

SAMA INSIDER

DECEMBER/JANUARY 2022

**Reviewing the
year informs the
next 12 months**

**African psychiatric
genetics study
takes top award**



PUBLISHED AS A SERVICE TO ALL MEMBERS OF
THE SOUTH AFRICAN MEDICAL ASSOCIATION (SAMA)

**SOUTH AFRICAN
MEDICAL ASSOCIATION**



SAMAREC

The South African Medical Association Research Ethics Committee (SAMAREC) has been a well-established Research Ethics Committee (REC) in South Africa for the past 27 years.

As a registered REC with the National Health Research Ethics Council (NHREC), the Council reviews biomedical research proposals for research to be done in the private sector.

Ethics review is done on any type of biomedical research, including full-scale clinical trials, observational studies, device studies, surveys and registers.

If you are planning to publish your study or ensure that you comply with good clinical practice – SAMAREC is the way to go.

We offer a completely paperless system, and guarantee a quick turnaround time.

SAMAREC has a designated officer to keep you up to date with the progress of your application.

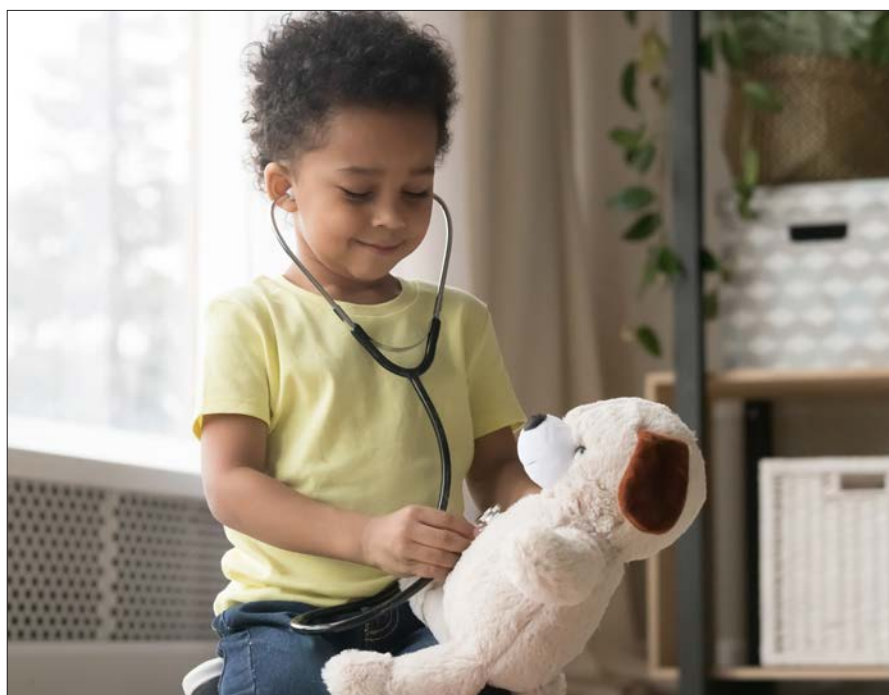
For more information, please contact the SAMAREC Officer

012 481 2046 or samarec@samedical.org



CONTENTS

DECEMBER/JANUARY 2022



Source: Shutterstock: fizkes

- | | |
|---|---|
| <p>3 EDITOR'S NOTE
It's the end of the year!
Diane de Kock</p> <p>4 FROM THE PRESIDENT'S DESK
A time of reflection and rejuvenation
Prof. Risenga Chauke</p> <p>5 FEATURES
Reviewing the year informs the next 12 months
Dr Angelique Coetzee</p> <p>6 How COVID-19 threatens to undo years of progress in TB control
Indira Govender, Alison Grant, Al Leslie, Emily B Wong, Yumna Moosa</p> <p>7 SA healthcare leaders unite in call for review of culpable homicide law
SAMA Communications Department</p> <p>8 Dr Imtiaz Sooliman named Social Justice Champion
SAMA Communications Department</p> <p>8 WMA calls for end to COVID travel discrimination
SAMA Communications Department</p> <p>9 Unpacking parents' reasons for not vaccinating their children: Why it matters
Sara Cooper, Alison Swartz, Bey-Marrié Schmidt, Charles Shey Wiysonge, Christopher J Colvin, Evanson Z Sambala, Natalie Leon</p> <p>10 Ivermectin is a Nobel Prize-winning wonder drug – but not for COVID-19
Jeffrey R Aeschlimann</p> <p>11 Survey shows impact of unrest on healthcare professionals
SAMA Communications Department</p> | <p>12 African psychiatric genetics study takes top award
SAMA Communications Department</p> <p>13 Violence against women and children – the health sector's role
Brandon Ferlito</p> <p>14 Community health workers can help SA women with perinatal depression
Thandi Davies</p> <p>15 Workplace law and mental health
Bertha Shabangu</p> <p>16 Unpacking ethical behaviour and solutions to rooting out fraud, waste and abuse in the healthcare industry
The Board of Healthcare Funders</p> <p>18 MEDICINE AND THE LAW
No fundoscopy, no defence
The Medical Protection Society</p> <p>19 The riddle in the raid by the HPCSA
Thandi Molaba, Unity Ramaifo</p> <p>20 BRANCH NEWS</p> <p>23 WELCOME TO SAMA</p> <p>24 MEMBER BENEFITS
LocumBase: You put the essence in essential</p> <p>26 Are you on Medpages? Why you should check your Medpages profile</p> |
|---|---|



CPD

For further information
please contact the
CPD Officer on

012 481 2000 

cpd@samedical.org 

WHAT ARE WE ABOUT

Assisting health professionals to maintain and acquire new and updated levels of knowledge, skills and ethical attitudes that will be of measurable benefit in professional practice and to enhance and promote professional integrity. The SA Medical Association is one of the institutions that have been appointed by the Medical and Dental Professions Board of the Health Professions Council of SA to review and approve CPD applications.

SERVICES AVAILABLE

- South African Medical Association Continued Professional Development Accreditation
- **Our Mission**
 - Empowering Doctors to bring health to the nation
 - Excellent Service
 - Quick Turnaround
 - Efficiency



Diane de Kock
Editor: *SAMA INSIDER*

It's the end of the year!

And what a year it has been! SA has been through three waves of the COVID-19 pandemic and we are now entering the fourth. The impact on healthcare workers has been immense, and the challenges continue as the country strives to vaccinate as many people as possible. Vaccine hesitancy is a reality. "Many parents are reluctant – if not outright refusing – to vaccinate their children" (page 9), leading to new challenges in healthcare.

The pandemic has taken a toll on us all, and as 2021 draws to a close, it is perhaps a time to reflect and rejuvenate, says SAMA president, Prof. Risenga Chauke (page 4). Dr Angelique Coetzee, SAMA chairperson, reviews 2021 in order to "inform the next 12 months of our organisation ... our goal is to ensure that the rights and circumstances of doctors and healthcare workers are always put first" (page 5).

The impact of the pandemic on the fight against TB has been felt across the globe: "The increased number of undiagnosed and untreated TB cases will lead to more TB transmission and a further increase in TB disease and death in years to come, unless action is taken now" (page 6).

Nine leading healthcare organisations in SA, including SAMA, have united to urge government to initiate a review into culpable homicide law (page 7), while Gift of the Givers founder Dr Imtiaz Sooliman has been internationally recognised as a social justice champion (page 8).

COVID-19 has brought into sharp focus the inequalities in the world. The WMA has called for an end to travel discrimination: "It is restricting international co-operation and business, disadvantaging mainly poor countries and regions" (page 8).

Most working environments have changed this year, posing new challenges and highlighting the importance of, among other issues, mental health. In her article, Bertha Shabangu aims to inform doctors about the laws with regard to mental health, particularly in the world of work (page 15).

A regular contributor to *SAMA Insider*, Prof. Zukiswa Zingela, is a key member of the NeuroGAP-Psychosis team who were recently awarded the Pamela Sklar Innovation Award (page 12). NeuroGAP-P is the largest African psychiatric genetics study, sampling more than 30 000 people. Congratulations Prof. Zingela!

Despite the challenges, SAMA branches have been active this year: recruiting new members, hosting CPD events, sponsoring causes and winning awards (pages 20 – 22).

We wish our readers a safe, peaceful and restful end to 2021.

Editor: Diane de Kock
Copyeditor: Kirsten Morreira
Head of Publishing: Diane Smith

Editorial Enquiries: 083 301 8822 | dianed@samedical.org
Advertising Enquiries: 012 481 2062 | 021 532 1281
Email: dianes@samedical.org

Senior Designer: Clinton Griffin

Published by the South African Medical Association
Block F, Castle Walk Corporate Park, Nossob Street
Erasmuskloof Ext. 3, Pretoria

Email: publishing@samedical.org | www.samainsider.org.za | Tel. 012 481 2069
Printed by Tandym Print (Pty) Ltd

Opinions and statements, of whatever nature, are published in *SAMA Insider* under the authority of the submitting author, and should not be taken to present the official policy of the South African Medical Association (SAMA) unless an express statement accompanies the item in question. The publication of advertisements promoting materials or services does not imply an endorsement by SAMA, unless such endorsement has been granted. SAMA does not guarantee any claims made for products by their manufacturers. SAMA accepts no responsibility for any advertisement or inserts that are published and inserted into *SAMA Insider*. All advertisements and inserts are published on behalf of and paid for by advertisers.

LEGAL ADVICE

The information contained in *SAMA Insider* is for informational purposes and does not constitute legal advice or give rise to any legal relationship between SAMA and the receiver of the information, and should not be acted upon until confirmed by a legal specialist.

A time of reflection and rejuvenation



Prof. Risenga Chauke, SAMA President

The festive season is drawing nearer, and the question is whether health professionals should view this period as a time to reflect, or continue with business as usual.

The festive season is a period when the world slows down, and people look forward to relaxing and spending time with loved ones. The pandemic has disrupted family traditions and social gatherings, and presented many challenges since it hit our country in 2019. We hope for a better festive season because the COVID numbers have slowed down, and we hope that they remain low and allow practitioners an opportunity to relax and rejuvenate. Many people are looking forward to a better festive season this year because of the loosening of travel restrictions and, not to forget, the lifting of the alcohol ban.

But with this comes many challenges that are related to people relaxing. These range from motor vehicle accidents to general fights that people engage in. Health professionals have to rise to these challenges and take care of the aftermath.

