News bites

South Africa

Patient clubs hospital PRO with crutch

An aggressive crutch-wielding patient visiting the Northdale Hospital outpatient department (OPD) ended up in police custody early in December after he attacked the hospital's public relations officer (PRO), knocking him unconscious with his crutch.

The drama began when discontented patients who had been waiting for a doctor since early morning became aggressive towards the nurses on duty. When the situation got out of hand, a hospital PRO, Vusi Zulu, was called in to explain the situation. A professional nurse, who spoke to *The Natal Witness* on condition of anonymity, said Zulu was met by swearing and angry patients among 200 who had crowded the OPD since early morning. Zulu was first pelted with objects, said another nurse, then a lame man on crutches charged forward with one of his crutches in the air. He missed another staff member before hitting Zulu hard on the head. Zulu bled profusely and was taken to the emergency ward before being transferred to Netcare 911 St Anne's Hospital in a stable condition. The nurse said normally there were 4 - 5 doctors on duty, but things 'got out of hand' when there were no doctors. 'There was chaos as people screamed and shouted. We put Vusi on a drip and stabilised him for about 20 minutes. We suspected he might have a fracture, and he was bleeding,' she said. The nurse said that there had been one doctor on duty since morning. She said others were reportedly on leave, one had apparently been mugged and 2 were sick. The Health Department confirmed the incident, saying that there would be 'an investigation'. The patient, whose name and age are unknown, was arrested and charged with assault with intent to do grievous bodily harm.

Lethal cocktail of corruption mars HIV/AIDS plan

Stolen antiretrovirals, the lack of financial monitoring mechanisms, dire poverty and a lack of accountability all make up the 'lethal cocktail' hindering the prevention of HIV/AIDS in South Africa.

This is according to the latest study by the Institute of Security Studies (ISS) entitled 'A lethal cocktail: Exploring the impact of corruption on HIV/AIDS prevention and treatment efforts in South Africa', that was launched early in December last year at the Centre for the Book. The report was compiled by ISS researcher Collette Schulz-Herzenberg, who says the ability to control corruption in the prevention of HIV/AIDS is as dramatic and clear-cut as a choice of life over death.

'Corruption in the HIV/AIDS sector is largely unreported. Where corruption exists, it appears to be a result of several factors such as weak institutions and a lack of enforcement of policy and regulations. Abuses of political power occur where the relevant political institutions are either too weak or unwilling to curb them. Corrupt activities, particularly among HIV-infected people, appear to be a direct result of high poverty and inequality', states the report, which looks at why, despite large amounts of money being pumped into the prevention and treatment of HIV/AIDS, results have been slow and minimal.

Call for private medical schools

The private sector is putting pressure on the government to allow it to operate private medical schools. While this could boost both the public and private sector, the *SA Health Review (SAHR)* cautions that mechanisms would have to be put in place to ensure that there wasn't an exodus of skills from state-run medical schools to private institutions.

Private medical schools would not exclusively benefit the private sector as graduates would still be required to do a year's internship and a year's community service, say review authors Haroon Wadee and Far-zana Khan. In addition, when doctors specialise, the public sector gets at least 7 years' service from these graduates.

There are currently 8 medical schools in the country that train around 1 600 doctors every year. Between 1996 and 2001 there was a 6.3% average annual growth in general practitioners and a 1.1% average annual growth in specialists.

However, despite the fact that both the public and private sectors are feeling the impact of shortages, the skewed distribution of human resources between the public and private sectors is enormous. Over 70% of doctors, 75% of medical specialists and 40% of nurses are working in the private sector. The situation is worse for pharmacists. Only around 1 in 10 of those registered with the Health Professions Council of South Africa (HPCSA) are in the public sector. Of the 34 324 doctors registered with the HPCSA, only 9 527 work in the public sector. Black doctors now outnumber white doctors in the public sector, with 4 103 black doctors to 3 542 white doctors.

HPCSA 2008 ethical tariffs unchanged

The Health Professions Council of South Africa (HPCSA) has decided not to increase its ethical tariffs for the year 2008. This has been necessitated by the fact that the current ethical tariffs give enough room between the existing National Health Reference Pricing List (NHRPL) rate and the ethical rate which is used to tell whether patients are not being overcharged. 'Given the fact that the ethical tariff factor is already much higher than the NHRPL, it has not been considered necessary to inflation adjust it,' HPCSA Registrar, Adv. Boyce Mkhize.

The HPCSA is in the process of evaluating its tariff processes and how the NHRPL process will impact on this in the future and to determine if there will be value in harmonising the processes in the interests of health care consumers. Charges by practitioners above the rate at which medical schemes are prepared to reimburse their claims must be done with the patient's informed consent. Any charge up to and possibly exceeding the Council's ethical tariff must be negotiated and agreed upon with the patient.

SAMA furious at 'unilateral' Health Department price list (*Citizen*, 12 December 2007)

In an unusually strongly worded press release, the South African Medical Association (SAMA) has denounced the Department of Health (DoH) and its National Health Reference Price List (NHRPL).

The relationship between the DoH and private doctors and medical professionals has long been strained. The DoH enraged pharmacists with its single exit pricing strategy a few years ago, and relations have not been cordial with private doctors or private hospitals. But the last straw came in early December last year.

SAMA said 'In order to engage the DoH on the NHRPL and related matters, SAMA secured a meeting with the Director-General of Health to discuss the sustainability of private practice health care service delivery for 2008 and beyond. The meeting was scheduled for 09h30 on 11

December, but this meeting was cancelled by the Director-General 15 minutes before the meeting was due to start.' Not only was the meeting cancelled, but apparently the DoH has ignored SAMA's input on a number of policy issues. Specifically, SAMA is concerned about the NHRPL. This is a list published by the DoH to serve as a price reference to the private health care industry.

