

News bites

International

Health nightmare on the way

Climate change will have potentially devastating consequences for human health, outweighing global economic impacts, researchers said, calling for urgent action to protect the world's population.

'While we embark on more rapid reduction of emissions to avert future climate change, we must also manage the now unavoidable health risks from current and pending climate change,' said Australian researcher Tony McMichael, who co-authored a study in the *British Medical Journal*. 'This will have adverse health effects in all populations, particularly in geographically vulnerable and resource-poor regions,' he said.

McMichael, from Australia's Centre for Epidemiology and Population Health, said increased wildfires, droughts, flooding and disease stemming from climate change posed a much more fundamental threat to human well-being than economic impacts.

A 2006 report by former World Bank chief economist Nicholas Stern said climate change had the potential to shrink the global economy by between 5 and 20 per cent, causing a similar impact to the Great Depression.

Illegal transplant ring busted

New Delhi police said they were raiding hospitals and guesthouses early in February as part of their investigation into an illegal transplant racket that removed kidneys from up to 500 poor labourers and sold their organs to wealthy clients. Police suspect that dozens of doctors were involved in the kidney racket, which had a waiting list of some 40 people hailing from at least 5 countries. The scam, centred in Gurgaon, a posh suburb of New Delhi, used luxury cars outfitted with blood-testing machines to test donors on the fly as well as sophisticated surgical equipment hidden inside a residential neighbourhood.

The sprawling investigation is ongoing and police are raiding hospitals' offices and guesthouses, Gurgaon Police Commissioner Mohinder Lal said in Gurgaon. The primary suspects, who have been tied to organ transplant rackets in the past, have apparently fled the country, Lal said. 'We suspect around 400 or 500 kidney transplants were done by these doctors over the last 9 years,' Lal said.

Breastfeeding may help asthma

French scientists studying lactating mice say they can add an important piece of evidence to a charged debate as to whether breastfeeding helps protect a child against asthma. In a paper published online by the journal *Nature Medicine*, a National Institute for Health and Medical Research (Inserm) team exposed lactating mice to airborne dust containing ovalbumin, a well-known asthma allergen that is found in egg whites. The mother mice transmitted the allergen to their newborn through the milk, helping the offspring to develop an immunological tolerance to the irritant.

The tolerance was induced thanks to the presence of TGF beta, an important signalling protein, in the breast milk. Breastfed mice whose mother had been exposed to ovalbumin were far less likely to develop wheezing, airway mucus and other asthma symptoms than non-breastfed counterparts.

A little worry may be healthy

Moderately happy people are wealthier, and maybe healthier, than extremely happy individuals, according to a psychologist and his associates who have researched happiness for more than two decades. While people who are happy are certainly more healthy and successful than those who are angry and depressed, Dr Ed Diener of the University of Illinois at Urbana-Champaign said people who are moderately happy may achieve more than those who are extremely happy. They might also live longer, Diener and his team report in the journal *Perspectives on Psychological Science*.

The researchers looked at six different studies of happiness and life outcomes to investigate the optimum level of happiness. In four studies that looked at individuals' wellbeing several years after their happiness level was initially assessed, the happiest people wound up with less education and lower incomes than the moderately happy individuals. While the current study didn't look at happiness and health, Diener noted in an interview, other research has shown that the happiest people may not live as long as moderately happy individuals. Extremely happy people may be less likely to follow up on health concerns, he suggested. It's also possible, he said, that being in an 'aroused', extremely happy state can take a toll on one's cardiovascular system. People for whom extreme happiness is a goal may also be thrill-seeking risk takers.

Africa

New task force launched to address health workforce financing

A new international task force was launched in late January to address how to finance the scaling up of the health workforce in the developing world. The group of experts will focus on helping governments identify their funding needs, finding ways to make more money available and on advising countries how best to spend it.

The global health worker shortage has reached crisis levels. In Africa alone, 1 million more health workers are urgently needed, and for the rest of the world, the shortfall is another 3.3 million. In 2006, WHO estimated that the cost of training and hiring enough health workers to meet the health-related UN Millennium Development Goals by 2015 was estimated to be, on average, a total of about R3 352 billion (US\$ 447 million) per country per year. Now experts warn that even more money may be needed once estimates are updated.

'Health workers are the backbone of health systems and they represent the largest single cost in providing health services. We need to take urgent action to secure sustainable, long-term financing for the health workforce,' said Francis Omaswa, Executive Director of the Global Health Workforce Alliance. 'The task force will immediately start to address not only calculating the true costs of the shortage and securing national and international investment, but also improving how the money is used.' As part of its mandate, the task force will produce a 'costing tool' – a mathematical formula and guide to help countries calculate how much money is needed for their specific health worker shortage situations.

The task force held its first meeting at the first Global Forum on Human Resources for Health in Kampala, Uganda from 2 to 7 March 2008.

South Africa

Hospitals deny 'super profits'

Private hospitals have stepped up their lobbying campaign to fend off government regulation and have submitted a report to Health Minister Manto Tshabalala-Msimang to justify their fees. The report, compiled by the Hospital Association of SA (HASA), argues that medical schemes'

steadily rising expenditure on private hospitals in recent years has been driven by a host of industry-wide problems, such as an ageing, sicker population requiring more medical care, and not because hospitals have been ramping up their tariffs to make 'super profits'.