COVID-19 has taken a toll on society as a whole, and more so health professionals who have had to bring their all to care for society. Some are experiencing burnout, feeling depleted emotionally and physically. Sometimes we forget to acknowledge the people behind the health heroes, our families

and friends who have supported us through these difficult times. As we take this time to reflect on our contribution to society, we should also celebrate and appreciate the support that kept us going.

To rejuvenate is defined as to refresh, renew, renovate and restore. According to the Merriam-Webster dictionary, rejuvenation suggests the restoration of youthful vigour, power and appearance. It is about recalibrating our bodies, minds and emotions. As the world rejuvenates and economies are boosted, we need to assist our health professionals in rejuvenating.

How can we give our health professionals more vigour to face 2022? It is like rebooting one's computer.

We encourage our health professionals to be themselves – as the Temptations say, "I have been to places, and have seen faces, I have been to paradise, but never been to be me." Health professionals should take time to do what they enjoy doing outside work. We encourage them to do things they love doing during this time, the things that fill their emotional cups for themselves, loved ones and patients.

We encourage health professionals to practise self-care and take time off, where possible. We should read, play, travel, laugh and rekindle the child in ourselves.

Health professionals are encouraged to take walks, breathe and connect with nature. Walk in the bush. It is healthy for your soul. One does not need to spend money to be able to find oneself. In his book, *The Monk who Sold his Ferrari*, Robin Sharma writes, "Never sacrifice happiness for achievement." Nature has a way of bringing happiness. It has a way of calming the mind and soul. It has a way of soothing.

When taking a walk and admiring nature, be silent. The pandemic and all that has happened around it has kept health professionals busy. It has been very noisy. We were always in a hurry. Let health professionals enjoy the power of solitude to restore, refocus and revitalise their mind, body and spirit, as Robin Sharma says.

Let health professionals reconnect. Apart from reconnecting with themselves, they should reconnect with family, friends, relatives, colleagues and loved ones. We are

given this life but once to live. It is the sweet memories we create with our loved ones that shall remain after we are long gone. Take time to embrace loved ones, laugh together, drink together and eat together. Some of us have taken almost 2 years to be able to meet and mingle with the ones we love. Let's do that responsibly though. It is important.

COVID-19 has taken a toll on society as a whole, and more so health professionals who have had to bring their all to care for society

Above all, it is important to let our health professionals know that even during this time of rejuvenation and restoration, it is okay to shout for help. It is okay to admit that we are not experiencing the rejuvenation we anticipated, and need to find peace and happiness.

If we bottle everything up, we will only cause misery and pain for those around us and others we may leave behind, only because we did not shout for help when we needed to.

In summary, during this time of rejuvenation, we as health professionals can rejuvenate by trying to follow these tips:

- do the things we love to do
- bring that little child out within ourselves (breathing life into oneself)
- practise self-care
- take walks and admire nature
- be silent
- read a book
- and remember to shout for help if need be.

All these things can help us rejuvenate ourselves, appreciate and be grateful for who we are and what we do to assist our communities, and to always carry an attitude of gratitude.

After all, the good things in life are free. Happy holidays!

Reviewing the year informs the next 12 months

Dr Angelique Coetzee, SAMA chairperson



As is customary at this time of year, many companies and organisations publish reviews of the past year, highlighting important events through this period. These reviews have become *de rigueur* – fashionable – but not necessarily relevant. While I certainly want to reflect on the past year, I do so not because it is the ‘done’ thing; I do so because I think it is useful as it informs the next 12 months of our organisation.

Looking back, our association produced an immense amount of information on a range of issues to a variety of stakeholders: doctors, the media, the public. It is important to mention this because one of the key pillars of our strategy as a business is to act as an advocacy platform for the healthcare profession. Without this constant stream of information that we have produced, this function would not be fulfilled. A salient feature of all our communication is to always consider the implications of events on medical professionals, and how they benefit from – or are disadvantaged by – these events. Our goal is to ensure that the rights and circumstances of doctors and healthcare workers are always put first, especially in relation to the healthcare environment in our country.

One of the ways we have managed the flow of information well is through

our webinars, which have now become a regular feature of our communications drive. Through these webinars, we have touched on important topics that have a direct bearing on doctors. COVID-19 issues, naturally, have featured strongly in these webinars, but so have those issues that assist doctors in navigating medicolegal issues. Going forward, these webinars will continue to be an important part of our offering to members and non-members because of the value they provide, and the critical information that is shared through them.

During the year we were – as we have been in previous years – faced with many challenges. COVID-19 was again high on the agenda, not only because of the immense pressure it put on the lives of healthcare workers and healthcare institutions, but also because we questioned government’s response to it. Yes, government acted well in many instances, and we should give credit where it is due. That position, though, is tempered by the fact that we believe the lockdowns were eased too early, that not enough was done to ensure the provision of adequate resources, and by the slow pace of the vaccine rollout.

As we head towards the end of 2021, we are told that a fourth wave is nearing; I am, of course, concerned about this development but I am more concerned that not enough is being done to ensure mass vaccinations, and I am worried that not enough attention has been paid to sufficiently equip our healthcare workers to deal with this new threat. I have urged before, and I repeat it here: be vigilant, maintain strict protocols and please, urge your patients, friends, family and colleagues to get vaccinated – it’s in everyone’s best interests that this process ramps up significantly.

There are several issues that remained on our agenda in 2021 that I think will continue into the new year: our opposition to the criminalisation of the medical profession, the establishment of an independent Medical and Dental Council, issues relating to the poor management of the HPCSA, the placement of medical interns, safety and security issues at hospitals and clinics

(particularly at public sector institutions), issues around the roll-out of National Health Insurance (NHI), and the contentious Certificate of Need legislation. All of these matters will enjoy high priority from SAMA in the coming months, and I can assure you that we will be motivated in all instances by what is best for the medical profession and patients.

Our goal is to ensure the rights and circumstances of doctors and healthcare workers are always put first

There are many challenges around the corner, and 2022 will undoubtedly not be an easy ride for doctors. But despite these challenges, I want to assure you all that SAMA is in your corner, and will never walk away from tackling the difficult issues on your behalf. We have an excellent team monitoring and evaluating all aspects of medical law, legislation and regulations, and we will not waver in raising important concerns when justified.

SAMA is in your corner, and will never walk away from tackling the difficult issues on your behalf

We live in one of the most beautiful countries in the world and we have incredible potential as a nation. Our doctors form an important part of the future of South Africa, and we are committed to ensuring that they have a positive and successful future in our country.

How COVID-19 threatens to undo years of progress in TB control

Indira Govender, research fellow, clinical research at London School of Hygiene and Tropical Medicine, Africa Health Research Institute (AHRI), **Alison Grant**, professor of international health, London School of Hygiene & Tropical Medicine, member of faculty, AHRI, **Al Leslie**, faculty member, AHRI, Wellcome Trust Senior Research Fellow, UCL, **Emily B Wong**, assistant professor, AHRI, **Yumna Moosa**, PhD candidate, AHRI

The WHO's recently released Global Tuberculosis Report for 2021 paints a dismal picture of the impact that the COVID-19 pandemic has had on the fight against TB across the globe.

Progress against TB has long been inadequate to reach the target of elimination by 2030. But before the pandemic, the world was making steady progress in diagnosing and treating TB, and deaths from TB had steadily decreased every year since 2005.

The report is based on annual responses to the WHO from 197 countries. It represents around 99% of the world's population and TB cases, and provides annual feedback to the national and international public health community.

This year, it contains very worrying news about the COVID-19 pandemic's wide-ranging and longer-term effects on TB services.

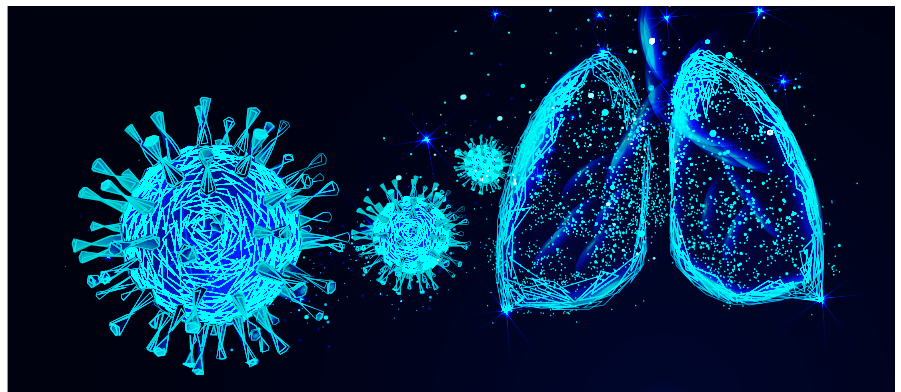
For the first time since 2005, the number of deaths due to TB increased from one year to the next. In 2020, there were 1.3 million deaths among HIV-negative people and 214 000 among HIV-positive people. In 2019, the death numbers were 1.2 million among HIV-negative and 209 000 among HIV-positive people.

Mathematical modelling projections for the 16 worst-affected countries, including SA, suggest that the knock-on effect will be worse in 2021 and beyond. These countries are likely to suffer even greater increases in the number of new cases and deaths from TB.

The most urgent priority, according to the report, is to restore access to and provision of TB services to enable levels of TB case detection and treatment to recover to pre-pandemic levels. In the longer term, countries must invest in research and innovation to address the priority needs. These are: TB vaccines to reduce the risk of infection and the risk of disease in those already infected; rapid diagnostics for use at the point of care; and simpler, shorter treatments for TB disease.

Why gains in TB control have been reversed

COVID-19 has had a large negative effect on all health services. The effect on TB services



has been profound. This is especially the case with regard to TB diagnosis – the essential first step to treating TB and preventing death.

The number of people newly diagnosed with TB increased annually between 2017 and 2019. But there was a startling drop of nearly 20% between 2019 and 2020, from 7.1 million to 5.8 million. In contrast, the number of TB deaths increased by about 10%, taking us back to 2017 levels.

In the 2021 report, 16 countries accounted for 93% of the total global drop in new TB diagnoses of 1.3 million. The worst affected were India, Indonesia and the Philippines. These three countries are among a group of 10, including SA, considered high-burden countries for drug-sensitive, drug-resistant and HIV-associated TB.

The new data show that the gap between reality and targets in high-burden countries has widened dramatically.