Recommended prices are used by medical schemes to set their reimbursement levels. For example, your medical scheme may offer to pay 150% of the NHRPL, so the list is important to all private health care practitioners.

According to SAMA 'The current NHRPL does not take into consideration the realities of actual practice costs, as well as the deemed equivalent state packages for medical professionals. Information relating to this was submitted to the DoH via CMS in 2006. We are extremely perturbed that this information appears not to have been incorporated in determining the NHRPL thus far. The increase in fees suggested by the NHRPL for 2008 of approximately 5.4%, well below the CPIX, is insulting and divorced from economic reality and of major concern to doctors in the private health care sector. The current CPIX of 7.3%, the national indicator of price inflation, appears to have been ignored by the DoH. Of particular concern is the DoH's disregard of cost escalations in the private sector, as well as the 7.5% salary increases in the public sector. SAMA is concerned about retaining health care professionals in our country, and the long-term sustainability of private practices, as the overhead costs of practices are set to rise at least in line with the CPIX. 'SAMA has also been conducting cost studies to determine the cost of private practices, and it is of great concern that most are running at a loss, with many doctors in private practice effectively earning less than their colleagues in the public sector, and often subsidising practices with their own salaries. SAMA is gravely concerned, and records its extreme displeasure with the unilateral decision to publish the NHRPL without inviting comments.'

Once-daily ARV tablet available

In a bid to promote adherence – and offer convenience to people living with HIV/AIDS – South Africa's third biggest pharmaceutical company has released the country's first single-tablet, once-daily dose of the antiretroviral lanilvudine.

Generics manufacturer Cipla Medpro, which said its new 300 mg dosage was as effective as the currently available twice-daily dose of lamivudine, was also the first to launch Triomune, a 3-in-1 ARV, in South Africa in 2006. The lamivudine dose also carried the same safety profile as the previous twice-daily dose, they said.

Cipla Medpro founder Jerome Smith said the new-dose ARV was a significant development for patients where adherence to medication was problematic.

Africa

The Ebola virus has killed 2 doctors in western Uganda, bringing the toll to 21 since the strain first appeared in September, an official said early in December last year. 'The sad news is that our doctor who was admitted in Mulago died and a senior clinic officer who had been in critical condition died within 12 hours of each other,' said Samuel Kazinga, district commissioner for Bundibugyo, the epicentre of the new outbreak. Kampala's Mulago hospital is the largest in the country. Some health officials have said that a lack of appropriate equipment in Mulago and other hospitals has allowed the virus to spread. The health ministry confirmed the latest fatalities caused by the virulent local strain of Ebola, which kills up to 90% of its victims, mostly by puncturing blood vessels and spurring non-stop haemorrhage. Eight pathogen experts from the Atlanta-based Centers for Disease Control (CDC) arrived in the country in December to help battle the disease that has infected at least 64 people in Uganda. Efforts to isolate suspected patients in the rural district neighbouring the Democratic Republic of Congo have failed as many residents fear hospitals are unsafe, authorities have said.

International

Breath test for lung cancer

In a medical world first a Brisbane trial is testing a radical new way of detecting lung cancer. It's a simple breath test that can detect cancer in its very early stages.

Doctors say one of the clinical signs of lung cancer is a particular breath odour that sufferers have. The new machine was developed by an Australian researcher based in New York. Patients breathe in and out normally for 2 minutes. While it's already been proven to detect large tumours, Royal Brisbane Hospital is testing whether it's capable of picking up smaller cancers. The researchers hope that within 3 - 5 years the test will be part of annual GP check-ups.

Monthly fasting may protect heart

Mormons have less heart disease – something doctors have long chalked up to their religion's ban on smoking. New research suggests that another of their 'clean living' habits also may be helping their hearts: fasting for 1 day each month.

A study in Utah, where the Church of Jesus Christ of Latter-Day Saints is based, found that people who skipped meals once a month were about 40% less likely to have clogged arteries than those who did not regularly fast. People did not have to 'get religion' to benefit: non-Mormons who regularly took breaks from food also were less likely to have clogged arteries, scientists found. They concede that their study is far from proof that periodic fasting is good for anyone, but said the benefit they observed poses a theory that deserves further testing. 'It might suggest these are people who just control eating habits better', and that this discipline extends to other areas of their lives that improve their health, said Benjamin Horne, a heart disease researcher from Intermountain Medical Center and the University of Utah in Salt Lake City.

Switch for body clock found

The chemical switch that activates the genetic mechanism regulating the body's internal clock has been identified by University of California, Irvine, researchers.

They added that the switch offers a target for the development of new drugs to treat sleep disorders and related problems. The study found that a single amino acid triggers the genes that regulate circadian rhythms. Because of the complex genes involved, the researchers said they were surprised to find that a single amino acid switched on the body clock mechanism. A modification in a single amino acid in the BMAL1 protein activates the genetic processes involved with circadian rhythms, the researchers found. If this amino acid modification goes awry, the genetic switching mechanism can malfunction, resulting in circadian rhythm-related disorders.

'Because the triggering action is so specific, it appears to be a perfect target for compounds that could regulate this activity. It is always amazing to see how molecular control is so precise in biology,' study author Paolo Sassone-Corsi, Distinguished Professor and Chair of Pharmacology, said.

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