

# News bites

## South Africa

### Fat burner ad misleading

A skin care product manufacturer has been slapped down a second time by the Advertising Standards Authority over its Nivea Goodbye Cellulite gel. The ASA rulings follow a complaint by consumer activist Dr Harris Steinman against a commercial claiming the gel allowed users to 'say goodbye to cellulite', and that one of the ingredients, L-carnitine, was 'your skin's own fat burner'.

Steinman said there was no evidence that L-carnitine was absorbed through the skin. The body ruled in January this year that the claim was unsubstantiated and ordered manufacturer Beiersdorf Consumer Products Nivea to stop making the claim. Beiersdorf subsequently submitted what it said was substantiation.

However, in a second ruling, the ASA said Beiersdorf's new 'research' was merely a market survey, aimed at learning 'how consumers perceive the improvement of their skin after 2, 4 and 8 weeks of application'. The advert, on the other hand, created the impression that the product had been scientifically tested in a controlled environment. 'Such research does not suffice in the current situation,' the ASA said.

### Cape Town lab nails TB rapid diagnostic test

A molecular assay test, as opposed to conventional culture techniques, may revolutionise the diagnosis and reporting of MDR-TB in high-infection areas by delivering the critical results more quickly, and perhaps even more accurately – thus enabling proper treatment to begin promptly.

The study took place in a national health laboratory in Cape Town which serves over 4.2 million people and processes about 400 000 specimens annually. The testing was performed on residual portions of specimens originally collected for other purposes. They were able to obtain interpretable results within 1 - 2 days in 97% of smear-positive samples, and had a better than 98% specificity and sensitivity rate for multidrug resistance. One of the biggest barriers to appropriate treatment is the lengthy diagnostic process of conventional techniques poorly suited to public health settings serving vulnerable populations.

'With continued delay of testing results, and thus treatment, the patient will likely transmit the infection to those persons they come in close contact with,' said Dr Richard O'Brien, senior investigator from the Foundation for Innovative New Diagnostics, a non-profit organisation funded in part by USAID and the Bill & Melinda Gates Foundation, which sponsored the study. 'TB is already the leading cause of death among AIDS patients worldwide. This association is particularly lethal when drug-resistant TB is being transmitted. MDR-TB, with resistance to the most important anti-TB drugs, isoniazid and rifampicin, is even more lethal.'

The study is reported in the *American Journal of Respiratory and Critical Care Medicine*, published by the American Thoracic Society. 'The advantages of this test, based on its performance in the lab in South Africa, are its equivalent or perhaps increased accuracy compared to standard methods and an increase in the number of interpretable results, as standard techniques are subject to contamination,' said Dr O'Brien. 'Additionally, it only takes 1 - 2 days, as opposed to the mean turnaround time of 42 days with conventional cultures.'

### 'Private health care costs unjustifiable'

The regulator of medical schemes says certain private health cost increases are 'simply unsustainable and unjustifiable' and has called for a raft of regulatory measures. These include stricter hospital licensing, the re-introduction of central bargaining over health care tariffs paid by medical schemes and the removal of perverse relationships and conflicts of interest between hospitals and their suppliers and service providers, including specialists, radiologists and pathologists.

The Council for Medical Schemes prepared the report on the causes of cost increases in medical schemes in response to the call by Health Minister Manto Tshabalala-Msimang for proposals on how to address rising private health care costs. The rising costs of private health care have made medical scheme membership unaffordable for a greater proportion of the population, and increased the amounts members have to pay towards medical bills.

According to the report, the most important contributors to health care costs over the past 15 years have been private hospitals making 'super-normal

profits', and specialists. These two issues need to be addressed to contain members' contribution increases. The report attributes private hospital cost escalation largely to the increasing concentration of private hospitals in the three main hospital groups – Netcare, Life Healthcare and Medi-Clinic. It says over the past 10 years the trio has increased its share of the total number of private hospital beds from 50% to 87.8% and says it is likely that the remaining independent hospitals will be absorbed in the next few years. Lack of competition among private hospitals has increased the costs of hospitalisation. 'The existence of a *de facto* oligopoly market for hospital services implies that prices and costs will become increasingly distorted in the absence of regulation,' the report says.

### Drug addicts put strain on city hospitals

Strung-out drug addicts suffering from psychosis as a result of tik abuse or in need of resuscitation from heroin overdoses are flooding hospital emergency rooms, placing a strain on an already burdened health system. A shortage of drug rehabilitation and mental health treatment facilities for substance abusers in the Western Cape means drug addicts are often rushed to the nearest emergency unit.

Some hospitals treat up to four drug-related patients a day, many of them teenagers. Most of the patients are admitted due to tik (methamphetamine) addiction, which has taken Cape Town by storm over the past 2 years. Figures from the South African Community Epidemiology Network on Drug Use (Sacendu) show that in 2002, 32 patients were recorded as being in rehabilitation treatment for tik over a 6-month period. By last year this figure had increased to 1 418.