The COVID-19 epidemic has had many consequences for TB services. The report notes these three:

- patients delaying seeking care due to restrictions on movement
- reduced likelihood of diagnosis because of resource constraints
- reduced treatment initiation because of medicine supply interruptions and stockouts.

Model estimates of future impact may also be underestimates, as they do not account

for the negative effects of COVID-19 on the social determinants of TB. For example, low income and malnutrition increase the chances of developing TB disease in people who are already infected with *Mycobacterium tuberculosis*, the infectious agent that causes TB disease.

Trend will continue unless the world acts now

The increased number of undiagnosed and untreated TB cases will lead to more TB transmission and a further increase in TB disease and death in the years to come, unless action is taken now.

TB preventive treatment is given to people who are at high risk of developing TB disease after being infected with *M. tuberculosis*. The WHO recommends that TB preventive therapy be given to people living with HIV, household contacts of individuals diagnosed with TB of the lungs and certain people with comorbidities, such as those receiving dialysis, or diabetics.

Unfortunately, services for TB preventive treatment have also suffered setbacks in the past 18 months. Globally, the number of people who received TB preventive treatment increased by over 250% from 2015 to 2019. But this trend reversed in 2020, with a 21% reduction from 3.6 million to 2.8 million. Substantial action and resources must be directed towards the provision of TB prevention treatment to people who meet the criteria.

The standard of care for drug-sensitive TB disease is a 6-month course of treatment. On a positive note, the report shows that more countries (36, up from 21) are using newly recommended, shorter treatment regimens for drug-susceptible TB.

TB is a leading cause of death in people with HIV. The absolute number of people diagnosed with TB who knew their HIV status fell by 15% in 2020. But the global coverage of HIV testing among people diagnosed with TB remained high in 2020. Treating TB and providing ARVs to HIV-positive people diagnosed with TB is estimated to have averted 66 million deaths between 2000 and 2020.

Catching up

The first SA national prevalence survey and other emerging research has shown that only about half of people with active TB disease report having one of the classic symptoms: cough, fever, weight loss and night sweats.

This implies that people in the early stages of active TB disease, without any recognisable symptoms, may be contributing to TB transmission without knowing it. It is vitally important that attempts to recover from COVID-19 setbacks, such as catch-up campaigns for case-finding and treatment, involve methods to find people with TB who do not have symptoms as well as those who do.

It is sobering to reflect that, during the 18 months of the COVID-19 pandemic, about 90 500 South Africans have died of TB – more than the 88 754 reported to have died of COVID-19 during the same period. The COVID pandemic has proved that health systems are capable of making drastic changes when the need arises. It is time to apply the same determination to fighting TB.

Source: The Conversation, 29 October 2021: <https://theconversation.com/how-covid-19-threatens-to-undo-years-of-progress-in-tb-control-170668>.

SA healthcare leaders unite in call for review of culpable homicide law

SAMA Communications Department

Nine of SA's leading healthcare organisations have united to urge the government to initiate a review into culpable homicide law and its application in a healthcare setting.

In a letter to the Minister of Justice and Correctional Services, Hon. Ronald Lamola, the coalition said that there is a very low threshold in SA law for blameworthiness when a patient dies while under medical care, which has resulted in errors of judgement in complex healthcare environments being criminalised, and healthcare professionals being convicted regardless of their intent.

The letter was co-ordinated by the Medical Protection Society (MPS) and signed by the Association of Surgeons of SA, Federation of SA Surgeons, Radiological Society of SA, SAMA, SA Medico-Legal Association, SA Private Practitioners Forum, SA Society of Anaesthesiologists and SA Society of Obstetricians and Gynaecologists.

The joint letter calls for the review to be carried out by the SALaw Reform Commission, due to the complexity of criminal law in a healthcare setting and the importance of achieving a long-term solution for healthcare professionals and patients alike.

The letter says: "It is hard to see who benefits from the current system. As well as families losing a loved one through tragic circumstances, doctors risk losing their career and liberty, and the fear of criminal charges

also has a negative knock-on effect on patient care. The current system stands in the way of patients receiving an early apology and a full explanation of events, and thereby denies closure.

"A recent survey of over 500 doctors conducted by MPS showed that almost 9 in 10 (88%) are concerned about facing an investigation following an adverse patient outcome during their career, and 90% think that the prospect of facing criminal investigation or charges impacts on their mental health. The survey also revealed that the prospect of criminal investigation means that nearly 1 in 2 doctors in SA have considered leaving the profession. The reality of healthcare provision is that complications occur despite best intentions and care.

"This overwhelming response – across all specialties and regions – illustrates how widespread fear and concern is for doctors in the current climate in SA. Concerningly, 4 in 5 doctors surveyed think that the criminal justice system in SA has an inadequate understanding of medical practice.

"A long-term solution is needed in terms of the wider problem of how criminal law is applied to healthcare practice. This is why we are calling on your government to involve the SA Law Reform Commission in a review into the threshold for criminal charges brought against doctors acting in good faith when delivering healthcare.

"Healthcare professionals need to be held accountable; however, criminalising errors of judgement – particularly in this fast-moving and complex healthcare environment – seems unreasonably severe. Criminalisation in the absence of any clear intention to cause harm is overly punitive, leaving healthcare professionals vulnerable to criminal charges. Lessons can be learned from other jurisdictions – for example, in Scotland, where charges are only brought against doctors if an act is proved to be intentional, reckless or grossly careless.

"Our organisations are committed to the highest level of safety for all patients in SA. This will, however, require replacing the current culture of blame and fear with one of learning, where healthcare professionals feel able to apologise and learn from mistakes, which will help to reduce the number of errors and thus enable progress on improving patient safety. When healthcare professionals are allowed and supported to learn from mistakes, lessons are learnt, and patients are better protected in the future.

"We appreciate the intricacy of these issues, and while they are difficult to resolve, their complexity only highlights how important it is that our healthcare workers have clarity from their leaders, and ultimately in law. Patients and clinicians want the same thing, for those in need to receive the best care."

Dr Imtiaz Sooliman named Social Justice Champion

SAMA Communications Department

Gift of the Givers founder Dr Imtiaz Sooliman has been named the Social Justice Champion for 2021 at the third annual social justice summit and international conference.

The summit, held annually, aims to reflect on the state of social justice in SA. This year, it focused on economic equality, the impact of COVID-19 regulatory responses, the adequacy of current policy frameworks for rebuilding better, restitution and the impact of economic inequality on peace and the rule of law.

The organisers said a social justice champion was a person who had “moved the needle consistently in 2021 to advance equality and reduce poverty, a person who has shown a commitment to justice as justice for all, while galvanising others to pull together in a socially cohesive manner”. Qualities looked for were being just and fair and an ability to distribute resources, benefits and privileges in society.

During lockdown, Gift of the Givers delivered necessary equipment to at least 210 hospitals at a time when there were high infection rates and a rising number of deaths. The organisation was particularly active in the Eastern Cape, where they provided PPE, scrubs and oxygen machines to hospitals.

Stellenbosch University's law faculty trust chair in social justice, Prof. Thuli Madonsela, conferred the certificate during a ceremony held at the Coopmanhuijs Boutique Hotel.



Gift of the Givers founder Dr Imtiaz Sooliman received the social justice champion award from Prof. Thuli Madonsela in Stellenbosch (picture – Tracey Adams/African News Agency (ANA))

Madonsela said that once people are nominated, the public votes, and then the council of social justice champions make a decision. She said that Gift of the Givers championed the cause of advancing humanity, and played a significant role in reducing inequality.

“One of their biggest achievements has been delivering water in the Eastern Cape, because he (Sooliman) knows that water is life. When there is no water, you can't do anything else.

“Health depends on water, but also the quality of life for girls is diminished when there is no water because they have to go to the rivers,

which means losing time but also being exposed to gender-based violence,” Madonsela said.

Gift of the Givers have been assisting thousands in SA with food and medical supplies since the coronavirus pandemic hit, and have also been assisting at public hospitals around the country, drilling boreholes and assisting health workers and communities during the pandemic.

“At the core of social justice is embracing the humanity in every person, so that nobody should find it harder than others to exist in society, and nobody should bear more burdens than others,” said the organisers.

WMA calls for end to COVID travel discrimination

SAMA Communications Department

The WMA has called for an end to travel discrimination caused by certain vaccines not being internationally recognised.

In an emergency resolution on 12 October, the WMA said that citizens of some countries experience serious complications travelling to countries that accept only certain vaccines.

This leads to discrimination against some travellers. It restricts international co-operation and business, disadvantaging mainly poorer countries and regions. In cases,

it has led to requests for additional vaccine doses, of those vaccines deemed acceptable.

The WMA calls on all governments to adopt harmonised and non-discriminatory rules to enable safe and equal travel opportunities, and to inform the public if serious concerns about specific vaccines hinder their acceptance.

The WMA understands the reluctance of authorities to allow the market introduction of vaccines for which an authorisation has not been applied in their jurisdiction, or which are still in the process of authorisation, or may have been rejected because their ethical or

technical standards of testing or production do not meet the required standards.

But it considers it necessary to evaluate COVID-19 vaccines as a reliable travel measure of protection on the basis only of their effectiveness against infection and severe illness by SARS-CoV-2. By now there are enough data to assess vaccines based on their protective effect, regardless of their marketing authorisation. Should vaccines be deemed not effective, and therefore not acceptable as protection, the reasons for such decision should be made public.

Unpacking parents' reasons for not vaccinating their children: Why it matters

Sara Cooper, senior scientist, Cochrane South Africa, South African Medical Research Council (SAMRC) and honorary researcher, Division of Social & Behavioural Sciences, School of Public Health, UCT, South African Medical Research Council, **Alison Swartz**, University of Cape Town, **Bey-Marrié Schmidt**, senior lecturer, University of the Western Cape, **Charles Shey Wiysonge**, director, Cochrane South Africa, South African Medical Research Council, **Christopher J Colvin**, associate professor, University of Cape Town, **Evanson Z Sambala**, research fellow, School of Public Health, University of the Witwatersrand, **Natalie Leon**, specialist scientist researcher, South African Medical Research Council

For many of us, the case for childhood vaccination seems self-evident. Every year, this powerful public health intervention protects billions of children from deadly and debilitating infections such as polio and measles. Yet worldwide, many parents are reluctant – if not outright refusing – to vaccinate their children. This includes parents who have access to vaccines, are well educated and have enjoyed the benefits of having their children grow up in a world free of many vaccine-preventable diseases.

