomvula Mokonyane's government spent a fraction of a multi-billion rand budget allocated to improve health facilities in the province, a recent report shows.

The first quarterly report of the Gauteng finance department tabled recently in the Gauteng Legislature shows the health department had spent R211.6 million in the April - June quarter out of the total annual health facilities management budget of R2.246 billion.

This comes as some of the province's hospitals face crumbling infrastructure and dysfunctional equipment, as seen recently at Soweto's Chris Hani Baragwanath Hospital.

The hospital was recently hit by a crisis over ongoing power outages and broken CT scanners. Last year, the health department also reportedly failed to spend over R800 million on upgrading hospital facilities.

Gauteng health spokesman Simon Zwane it was too early to make realistic findings in its expenditure on current projects. He denied claims of poor management in the department.

'We have appointed an infrastructure manager who will be working closely with the department of infrastructure development to make sure we spend on the projects undertaken,' he said.

The ANC Gauteng leadership said recently it would keep an eye on Mokonyane and there 'was room for improvement in the performance' of her government. Jack Bloom described the latest report as a 'devastating assessment of the health department's poor management of infrastructure spending'.

Council warns of 'substandard eye tests'

Companies that offer their employees health wellness days are falling victim to unscrupulous optometrists offering substandard eye tests, the Health Professions Council of South Africa recently warned. The council was alarmed at 'numerous' complaints from across the country about 'substandard, unprofessional and unethical' services these mobile practices

provided, the chairwoman of the Professional Board for Optometry and Dispensing Opticians, Vanessa Moodley, said.



‘Unfortunately, some mobile practices contravene the ethical rules of conduct, which includes clinical negligence, incompetence, inadequate level of care, insufficient equipment, supervision, canvassing and touting,’ Ms Moodley said.

Mobile optometry units were registered with the council – which oversees the conduct of health professionals – in an attempt to provide optometry services in areas where patients did not have easy access to eye care, particularly in rural areas. However, many of these clinics have instead struck agreements to provide eye care to employees of large companies in urban centres, where eye care is already available. In some cases patients and their medical schemes were billed for full eye examinations, when only a basic screening test had been provided, Ms Moodley claimed. ‘We did not expect that some practitioners will use this model to generate income in the cities, which defeats the original intention. ‘Many workers have optometrists taking care of their needs but are obliged to comply with the company arrangement ... the irony is that these companies are often in areas where workers could easily access good quality health services,’ she said.

Labour lawyer Michael Bagrain said it would be ‘a travesty of justice’ if employers were to require workers to take medical tests. ‘Companies cannot force workers to take any medical test unless it is in the job contract.’

Council set to regulate alternative medicines

The Medicines Control Council will tackle the major task of regulating complementary medicines by assessing the most high-risk products first, its registrar, Mandisa Hela, said last month.

Draft regulations for complementary medicines were gazetted for public comment last month – the first step in regulating an industry that until now has been virtually free of government oversight. Sales of complementary medicines generated a turnover of about R7.8bn last year, according to the Health Products Association.

‘It’s a very difficult terrain we are walking into, but ... from a public health perspective we have to regulate these commodities and make sure they are safe, efficacious, quality and do what they claim to do,’ Ms Hela said. ‘Obviously we can’t register everything that is out there and, in terms of administrative justice, there has to be a phasing-in process. We are going to have some conversations to find a way forward with the industry.’ Ms Hela said the council’s 2002 ‘call-up’ of complementary medicines had been intended to provide information about the size and scope of the market, and had helped the council determine the resources needed to regulate it. More than 155 000 products had been recorded on the council’s registry by the end of last year.



The draft regulations propose amendments to the current general regulations to the Medicines and Controlled Substances Act, which will bring complementary medicines into the same legal framework as allopathic medicines such as antibiotics and insulin. However, one crucial difference is that the authorities will consider alternative evidence to clinical trials for complementary medicines, such as pharmacopoeias, which list medicines and their uses. Ms Hela said that a guidance document providing more details on how the proposed regulations would work would be published very soon.

Eastern Cape ‘corpse’ wakes up, scares off morgue staff

A South African man in his 60s thought to be dead woke up in a chilly country morgue last month and shouted to be let out, initially scaring off two attendants who thought he was a ghost. ‘His family thought he had died,’ Eastern Cape health spokesman Sizwe Kupelo told journalists. The family called a private undertaker who took what they thought was a dead body to the morgue, but the man woke up inside the morgue on Sunday at 17h00, some 19 hours later, screaming and demanding to be ‘taken out of this cold place’. This caused two mortuary attendants on duty to flee the building in the small town of Libode in the rural Eastern Cape as they thought it was a ghost.

After calling police and returning to find the man alive, an ambulance was sent to fetch the man who had ‘been exposed to extreme cold for nearly 20 hours,’ said Kupelo.



He said the public should not assume that a sick person had died and contact a mortuary out of hand.

‘Doctors, emergency workers and the police are the only people who have a right to examine the patients and determine if they are dead or not,’ he added grimly. The doctor who admitted the patient to St Barnabas Hospital, one-tenth of the distance that his home is from the mortuary, quipped that he was ‘lucky he wasn’t injected with formalin’. In spite of the family’s insistence that the man was an asthmatic and had seemingly expired from the condition during an attack, the admitting doctor said his chest was clear and heart strong, with no signs of alcohol or any drug ingestion. The man was discharged ‘in robust health’ after overnight observation.

Drugs body questions government company

The Pharmaceutical Industry Association of South Africa (Piasa) recently warned of a waste of scarce resources should the government go ahead with a plan for a state-run pharmaceutical company. It questioned the logic of such a plan, which it believed would undermine government’s stated policy to boost the development of the manufacturing sector. Piasa spokesperson, Vicki St Quintin, questioned whether such a plan would be an ‘optimal use of national resources for the state to enter an already well developed industry’.

She was responding to the ANC who said it wants President Jacob Zuma’s administration to strongly consider implementing the party’s 2007 conference resolution for such a state-owned pharmaceutical company. ANC Secretary-General, Gwede Mantashe, believes the plan does not threaten the local pharmaceutical industry. Addressing the media at the ANC’s Luthuli House headquarters in Johannesburg, Mantashe said the ruling party’s national executive committee had decided to lobby Cabinet on the plan, among other key priorities. He said the urgency of the plan was brought about by the large number of South Africans on anti-AIDS drugs and the huge cost to the state to provide these life-saving drugs.

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