This is not about finger-pointing, said HASA CEO Kurt Worrall-Clare. 'The report was an attempt to set the record straight in a constructive manner,' he said. HASA's report stems from last year's private health-care indaba, at which the minister questioned the high cost of private hospital care and repeated her threat to regulate the sector. Since then, private hospitals have come under renewed scrutiny after medical schemes complained to the watchdog Council for Medical Schemes in December that they had been coerced into accepting unaffordable fee increases for this year. The Council has threatened to take hospitals to court, and the minister has urged them to lower their rates.

The sector is dominated by three large groups – Netcare, Medi-Clinic and LifeHealthcare – which between them own three-quarters of South-Africa's 28 426 private hospital beds. 'Medical schemes' expenditure on private hospitals rose 15% between 1999 and 2006, and accounted for about 35% of their spending,' said HASA. During the period, hospital prices rose on average 17% more than CPIX inflation, the consumer price index less mortgage payments.

Hospital now has new unit for burns

A new specialised state-of-the-art burns unit containing eight isolated beds dedicated to burn patients has been opened at the Netcare Milpark Hospital in Johannesburg.

The first of its kind in South Africa, the hospital also opened a dedicated burns operating theatre with a team of experienced specialists.

Burns account for over a fifth of all deaths in children under the age of one. It is the leading cause of death of children under five. Yet burn victims have a high survival rate. According to the American Burns Association, burns victims admitted to specialised burn centres have a 94.4% chance of survival. The eight-bed burns centre has been designed to reduce potential infection rates of burns patients by means of intensive care isolation cubicles and a dedicated burns theatre with the most modern equipment.

Milpark Hospital currently sees patients with many different types of burns from chemical, explosion, petrol, veld fires,

buildings or shack fires, aircraft, water and electrical fires. Burns patients from all over the country are sent to Milpark, which has treated critical cases for the past 15 years.

Doctor crisis in Mpumalanga

Overseas doctors are being lured to Mpumalanga by the prospect of subsidised housing and good salaries while the same benefits are being denied local medical practitioners. Due to poor salaries and high living costs there are less than 700 doctors in Mpumalanga, with an additional 8 897 needed. Eighteen Tunisian doctors will be offered substantial salaries and free accommodation to work in public health facilities, but recruitment and retention strategies for local doctors are only under discussion.

Dr Duan Lemmer of the Senior Hospital Doctors' Association of South Africa said Rob Ferreira Hospital had sent a letter to the provincial Department of Health and Social Services informing it that there would be virtually no doctors available during a weekend towards the end of January. Most of them had already worked 80 hours overtime since the beginning of the year. Dr Lemmer said: 'They had informed the department that the hospital would not accept maternity and emergency cases from 4pm on Friday unless emergency measures were implemented to relieve the personnel shortage.'

Health spokesman Mpho Gabashane said that Rob Ferreira would not be affected and that a management meeting would take place to decide which smaller hospitals' personnel could be utilised for the bigger ones after hours. William Lubisi, MEC for Health, said that they had already met private doctors in Mpumalanga to encourage them to work more sessions in public health facilities.

Nurses 'fed up' with state jobs

Shock research findings predict serious problems for nursing – more than 1 in 3 nurses canvassed said bluntly they wanted to be out of the profession in 5 years. In the public sector especially, nurses complained about their pay, workload, resources at health institutions, career opportunities and safety. Dr Rubin Pillay warned that the results were disconcerting, considering that work satisfaction affected absenteeism and turnover, morale and health, productivity and clinical outcomes. 'This in turn has implications for the efficiency and sustainability of our healthcare system,' Pillay said.

Pillay, head of research in the University of the Western Cape's School of Business and Finance, said his study – which is

a comparative analysis of nurses' work satisfaction in both the public and private sectors, addressed a gap in the literature about the issue. Previous local studies, he said, were limited to individual organisations, were conducted regionally only, used small samples or data collected prior to the sociopolitical transformation in health.

The study included 1 000 professional nurses, about 40% from the private sector and the remainder working in state health institutions. Most were from Gauteng, KwaZulu-Natal and the Western Cape. Overall, Pillay said that in general professional nurses were marginally dissatisfied, but private sector nurses were more upbeat than their state sector counterparts, whom his research showed were generally dissatisfied.

Admittedly, there were significant differences depending on, among other things, the province in which nurses worked and their levels of experience. The women nurses were generally more satisfied than their male colleagues, as were nurses older than 40, and those with more than 20 years' experience. Importantly, one of the major differences in satisfaction levels between private and public sector nurses was around safety in the workplace – personal safety risk of infection, risk of injury and the work environment.

Pillay said the emergence of diseases like extremely drug-resistant tuberculosis and HIV/AIDS, added to an already over-burdened public health care system, contributed to the weakening of the safety of the nursing work environment. 'In addition, patients with these illnesses generally require more specialised care and longer-term treatment than other patients, further increasing the workload,' he said.

Unhappiness with pay in the public sector especially, Pillay suggested, could partly explain the shift to the private sector of so many nurses. But he hoped the Occupational Specific Dispensation, implemented this month, which significantly improved public sector nurses' salaries, would address the problem to some extent.

Pillay suggested that health administrators take this further and link portions of remuneration to performance objectives, and consider non-financial and psychological rewards. Further, he said, thought needed to be given to improving work schedules as well as to other things like providing day-care for children, and more part-time work prospects.

CHRIS BATEMAN