This phenomenon is now referred to as vaccine hesitancy. It's not new. Public concerns about vaccination, and controversies surrounding it, are as old as vaccines themselves. Yet with the recent global outbreaks of diseases such as measles and diphtheria, and more recently COVID-19, vaccine hesitancy has been placed firmly on the global public health agenda.

In a recently conducted Cochrane review, we analysed qualitative studies of parents' views, experiences and practices around routine childhood vaccination.

We included 27 studies in our analysis. Studies were conducted in Africa, the Americas, South-East Asia, Europe and the Western Pacific, and included urban and rural settings, as well as high-, middle- and low-income settings.

We found that vaccination uptake, as with so many health interventions, is influenced by many factors, and carries a variety of meanings – social, political, economic, ideological, moral as well as biological. Through their vaccination choices, parents are often communicating not just what they think about vaccines, but also who they are, what they value and with whom they identify.

We found that parents' vaccination views and practices are shaped by factors such as:

- their broader world views surrounding health and illness
- the vaccination ideas and practices of their social networks
- wider political issues and relations of power, and particularly the impact these have on parents' trust (or distrust) in those associated with vaccination programmes

- access to and experiences of vaccination services and their frontline healthcare workers.

Our findings suggest that childhood vaccination, whatever stance is taken, is a complex social process. It is deeply embedded in the wider social worlds in which people live. Understanding these social worlds, and placing them at the centre of public health interventions, is critical.

Reasons for vaccine hesitancy

Vaccine hesitancy is not a single problem. The way it manifests and why it occurs varies considerably across place, time and even vaccines. Local contexts and framing matter. Yet we found certain overarching patterns across the studies that help to explain why parents may be hesitant about routine vaccines for their children.

The first reason relates to the view that healthcare is a matter of personal risk, choice and responsibility. Many parents, across the spectrum of vaccination attitudes, hold this world view. Yet some parents see this world view as being in conflict with vaccination promotion messages. These messages emphasise population-level risk and community health. This perceived tension may lead some parents to be hesitant about vaccination for their children.

The second reason relates to the impact of social exclusion. Exclusion can take many different forms: economic, political and cultural. All these forms can lay the foundation for distrust, alienation, resentment and demotivation. Parents who are socially excluded may be hesitant about vaccination because they distrust vaccines and those delivering them. Or it may be a form of resistance or a mechanism to bring about change. It may be that vaccination takes time, and comes with opportunity costs for these parents.

An alternative approach

Parents who resist vaccines for their children are commonly portrayed as "ignorant", "misinformed" or "irrational" – or selfish or evil. It is often



assumed that the attitudes of these parents can be corrected with biomedical education and advanced risk communication strategies. The findings from our review suggest that a more nuanced and less clinically oriented approach may be needed.

Such an approach involves taking seriously, on their own terms, the complex factors and meanings shaping parents' vaccination choices. It means recognising that parents' values and priorities, and their responses to these, do not always align with the goals of vaccination programmes.

"Hesitancy" does not only have negative connotations, as seminal work published over two decades ago demonstrated. In fact, for many parents, "hesitancy" may also be about a striving for or desiring something: to protect their child's health, to be part of healthcare decision-making, to belong and feel included among peers, to feel confident that expert systems have their best interests at heart, to have their own priorities recognised and basic needs met.

Approaching hesitancy with this understanding is unlikely to translate into one-dimensional and "quick-fix" interventions. Yet we believe it could provide avenues for the development of more sensitive and effective strategies for engaging with parents who decide against vaccination for their children.

Source: The Conversation, 16 November 2021: <https://theconversation.com/unpacking-parents-reasons-for-not-vaccinating-their-children-why-it-matters-171527>.

Ivermectin is a Nobel Prize-winning wonder drug – but not for COVID-19

Jeffrey R Aeschlimann, *associate professor of pharmacy, University of Connecticut*

Ivermectin is an over 30-year-old wonder drug that treats life- and sight-threatening parasitic infections. Its lasting influence on global health has been so profound that two of the key researchers in its discovery and development won the Nobel Prize in 2015.

I've been an infectious disease pharmacist for over 25 years. I've also managed patients who delayed proper treatment for their severe COVID-19 infections because they thought ivermectin could cure them.

Although ivermectin has been a game-changer for people with certain infectious diseases, it isn't going to save patients from COVID-19 infection. In fact, it could cost them their lives.

Let me tell you a short story about the history of ivermectin.

Developing ivermectin for animal use

Ivermectin was first identified in the 1970s during a veterinary drug screening project at Merck Pharmaceuticals. Researchers focused on discovering chemicals that could potentially treat parasitic infections in animals. Common parasites include nematodes, such as flatworms and roundworms, and arthropods, such as fleas and lice. All of these infectious organisms are quite different from viruses.

Merck partnered with the Kitasato Institute, a medical research facility in Japan. Satoshi Omura and his team isolated a group of chemicals called avermectin from bacteria found in a single soil sample near a Japanese golf course. To my knowledge, avermectin has yet to be found in any other soil sample in the world.

Research on avermectin continued for approximately 5 years. Soon, Merck and the Kitasato Institute developed a less toxic form that they named ivermectin. It was approved in 1981 for commercial use in veterinary medicine, for parasitic infections in livestock and domestic pets, with the brand name Mectizan.

Developing ivermectin for human use

Early experiments by William Campbell and his team from Merck discovered that the drug also worked against a human parasite that causes an infection called river blindness. River blindness, also known as onchocerciasis,

is the second leading cause of preventable blindness in the world. It is transmitted to humans from blackflies carrying the parasitic worm *Onchocerca volvulus*, and occurs predominantly in Africa.

[Ivermectin] is not meant to be prescribed by parasites looking to extract money from desperate people during a pandemic

Ivermectin underwent trials to treat river blindness in 1982, and was approved in 1987. It has since been distributed free of charge through the Mectizan Donation Program to dozens of countries. Thanks to ivermectin, river blindness has been essentially eliminated in 11 Latin American countries, preventing approximately 600 000 cases of blindness.

These two decades of extensive work to discover, develop and distribute ivermectin helped to significantly reduce human suffering from river blindness. It is these efforts that were recognised by the 2015 Nobel Prize in Physiology or Medicine, awarded to both William Campbell and Satoshi Omura for their leadership in this groundbreaking research.

Repurposing drugs for other uses

Infectious disease researchers frequently attempt to repurpose antimicrobials and other medications to treat infections. Drug repurposing is attractive because the approval process can happen more quickly and at a lower cost, since nearly all of the basic research has already been completed.

In the years since it was approved to treat river blindness, ivermectin has also been shown to be highly effective against other parasitic infections. This includes strongyloidiasis, an intestinal roundworm infection that affects an estimated 30 - 100 million people worldwide.

Another example is amphotericin B, originally approved to treat human yeast and mould infections. Researchers discovered that it can also be an effective treatment for severe forms of leishmaniasis, a parasitic infection prevalent in tropical and subtropical countries.

Likewise, doxycycline is an antibiotic used for a wide variety of human bacterial infections, such as pneumonia and Lyme disease. It was later found to also be highly effective in preventing and treating malaria.

Repurposing drugs for COVID-19

Not every attempt at repurposing a drug works as hoped, however.

At the start of the pandemic, scientists and doctors tried to find inexpensive medications to repurpose for the treatment and prevention of COVID-19. Chloroquine and hydroxychloroquine were two of those drugs. They were chosen because of possible antiviral effects documented in laboratory studies, and limited anecdotal case reports from the first COVID-19 outbreaks in China. However, large clinical studies of these drugs to treat COVID-19 did not translate into any meaningful benefits. This was partly due to the serious toxic effects patients experienced before the drugs reached a high enough dose to inhibit or kill the virus. Unfortunately, lessons from these failed attempts have not been applied to ivermectin. The false hope around using ivermectin to treat COVID-19 originated from an April 2020 laboratory study in Australia. Although the results from this study were widely circulated, I immediately had serious doubts. The concentration of ivermectin they tested was 20 - 2 000 times higher than the standard dosages used to treat human parasitic infections. Indeed, many other pharmaceutical experts confirmed my initial concerns within a month of the article's publication. Such high concentrations of the drug could be significantly toxic.

Another commonly cited article on ivermectin's purported effects against COVID-19 was withdrawn in July 2021 after scientists found serious flaws in the study. These flaws ranged from incorrect statistical analyses to discrepancies between collected data and published results to duplicated patient

records and the inclusion of study subjects who died before even entering the study. Even more concerning, at least two other oft-cited studies have raised significant concerns about scientific fraud.

At the time of writing, two large randomised clinical trials have both shown no significant benefit from the use of ivermectin for COVID-19. Reputable national and international healthcare organisations, including the WHO, the Centers for Disease Control and Prevention, the National Institutes of Health, the Food and Drug Administration and the Infectious Diseases Society of America, unanimously recommend against the use of ivermectin to

prevent or treat COVID-19 unless in the context of a clinical trial.

Consequences of using ivermectin for COVID-19

Unfortunately, many organisations with dubious intentions have continued to promote unsubstantiated use of ivermectin for COVID-19. This has led to a dramatic rise in ivermectin prescriptions, and a flood of calls to US poison control centres for ivermectin overdoses. Many calls were due to ingestion of large amounts of veterinary products containing ivermectin – two deaths linked to ivermectin overdose were reported in September 2021.

Ivermectin, when used correctly, has prevented millions of potentially fatal and debilitating infectious diseases. It is meant to be prescribed only to treat infections caused by parasites. It is not meant to be prescribed by parasites looking to extract money from desperate people during a pandemic. It's my sincere hope that this unfortunate and tragic chapter in the otherwise incredible story of a lifesaving medication will come to a quick end.

Source: The Conversation, 14 October 2021: <https://theconversation.com/ivermectin-is-a-nobel-prize-winning-wonder-drug-but-not-for-covid-19-168449>.

Survey shows impact of unrest on healthcare professionals

SAMA Communications Department

A survey has shown the impact of the July unrest on SA's healthcare professionals, as many had to reduce or stop practice, and some said concerns for the safety of themselves, their colleagues and their patients affected their mental wellbeing.