But doctors say increased numbers of cases involving heroin are making an appearance, and at least one city drug rehabilitation centre has reported that heroin has overtaken tik as the drug of choice. Hardcore users of tik often need mental health treatment after they experience psychosis-dramatic paranoia where they claim to hear and see things. Heroin withdrawal symptoms are the worst among all drugs. A heroin addict in advanced stages of withdrawal can experience vomiting, diarrhoea, muscle spasms, violent shivering and cold chills – known as cold turkey as the skin resembles a plucked fowl.

## Africa

### Strong African voice needed for cluster bomb ban treaty

Livingstone (Zambia): At the start of the first-ever African meeting to ban cluster munitions, Robert Mtonga, representative of the Cluster Munition Coalition (CMC) in Zambia, appealed to all 40 African states attending the conference to unite their voices and send out a strong message to the rest of the world that Africa wants a comprehensive ban treaty at the negotiations to take place in Dublin this May.

'Too often Africa's voice is pushed to the margins in international decision making. But in banning cluster bombs worldwide, a common African voice will speak volumes and win the day,' he said at the early April meeting in this Zambian town.

Tesfay Haileselassie from Mekele in Ethiopia is still treating the children who were injured by cluster munition strikes that killed or maimed 54 children in June 1998. 'Each day, when I see these children, who lost a leg or are maimed, I feel as if the school, that was hit twice, is still burning and I still dream about that. The cluster munition survivors are still suffering from a lack of medical treatment.'

'Africa knows all too well the effects of war on people,' says Margaret Orech Arach, a CMC campaigner and land mine survivor from Uganda. 'Africa must stand together to ensure survivors of cluster bombs and their communities have their needs met by this treaty.'

Thomas Nash, coordinator of the CMC, recognises that Africa now has an opportunity to stand as a bulwark against the efforts of certain states (mainly producers and stockpilers) to weaken the treaty. 'Right now we need Africa's strength, wisdom and united voice to ensure we get a treaty with no exemptions, no delays and no loopholes.'

## International

### Six kidney transplants in 1 day

Johns Hopkins surgeons recently transplanted half a dozen kidneys simultaneously, an operation believed to be the first of its kind. The transplants were

made possible when a so-called 'altruistic donor', who was willing to donate to anyone, was found to be a match for 1 of 5 transplant candidates, each of whom had a willing but incompatible donor. That enabled a chain of donations involving the 6 donors and 6 recipients from a waiting list maintained by the United Network for Organ Sharing.

The 10-hour surgeries used 6 operating rooms and 9 surgical teams. The 6-way transplant follows a quintuple transplant performed in 2006 at the hospital and several triple transplants.

Most kidney transplants use organs taken from people who have died, but doctors prefer organs from live donors because the success rates are higher. The donors and recipients in the 6-way transplant were matched using a living-donor system developed at Johns Hopkins. Dr Robert Montgomery, director of Hopkins' transplant centre and head of the transplant team, has advocated a wider system of connecting altruistic donors, transplant candidates and incompatible but willing donors to increase the number of available organs.

### US medical errors – 238 337 deaths

From 2004 through 2006, patient safety errors resulted in 238 337 potentially preventable deaths of US Medicare patients and cost the Medicare programme \$8.8 billion (approx R68.2 billion), according to the fifth annual Patient Safety in American Hospitals Study.

This analysis of 41 million Medicare patient records, released last month, found that patients treated at top-performing hospitals were, on average, 43% less likely to experience one or more medical errors than patients at the poorest-performing hospitals. The overall medical error rate was about 3% for all Medicare patients, which works out to about 1.1 million patient safety incidents during the 3 years included in the analysis.

Among the other findings:

- Patients who experienced a patient safety incident had a 20% chance of dying as a result of the incident. The overall death rate among patients who experienced one or more patient safety incidents fell by almost 5% between 2004 and 2006.

- However, over that time, there were increases in postoperative respiratory failure, postoperative pulmonary embolism or deep-vein thrombosis, postoperative sepsis, and postoperative abdominal wound separation/splitting.
- The most common types of medical errors were bed sores, failure to rescue, and postoperative respiratory failure. Together, they accounted for 63.4% of incidents. Failure to rescue improved 11.1% from 2004 to 2006, while the incidence of bed sores and postoperative respiratory failure worsened during that time.
- Of the 270 491 deaths that occurred among patients who experienced one or more patient safety incidents, 238 337 were potentially preventable, the researchers said.
- If all hospitals performed at the level of the top-ranked hospitals, about 220 106 patient safety incidents and 37 214 patient deaths could have been avoided, and about \$2 billion could have been saved.

### Finally – a reason to drink!

People who do not drink alcohol may finally have a reason to start. A study shows that non-drinkers who begin taking the occasional tipples live longer and are less likely to develop heart disease. People who started drinking in middle age were 38% less likely to have a heart attack or other serious heart event than abstainers, even if they were overweight, had diabetes, high blood pressure or other heart risks, Dr Dana King and colleagues of the Medical University of South Carolina in Charleston found. Many studies have shown that light to moderate drinkers are healthier than teetotalers, but researchers have always cautioned that there is no reason for the abstinent to start drinking. Now there may be, said King. 'This study certainly shifts the balance a little bit,' King said. His team studied the medical records of 7 697 people between 45 and 64 who began as non-drinkers as part of a larger study. Over 10 years, 6% of these volunteers began drinking, King's team reported in the *American Journal of Medicine*.

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