In the Medical Protection Society (MPS) survey of over 500 healthcare professionals, two-thirds (67%) of respondents said that their practice had reduced in some way during the unrest, with 6% saying they stopped practice altogether due to themselves or their staff being too scared or unable to get to the practice. Half (50%) said they had lost income as a result of the unrest. While only 17% considered leaving the medical profession following the unrest, 61% said it had caused them to consider leaving SA to work in another country.

MPS said the survey results are a stark reminder that during unsettling times, healthcare professionals require as much support as the patients they treat.

Dr Graham Howarth, Head of Medical Services – Africa at MPS, said: "This survey was carried out following the immediate aftermath of the unrest, giving healthcare professionals time to reflect on the impact. While the challenges experienced certainly did not begin or end during the July unrest, the impact of this unsettling time on those who care for us cannot be overstated.

"Most communities in SA were affected in some way, and it is perhaps unsurprising that



A person carries items outside a Vosloorus mall that was vandalised during the July riots (photo: Marco Longari/AFP)

two-thirds of healthcare professionals said their practice had reduced in some way during the unrest. However, for healthcare professionals, the unrest compounded existing stressors, including the COVID-19 pandemic, high levels of abuse directed at doctors and worsening mental wellbeing.

"Some survey respondents commented anecdotally that they had feared for their own lives and livelihoods during the unrest, others talked about the emotional distress of having to balance the needs of patients with the safety of their staff.

"It is particularly concerning that more than 6 out of 10 healthcare professionals said

the unrest caused them to consider leaving SA and practising elsewhere, particularly at a time when doctors are needed more than ever.

"MPS contacted members throughout SA during the unrest, both to offer moral and practical support, including our independent, confidential counselling service, and reduced subscriptions if their work was impacted by either the unrest or COVID-19.

"While this support has been well received, the survey results are a stark reminder that during unsettling times, healthcare professionals require as much support as the patients they treat."

African psychiatric genetics study takes top award

SAMA Communications Department

The international Neuropsychiatric Genetics of African Populations – Psychosis study (NeuroGAP-P) study recently received a top global award for innovation from the International Society of Psychiatric Genetics.

The NeuroGAP-P was awarded the Pamela Sklar Innovation Award on 14 October 2021 during an online ceremony of the International Society of Psychiatric Genetics. NeuroGAP-P is the largest African psychiatric genetics study yet, sampling more than 30 000 people.

The award is named after American psychiatrist and geneticist Pamela Sklar, who died in 2017 of cancer. In her announcement of the award, Dr Lea K Davis, associate professor of biomedical informatics at Vanderbilt University in Nashville, Tennessee, said the award allows the society to honour Sklar's memory each year.

Dr Davis said Sklar's work in the genomics of bipolar disorder and schizophrenia was essential to advancing knowledge of the "polygenic architecture of psychiatric disorders".

[Our] goal [is] to do a psychiatric genetics study at scale in Africa, based on principles of equity

"We pause each year to reflect on her contribution, recognise her legacy and acknowledge our colleagues who are carrying on her innovative work," she said.

For Davis, awards programmes such as these give scientists a chance to recognise and celebrate each other, and their contributions to research.

"As a community, we create and give these awards to say to each other, 'We see you. We appreciate you and we celebrate what you have given to the field.' It is in that spirit that we recognise the tremendous innovation of the global partnership that is the NeuroGAP psychosis project."

NeuroGAP programme manager Roxanne James (UCT) said that the study was formally established in 2016. It is a multisite



collaboration between UCT, Harvard and the Broad Institute in the USA, Makerere University in Kampala, Uganda, Addis Ababa University in Addis Ababa, Ethiopia and Moi University and the KEMRI-Wellcome Trust research centre in Kenya. It is funded in part by a grant from the US National Institutes of Health and the Harvard/Broad Institute.

At UCT, the study is located within the Department of Psychiatry and Mental Health, and is part of the Brain Behaviour Unit. While the study has physical offices at the Education Centre building at Valkenberg Psychiatric Hospital, recruitment takes place at community healthcare facilities and psychiatric hospitals in the Northern, Eastern and Western Cape provinces.

James said the study is structured around schizophrenia, schizoaffective disorder and bipolar mood disorder, grouped under the heading "psychotic disorders".

The specific aims of the NeuroGAP-P project are to:

- expand knowledge of the genetic architecture of schizophrenia and bipolar disorder in Africa through large-scale sample collection, analysis and follow-up
- increase understanding of the genetics of African populations
- enhance neuropsychiatric genetic research capacity in Africa through the training of scientists and supporting the development of locally led research programmes
- establish measurements of validity and reliability of screening tools for schizophrenia and psychosis.

"The NeuroGAP-P study requires a full-time complement of staff, including research assistants and data assurance and project managers. In addition to this, all samples collected are processed by the UCT Department of Human Genetics under the guidance of Prof. Ramesar," said James.

The study engages the Global Initiative for Neuropsychiatric Genetics Education in Research (Ginger) upskilling programme.

"[It] is a capacity-building programme aimed at training young researchers in genetics studies. [We offer] multisite collaborative research papers and authorship opportunities for those working within and associated with the study."

In accepting the award on behalf of the study, Dr Karestan Koenen, a principal investigator for the study and professor of psychiatric epidemiology at Harvard, said their goal was to do a psychiatric genetics study at scale in Africa and based on principles of equity.

"That meant that we were doing capacity-building and engagement from the beginning, along with the research. We decided to do it big, so we are across four countries.

"With the Ginger project, we have been mentoring and training fellows from all the institutions. This is with the goal that they will lead the analysis when we introduce the data," said Dr Koenen.

And there are plans for the study sample to grow.

Source: UCT News, 26 October 2021.

Violence against women and children – the health sector's role

Brandon Ferlito, *bioethics researcher, SAMA Knowledge Management, Research and Ethics Department*



Additionally, the rate of VAWC in SA is among the highest in the world. According to police statistics, more than 2 700 women and 1 000 children were killed in the country in 2019.

Effects of VAWC

VAWC has a wide range of health effects, ranging from minor bodily harm to fatal consequences. Post-traumatic stress disorder (PTSD), depression, substance abuse and suicide temptation are also some examples of the psychological impairment caused by VAWC. Unwanted pregnancies, which frequently lead to unsafe abortion, sexually transmitted infections (STIs) and other gynaecological disorders, are among the reproductive health repercussions faced by violence survivors.



Violence against women and children (VAWC) is a severe public health issue that has many societal ramifications. Although all people are vulnerable to violence, women and children are especially vulnerable because they frequently enjoy fewer rights or lack enough protection. This article aims to briefly articulate the role that the health sector can play in combatting and ending violence against women and children in SA.

The WHO defines violence as “the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment, or deprivation”. Sexual violence, intimate partner violence, child abuse and neglect, bullying, teen dating violence, trafficking and elder abuse are all examples of violence directed against women and children.

The majority of VAWC is perpetrated by partners, family members, friends or acquaintances, so that most VAWC takes place in the form of intimate partner violence, family violence or school violence.

VAWC in SA

Violent crimes against women and children in SA have been rising at an alarming rate: one in every two women will be subjected to some type of violence over their lifetime.

VAWC is nevertheless common and under-reported, and victims of abuse are not adequately supported by government and other key stakeholders, such as the health sector. Non-reporting is due to a variety of factors, including a lack of specialised services for women and children who are victims of violence, and a lack of professional services.

The role of the health sector

In a multisector response to VAWC, health systems play a critical role. The health sector ought to be one of the first places where women and children who have been victims of violence can seek help. It can play a variety of roles, ranging from preventing VAWC to responding to it, including advocating for a public health perspective, identifying and providing comprehensive intervention programmes and developing, implementing, monitoring and evaluating VAWC prevention programmes.

However, the health sector cannot respond to VAWC on its own. The WHO, in its global action plan to address VAWC, proposes four strategic directions to aid the health sector in responding to VAWC. These are as follows:

(i) Strengthening health system leadership and governance: this strategy approach involves measures such as advocacy within the health system and across sectors, policy development and execution, financing, including budget allocations, regulation,

policy and programme oversight and accountability and improving co-ordination with other sectors.

(ii) Strengthening health service delivery and health workers'/providers' capacity to respond: this strategic direction includes activities such as improving service infrastructure, referrals, accessibility, cost, acceptability, availability and care quality.

(iii) Strengthening programming to prevent interpersonal violence: this strategy direction covers both direct violence prevention actions that the health system can take, such as identifying people at risk and carrying out health promotion activities, as well as multisectoral violence prevention actions in which it can participate.

(iv) Improving information and evidence: actions relating to epidemiology, social science and intervention research, better surveillance, including through health information systems, and programme monitoring and evaluation are all part of this strategic approach.

An effective health sector response to violence against women and children can contribute to the eradication of what has been described as a pandemic in SA. As a uniquely positioned sector in society, the health sector can play a vital role in a multisectoral response to VAWC that is consistent with the promotion and protection of human rights.

References available on request.

Community health workers can help SA women with perinatal depression

Thandi Davies, post-doctoral research fellow, Alan J Flisher Centre for Public Mental Health, University of Cape Town

Depression is defined by symptoms such as persistent sadness, low mood, sleep disturbances, low energy and feelings of hopelessness. The condition is universal and can affect anyone. However, certain people are more vulnerable or at risk of experiencing depression. Poverty and trauma are among the risk factors.

Pregnant women and mothers of infants are also at higher risk of experiencing depression. This is because of the increased pressures they face economically, in their relationships, with their families and socially. Maternal depression has negative impacts on infant growth and nutrition.

Research done in Khayelitsha, a low-income township on the outskirts of Cape Town in SA, found that around 19% of pregnant women experienced depression, and 16% - 35% experienced postnatal depression. This is strongly contrasted with high-income country estimates, where 9% of women experience antenatal and 10% postnatal depression.

The services that should be available to help these women are very scarce in SA. The country's mental health sector has been severely neglected and under-resourced. It receives only 5% of the total national health budget.

One way that has been proposed to help boost mental health services is "task-sharing". This is defined as transferring specific tasks to community health workers with shorter training and fewer qualifications than specialists.

It has shown some promising results so far. But to be effective, it needs to consider how a person describes and understands the causes of depression, what elements of therapy are helpful and how external factors influence the efficacy of counselling and therapy.

For part of my PhD, I examined these considerations in two sub-studies of depressed pregnant women in Khayelitsha.

"Thinking too much"

In the first sub-study, a sample of 34 participants were asked how they would describe depression. They responded with phrases and idioms such as "being stressed", "thinking too much", "feeling sad" and "being afraid".

The women also identified what they said were reasons for their depression. These were



all related to contextual issues, such as a lack of support from partners and family, having an unwanted pregnancy, the death of a loved one, facing poverty and unemployment, thinking too much (a description and a cause) and anxiety around coping with a new baby.

The women's own descriptions of how they felt and why were an important first step in developing a way to help them. A psychosocial counselling intervention needs to acknowledge women's context and address some of the above issues in collaboration with them. The information that the participants provided was used to help to develop a six-session counselling intervention for a randomised controlled trial testing task-sharing for pregnant women in Khayelitsha, with community health workers providing the counselling.

The second sub-study was conducted after the randomised controlled trial was completed. It examined transcripts of counselling sessions from 39 participants in the trial. Each had received six sessions of psychosocial counselling from a community health worker.

Common elements of therapy

The study investigated elements of the counselling sessions that women said had helped improve their symptoms of depression. Participants said they valued their counsellors giving them information on pregnancy, birth and depression (known as psychoeducation). The women appreciated it when counsellors

told them it was normal to feel depression. Counsellors who expressed empathy and showed commitment to the therapeutic process were also appreciated. The women valued the experience of confidentiality and being able to share their problems with someone they trusted. They felt a sense of relief after opening up to someone, and were able to start communicating better. This led to a feeling of connection and hope.

Participants also appreciated the advice that counsellors gave them about their relationships with their partners and family members. Although this is not normally used as a therapeutic technique in counselling, it appeared to help women in this context. Many of these factors have been identified in other studies of the counselling components and techniques that are effective in low- and middle-income countries. The study therefore validates the use of these "common elements" of therapy across a wide variety of counselling interventions.

Social determinants of mental health

The study also revealed social and economic factors that women in Khayelitsha face in their everyday lives that may have influenced how helpful counselling was for them. These included food insecurity, intimate partner violence, economic abuse and alcohol abuse by partners, lack of support from partners, HIV/AIDS and continuously occurring traumatic events.

Although women said counselling from community health workers was helpful in many ways, these social and economic factors had a negative impact on the short- and long-term effectiveness of the counselling for them.

The study therefore recommends that psychological interventions should include elements that try to address some of the social determinants of mental health. Strategies to deal with intimate partner abuse and to build economic skills would be examples.

The findings also support the provision of a basic income grant for all unemployed people.

This would assist in reducing anxiety for women around obtaining food and other things they need for physical and mental wellbeing.

Looking ahead

In summary, this study highlighted the importance of addressing depression and anxiety for pregnant women and mothers of young children, using locally relevant descriptions of depression and addressing the causes identified.

Employing community health workers to provide counselling helps women to some extent, and reduces the burden on specialists

in the public mental health sector. But sufficient training and consistent supervision are essential to equip these health workers with appropriate counselling skills.

Interventions to assist depressed pregnant women also need to use techniques and strategies that consider the very real influences of poverty and related trauma on both depression and on counselling effectiveness.

Source: The Conversation, 24 October 2021: <https://theconversation.com/community-health-workers-can-help-south-african-women-with-perinatal-depression-170031>.

Workplace law and mental health

Bertha Shabangu, *legal advisor, SAMA Employee Relations Department*



The law regarding mental illness in the workplace

SAMA's Employee Relations Department deals with disputes emanating from the workplace, and in some cases, these disputes result from conduct caused by, to some degree, issues of mental illness. A doctor may, during the course of performing his or her duties, make a medical error because of extreme burnout or depression. In some instances, doctors are stressed out to the extent that they reach a total blackout, which then prevents them from duly performing their duties. This can without doubt be dangerous to both the doctor and patient. Mental health issues are also evident in other forms of misconduct such as acts of gross insolence, emotional and sometimes violent outbursts, gross insubordination or irrational behaviour.

Mental health issues have been regarded as a matter of ill health or incapacity, as stipulated by the labour appeal court in *Independent Municipal & Allied Trade Unions v Witzberg Municipality* (2012) 33 ILJ 1081 (LAC), where mental illness suffered by the employee was categorised as an issue of incapacity due to ill health. The same court in *New Way Motors & Diesel Engineering (Pty) Ltd v Marsland* (2009) 30 ILJ (LAC) considered mental illness a disability. This may be confusing, but it goes to show how serious an issue mental illness is, and if left unattended, it may lead to fatality or even loss of employment. It therefore remains the duty of the employer to ensure that there is provision of protection and support to employees suffering from mental illness.

Employees should, however, also be open with their employer about their mental health issues, and not fear stigma.

As mentioned, employees do at times commit various forms of misconduct due to mental illness issues, and this conduct may lead to dismissal. In a recent labour court matter in *Jansen v Legal Aid South Africa* [2019] JOL 42192 (LC), the court dealt with the dismissal of an employee who suffered from a mental condition of which the employer was aware. In this case, the employee was dismissed for misconduct in circumstances in which his acts of misconduct were inextricably linked to his mental condition.

Stay safe, and remember that your health matters

The labour court found that the employer in this case was under a duty to reasonably accommodate the employee. The court also found that the employer failed to comply with its duty, and that, rather than dismissing the applicant for misconduct, the employer had a duty to institute an incapacity enquiry.

The court found that the dismissal of the employee was automatically unfair in terms of section 187 (1)(f) of the Labour Relations Act No. 66 of 1995 (LRA), and that the employer had unfairly discriminated against the employee in terms of section 6 of the Employment Equity Act No. 55 of 1998 (EEA).

It is the end of the year, finally. It is usually at this stage of the year that many employees feel the effects of what, this time, has seemed to be the longest year yet, and therefore feel fatigued, burnt out, stressed or depressed by a number of things, including work. Stress, depression and burnout are among the most common mental health issues. When an employee suffers from mental illness in a work setting, decreased productivity and an increase in absenteeism due to sickness, and at times compromised workplace safety, are apparent. The WHO conducted a study in 2014 illustrating that by 2020, depression will be a primary contributor to the global health burden. Unfortunately, many employees prefer to suffer their mental health problems in silence, because of the fear of being victimised. This article is aimed at informing doctors about the laws with regards to mental health, particularly in the world of work.

Employees suffering from mental illness should enjoy the same protection from the employer as any other employee. They should not be unfairly treated, and should enjoy the rights provided for in terms of the LRA and EEA.

Mental health issues affect physical health

Mental health issues such as, among others, anxiety disorders, including panic disorder, obsessive-compulsive disorder and phobias, depression and bipolar disorder undoubtedly affect physical wellbeing. This physical aspect will therefore also affect one's ability to perform employment contractual issues relating to the workplace. Therefore, mental health is important for physical health.

An article by Dr Ali Hamdulay, a general manager in the Health Provider and Policy Unit at Metropolitan Health, states that despite increasing evidence of the connection between physical health and mental distress, when both mental and physical problems co-occur, doctors usually tend to focus on the physical

problem. This often means that the mental health issue remains untreated. Patients also ignore or downplay mental illness. According to the SA Depression and Anxiety Group (SADAG), less than 16% of sufferers receive treatment for mental illnesses. However, when mental health issues are addressed, many patients report improvements in their physical health. This is worth noting.

Conclusion

In light of the above, it is important to note the following:

- Whenever an employer is faced with an employee who suffers from mental health issues, the employee should be provided with much-needed and necessary support as far and reasonable as possible. The support may extend to the employer investigating so as to establish measures that may assist the affected employee, or to adapt the working environment where necessary.
- Throughout the process of investigating and having discussions with the employee, the employer should establish whether

the illness is temporary or permanent, and if there are any alternatives to avoid a dismissal.

- The *audi alteram partem* rule should be applied during the investigation process, such that the employer should always provide the employee with an opportunity to state his or her case. This forms part of efforts to avoid an unfair dismissal.
- In the absence of any alternative, and after due consultations have taken place, the employer may dismiss the employee for incapacity due to ill health.

The aim of this article is to inform the reader about mental health in the workplace, but also to encourage employees to speak up about their mental health issues to enable employers to at least try to assist where possible. This is part of creating a safe working environment.

Stay safe, and remember that your health matters. For any employment-related queries, SAMA members may get in touch with the Employee Relations Department by sending queries to labour@samedical.org.

Unpacking ethical behaviour and solutions to rooting out fraud, waste and abuse in the healthcare industry

The Board of Healthcare Funders

Fraud, waste and abuse (FWA) is a cancer that needs to be cut out of the healthcare industry, the Board of Healthcare Funders (BHF) heard during a dialogue on the issue.

Healthcare leaders participating in the recently held BHF dialogue agreed that this could be achieved by prioritising patients and implementing ethical behaviour, and through the use of technology.

FWA is a contentious issue in SA, as evidenced by the ongoing debate on the interpretation of section 59 of the Medical Schemes Act No. 131 of 1998, highlighted during the Council for Medical Schemes (CMS)-led section 59 investigation, as well as through a recently launched court process, with papers served on medical schemes challenging the Constitutionality of section 59(3) of the Act. This section of the Act deals with deductions of claimed losses from

money owed to health practitioners for services provided to a scheme's members.

BHF is of the view that this could have unintended consequences. According to a legal opinion from the BHF, the reversal of claims is a norm in the industry, and there is nothing unlawful about it – it simply allows a medical scheme to recover money that it has paid in error.

"If section 59(3) is declared unconstitutional, then medical schemes would have to take longer than 30 days to process claims. The level of scrutiny would have to be increased dramatically in advance, even for non-problematic claims," the legal review opined.

"It would be catastrophic if medical schemes could not reverse claims paid out accidentally. This would also make the administration process for medical schemes very difficult."



Dr Katlego Mothudi, managing director, BHF

While litigation is never pleasant, and is costly, it gives schemes the opportunity to defend themselves against such cases.

"Medical schemes should see this court case as an opportunity to explain how they work, and to defend themselves against these allegations," the opinion explained.

The opinion is also of the view that the issue of ethics is not clear cut.

According to Dr Katlego Mothudi, managing director, BHF, there is power in collaboration. It can play an important role in exposing FWA in the healthcare sector.

Dr Mothudi gave an account of an investigation the BHF is participating in in collaboration with the Special Investigations Unit (SIU) as part of the Health Sector Anti-Corruption Forum (HSACF). The matter involves allegations of FWA against the Pretoria Eye Institute, sparked by a whistleblower report citing gross misconduct by the institution.

The main allegations against the facility include submission of claims for services that were not rendered, fraudulent billing of medical schemes and the use of practice numbers registered for another facility. Entities participating in the investigation include the BHF, the Directorate for Priority Crime Investigation (DPCI), the South African Revenue Service (SARS) and the HPCSA.

The HSACF was set up by the SIU to combat FWA in the health sector, and is co-ordinated by a steering committee made up of various state and private sector entities. When whistleblowers submit allegations of fraud and corruption, the HSACF engages the relevant stakeholders to investigate the allegations, Mothudi explained.

"The unfortunate reality is that money that is lost through FWA is that which is meant for patients and for treatment of diseases," he said.

Josua Joubert, CEO and principal officer of CompCare Medical Scheme and deputy chairperson of the BHF, was quick to point out that not all providers are unethical. "Although

About the Board of Healthcare Funders

The Board of Healthcare Funders (BHF) is a representative body of the healthcare funding industry. Its motto is "Serving medical scheme members", which guides its work. The organisation aims to ensure the sustainability of the healthcare sector by enabling medical schemes, administrators and managed care organisations to provide accessible, affordable, quality healthcare to their medical scheme members. BHF members include medical schemes, administrators and managed care organisations throughout the Africa region. The BHF currently has membership in SA, Lesotho, Zimbabwe, Namibia, Botswana, Mozambique, Malawi and Eswatini.

incidences of fraud do occur, it is important to point out that not every provider is bad or trying to rob the system. Most providers are ethical, and this should be recognised," said Joubert.

Mothudi's overarching message was about collaboration and health sector partners exchanging ideas on how to better approach and deal with FWA.

The utilisation of big data and technology was also highlighted as an effective tool for FWA investigations.

According to Jan Bezuidenhout, founder and data scientist at RiskCede, through machine learning, big data allows the industry to separate large transactions or claims and determine which are fraudulent and which are legitimate.

"Machine learning is a collection of algorithms used to learn from large amounts of data using various models. The machine is essentially learning how to make predictions using supervised learning, big data and the results of what happened in cases where fraud was detected or where claims were legitimate," Bezuidenhout explained.

Big data analytic models in the FWA area produce both false positive and false negative results. When assessing false positive results, consideration is given to the cost of further investigation of the false positive result, as well as potential reputational harm. It is worth noting that investigating false positives is an expensive process.

When assessing false negatives, one looks at the cost of continued losses due to FWA, which can be worse than a false positive. An example is paying out a claim that was not supposed to be paid. The cost of false negatives may be quite high. When calibrating this analytic model, one must look at both false negatives and false positives and determine the optimal model results.

The BHF has already gathered this big data and put it to good use. "The BHF has collected scheme data and shared it with the community, and it has also collected data on COVID-19 treatment and shared it."

Vishal Brijlal, executive director of the Clinton Health Access Initiative, pointed out that certain decisions that providers make, knowingly or unknowingly, could result in FWA.

"A major topic of discussion in the past has been the prescribed minimum benefits (PMBs) in relation to providers diagnosing depression and bipolar disorder. The professional's attitude was to protect the patient financially by diagnosing depression rather than bipolar disorder simply because depression was a PMB," he explained.

According to Brijlal, putting the patient first and acting ethically are essential components of providing quality care. "My definition of ethical behaviour is health-seeking behaviour combined with clinicians responding to patients' demands without bending the rules," he concluded.

Letters to the Editor

The *Letters to the Editor* page aims to give members the opportunity to comment on, query, complain or compliment on any matter, topic, incident, event or issue in their particular field or with regard to general healthcare, which you feel should be shared with your colleagues and fellow readers.

Please note that letters:

- should be no longer than 500 words
- can be published anonymously, but writer details must be submitted to the editor in confidence
- must be on subjects pertinent to healthcare delivery
- should be submitted before the 6th of the month in order to be published in the next issue of *SAMA Insider*.

Please email contributions to: Diane de Kock, dianed@samedical.org.



No fundoscopy, no defence

The Medical Protection Society shares a case report from their files

Miss Z, a 17-year-old student, visited Dr B at the end of the summer term of school after a stressful exam period. She was feeling generally unwell, with a sore throat and some vomiting. Dr B reassured her that she was probably run down following her exams, and she was likely to have picked up a virus. She had planned to go to the USA with her family over the summer, so he advised her to return to the surgery if her symptoms persisted when she came home.

A month later, Miss Z felt no better and returned to the surgery, this time seeing Dr Q. She complained of ongoing nausea, neck pain and headaches. She had also noticed that her vision was “blinking out” every few days. Dr Q documented a normal pulse and blood pressure and noted “normal cranials”. Miss Z did not recall an eye examination taking place; however, Dr Q maintained that fundoscopy would have been part of his cranial nerve examination. He arranged some blood tests and a review with the results.

The bloods were all normal, and Miss Z was not seen again for a further 2 months. She again consulted Dr Q, this time complaining of weight loss along with a persistent sickly feeling. She was also experiencing visual loss on a daily basis. No record was made in the notes. Further blood tests were arranged.

Over the next month, Miss Z consulted Dr Q twice, and on both occasions the weight loss was the focus of the consultations. Dr Q attributed the symptoms to stress, as deadlines for coursework were looming. On their last meeting, Miss Z complained of vacant episodes where she described a complete loss of vision. This prompted Dr Q to make an urgent referral to the local neurology service, but there was no documentation that an eye examination was performed.

After 5 days of waiting for the neurology appointment, Miss Z was taken to an optometrist by her mother due to ongoing visual disturbance. The optician found severe optic neuritis in both eyes, complete loss of disc margins and tortuous blood vessels with dot haemorrhages. An urgent referral was made to ophthalmology.

Dr Q received a phone call from the optician to expedite the referral during his busy on-call. He had several home visits



Learning points

- As ever, clear documentation of a consultation is essential. Your standard of note-keeping says a lot about your practice. If you can demonstrate that your notes are generally of a high standard, it may assist you if you have not mentioned something in the notes.
- If Dr Q had recorded the patient to have “no visual disturbance” and later “normal fundoscopy”, that would have been more convincing than no mention of symptoms at all, when the patient clearly recalled reporting problems.
- Fundoscopy is an essential examination, and can assist in the diagnosis of many diseases. In this particular case, early fundoscopy could have prevented loss of vision. Experts commented that if Dr Q had carried out fundoscopy in his initial consult (as he said he did as part of a cranial nerve exam), then he failed to identify papilloedema, as it is likely to have been present at this time.
- If you do suggest that a patient consults an optician to obtain a more thorough and immediate check-up, you should ensure that safety-netting is in place by arranging a follow-up consultation.

and admissions, so it was a day later when he managed to write the referral letter. He documented that Miss Z’s vision had markedly worsened over the weekend, and after a period of the symptoms all subsiding, she was now waking each day with headaches and nausea.

The next day (17 weeks after first presentation), Miss Z was seen by an ophthalmologist, and an immediate hospital admission was arranged. An astrocytoma of the third ventricle was diagnosed, and a shunt inserted that day to relieve the pressure. The tumour was subsequently excised. However,

despite resolution of the papilloedema, her vision deteriorated further. She was left with perception of light in the left eye and movement vision in the right, and registered as severely sight-impaired.

Expert opinion

Expert opinion agreed that the delayed referral led to Miss Z’s visual loss. If an appropriate referral had been initiated when the visual symptoms were first described, then it is likely that significant loss of vision would have been avoided. The case was settled for a high sum.

The riddle in the raid by the HPCSA

Thandi Molaba, Unity Ramaifo, associates under supervision of director Jerry Mayaba, MacRobert Attorneys

There has been a recent hike in the number of “raids” conducted by the HPCSA, investigating complaints lodged against medical practitioners. These “raids” or inspections are purportedly done in terms of section 41A of the Health Professions Act No. 61 of 2003. Here is what you ought to know when they come knocking at your door.

Section 41A(1) provides that the registrar of the HPCSA may, where necessary, in order to establish more facts, appoint an officer of the professional board as an investigating officer for the purposes of investigating a complaint.

Section 41A(2) further provides that the registrar may appoint “any person”, other than a member of the professional board, who is not in the full-time employment of the professional board, as investigating officer for a “particular investigation”, or to assist the investigating officer contemplated in subsection (1) with a particular investigation.

Such appointed person is issued with a certificate in accordance with section 41A(4), confirming that (s)he has been appointed to investigate or to assist with that particular investigation. It goes without saying that a certificate must be issued in every instance where a complaint is being investigated in terms of this section. The certificate should identify the complaint, state details of the investigating officer, details of the registrar, date of appointment and whether the appointment is in terms of section 41A(1) or (2).

Fair and just investigations must be the order of the day

The investigating officer is empowered by the Act to consult with or seek information from any person, including the person against whom the complaint has been lodged. One manner in which these investigations are conducted is by way of search and seizure. This manner of investigating is obviously intrusive in nature, and is therefore riddled with controversy, and at times involves flouting of



Two doctors arrested during raids on surgeries (pic HeraldLIVE)

the rules. It is, therefore, advisable to acquaint yourself with the correct procedure for search and seizures by the HPCSA.

Section 41A(6) of the Act regulates the way in which search and seizures are conducted. This section empowers the investigating officer to request any person to produce any article that relates to the complaint being investigated. There must be reasonable grounds to believe that such an article is on the premises being searched. The section further requires the investigating officer to apply to a court for a warrant to conduct the search and seizure. In applying for the warrant, the investigating officer must indicate whether the assistance of police official(s) is required or not, and if so, provide the details of such officials.

Of importance to medical practitioners and the general public is section 41A(6)(g), which empowers any person whose premises is being searched to demand from the investigating officer and/or police official(s) a copy of the warrant. One should also be sure to demand,

from the investigating officer, a certificate of appointment provided by the HPCSA conferring authority to investigate the specific matter. Do not accept a general appointment card as valid from an HPCSA official.

One must also be on alert as to whether the warrant used to conduct search and seizure has been properly obtained. A proper warrant must specifically detail the following, among other things:

- details of the complaint
- the purpose of the search
- the premises to be searched
- the article(s) to be seized
- the name of the investigating officer and/or police official(s), if any
- powers of the investigating officer(s).

It is important that these searches are conducted in a just and dignified manner, in order to ensure that the rights of involved parties are preserved. Fair and just investigations must be the order of the day.

Doctors' tea room gets face lift

The Free State branch decided to give one of the doctors' tea rooms at National Hospital a face lift. The honorary secretary Dr Chantelle van der Bijl indicated: "The doctors must be cherished and looked after, as they are doing a very tiring job!"

Dr Sunè Geldenhuys, specialist family physician, assisted enormously with the renovation, and mentioned that together with the sponsorship from SAMA, the tea room has been repainted, and now has beautiful curtains and appliances (coffee is an essential!). "This helps working relationships with colleagues, and also provides a beautiful space to unwind after a stressful day."



Dr Mahmoud Malek (clinical manager of National District Hospital, Bloemfontein) and Dr Sunè Geldenhuys (specialist family physician, National Hospital)

Introducing SAMA to final-year students

The SAMA Tygerberg branch were invited to attend and participate in an event for the final-year medical students at the Clinical Building medical campus, Stellenbosch University on 25, 27 and 30 October this year.

Three speakers from SAMA presented over the 3 days on the advantages of SAMA membership, and introduced the association to the students. Dr Sharon Harbor spoke about SARA, Dr Sazi Nzama about JUDASA and Ruan Vlok from the SAMA industrial relations department assisted students with relevant questions after his presentation.

The event was well attended by most of the 310 final-year students.



Dr Sazi Nzama spoke about JUDASA



Ruan Vlok and Dr Sharon Harbor



The presentation was well attended

Dr Craig Parker wins BCB Local Hero Award

On Saturday 13 November, Border Coastal branch hosted its 2021 Local Hero Award ceremony at the Frere Hospital in East London. The event was attended by colleagues and friends from Rotary.

The worthy winner was Dr Craig Parker, who invented the OxERA device, which was instrumental in saving lives and bringing relief to many patients during COVID-19. In his motivation, Dr Cheree Goldswain said, "Craig Parker has been an inspiration during the pandemic for the following reasons:

- He was the main inventor of the OxERA device, which has been an important oxygen delivery device in resource-constrained areas. His background as an engineer helped him come up with the idea behind the device, which essentially helps with delivery of higher concentrations of oxygen, which provides positive end-expiratory pressure without using large amounts of oxygen.
- He has founded a company called Umoya and put together a team of people who have been instrumental in distributing OxERA devices and helping rural hospitals in the Eastern Cape access oxygen (which is incredibly difficult to source/replenish in rural areas).
- At the beginning of the first COVID wave in 2020, he started a movement on social media called #ICanHelp. He managed to get a few willing volunteers together to mobilise the community to help Frere and Cecelia Makiwane Hospitals in various ways. Members of the community volunteered time, money and goods in order to help these hospitals cope with setting up COVID wards and screening areas.
- He is always willing to help nurses and medical staff in whatever way he can. He



At the award ceremony, from left to right: Dr Zuki Jafta (treasurer), Dr Stacey Rossouw (vice-chair), Dr Craig Parker, Dr Mzu Nodikida (chairman), Dr Madeleine Muller (RUDASA representative), Dr Simon Comley (JUDASA representative)

treats his patients with respect, and goes above and beyond to help others. He has been a valuable member of the COVID teams at Frere and Cecelia Makiwane Hospitals, and is a consummate professional who is always approachable and willing to try to help in whatever way he can."

Dr Simon Comley introduced Dr Parker at the event, saying, "Dr Parker has been an exceptional, generous and knowledgeable force during the COVID pandemic. He was an integral part of the #ICanHelp initiative along with some other East London locals – this group organised funding for charities and initiatives to support people and organisations during the pandemic, and especially during the particularly hard-hitting first

wave. His involvement in the initiative saw him and the group organising donations to hospitals of PPE, linen, sewing scrubs and extra theatre gowns for nursing staff and doctors.

"Dr Parker also assisted with physically manning the COVID wards during the height of the pandemic, when stress on the medicine department at Cecelia Makiwane Hospital led to short staffing issues. He assisted the team there along with some of the other anaesthetic team from Frere. They helped educate others about COVID and demonstrate how to appropriately don and doff PPE.

"But most importantly, Dr Parker did all of this, during all of the stress, with a calm confident friendliness and guidance that was tremendously appreciated."

Free State branch host successful intern function

Free State branch hosted a very successful and well-attended intern orientation event at the PPS Office Block in Bloemfontein on 28 October 2021.

Dr Elbe Top, Free State JUDASA representative, delivered a presentation on SAMA member benefits, and spoke about the

importance of joining SAMA, and Dr Chantelle van der Bijl, a specialist family physician, enlightened the intern doctors on a clinical topic: "Preventing burnout, protecting your mental health".

More than 80% of the intern doctors present joined SAMA.



Dr Elbe Top speaking to the intern doctors

SAMA at Mediclinic CPD event

SAMA was invited to attend a CPD meeting hosted by Mediclinic Highveld on 13 November at Willow Creek in Trichardt Secunda, Mpumalanga.

Dr William Oosthuizen (SAMA legal department) presented on "The POPI Act and your practice", and was ably supported by Tebogo Sanyane (member engagement department), Alfred Chumu (employee relations department) and Sarah Molefe (Eastern Highveld branch senior administrator).



Tebogo Sanyane talking about the SAMA brochure



Tebogo Sanyane and Alfred Chumu at the SAMA table



Dr William Oosthuizen's presentation

Tembisa recruitment drive

The Eastern Highveld and Gauteng North branches hosted a recruitment drive at the Tembisa Tertiary Provincial Hospital on 12 October and 2 and 3 November 2021.

This was an opportunity for doctors to sign up as new members, or to check their membership status.

"The recruitment drive allowed SAMA to focus on sharing information with all the doctors, and to encourage them to note that SAMA is the only representative body that will advocate for all their needs," said Sarah Molefe, Eastern Highveld branch administrator.



Dr Palesa Manyake and Richard Matambo (SAMA finance manager)



Sarah Molefe, Bertha Shabangu (employee relations acting HOD) and Dr Mbeleki (clinical manager)

Welcome to SAMA

SAMA welcomes the following new members who joined our association in October and November

Border Coastal

Yonwabani Mtyaphi
Ted Odede
Priyanka Sarkar
Daniel Snyman

Cape Western

Uzair Munshi
Nabeelah Jacobs
Jandri Rossouw
Mogammad Rahbeeni
Annemarie Jacobs
Chanel Smailes
Vanya Conradie
Asma Adam
Michael Speelman
Tanweer Charles
Jana Grobbelaar
Sunita Potgieter
Nuraan Mallie
Reinhardt Venter
Daniel Joubert
Anel Matthysen
Nabeelah Mahatey
Ammaarah Allie
Ian Olivier
Zara Kavalieratos
Jehan Arnold

Eastern Highveld

Blessing Mapfumo
Thabo Seshoka
Zakaria Ismail
Amukelani Malabi
Claude Byron

Eastern Province

Jithan Koshy
Anna Challis
Kyla van Wyk
Logan Hartley
Zukhanyo Hlazo
Zoe Williams
Megan Venter
Kelsey Rohrer
Rumaisa Bhayat
Anita Ellary
Bubele Vimba
Sinhle Nyalunga
Keagan Brown
Samantha Snayer
Raheema Adam
Kofi Nyarko
Jodi Goldberg

Free State

Bhekithemba Shazi

Teboho Skhosana
Tshepo Mpelo
Michael Slabbert
Xouswa Shangase
Gciniwe Mkhwanazi
Dimpho Tjemolane
Nelize Venter
Ezekiel Litheko
Amorie Joubert
Kabinyane Letsoara
Lezanne Lategan

Gauteng

Umera Tahir
Sandhya Ramcharrun
Bryn Mahumani
Zandi Cawe
Sabeeha Suleman
Ama Boahe
Reuben Ras
Christiaan Kleynhans
Raessah Khan
Malesela Legodi
Munashe Ncube
Valencia Xwazi
Tali Druker
Anthony Ngoi
Nomvuyo Manyatsi
Naledi Mathibe

Gauteng North

Sarita Louw-Coetzee
Dijeng Mabaso
Vuyokazi Ulana
Elizabeth van Straten
Sachin Bhoora
Katekani Ngobeni
Peggy Seakgne
Mbali Mangomezulu
Mpumelelo Mkhonza
Khumbuzile Mtsweni
Samukelisiwe Zondo
Elaine Pienaar
Lisa-Marie Louw
Tasneem Atia
Chandre Bosch
Yolandi Meyer
Arauna Liebenberg
Suné-Mari Momberg
Tsakane Matjeke
Thabang Makale
Nosreen Ebrahim
Hajira Sikander
Muhammad Noormahomed
Gabriella Kwant

Abdul Moosa
Bilal Dawood
Matshepo Gae
Anelle Osborne
Werner van der Merwe
Wernich Kachelhoffer
Medeleine Prat
Jacobus Fourie
Precious Molefe
Suzanne Marsay
Mabongi Nyalungu
Chane Stoffberg
Mojadibodu Hendrick
Francois du Toit
Dineo Mashigwane
Monique Lewis

Griqualand West

Realeboga Mothupi
Matthew Harrison

KZN Coastal

Kgomotso Mosome
Shrivaan Ramkilawan
Nosipho Xulu
Yasteel Nandlal
Yukta Reddy
Areeya Nowrothan
Nokwanda Mthembu
Direndra Rajaruthnam
Niksha Mothilal
Thembekani Mashazi
Mondli Memela
Mohammed Joosab
Dumisa Nzama
Siphelele Nashwa
Danelle Thambiran
Tatum Damons

KZN Midlands

Mncedisi Zulu
Lehlohonolo Seithleko
Nolusizo Sikhakhane
Stanford Tibe
Thandeka Magubane

KZN Northern

Thuthuka Khumalo
Ntuthuko Mabaso
Andiswa Dlamini
Diederick Viljoen

Limpopo

Khodani Nemandodzi
Kwena Choshi
Roelof Neuhoff
Princess Maloka
Mukondeleli Mamali

Montell Baloyi
Rorisang Mphahlele
Mpho Mathe
Tracy Madima
Tlou Moloto
Nishal Kalan
Tumelo Ratladi
Sejabaledi Kganyago
Molobane Masokameng
Thakgiso Montjane

Lowveld

Nhlonipho Mndawe
Lindokuhle Sambo
Kyle Gilday
Thembelihle Nyathi

North West

Maesadi Moleofi

Outeniqua

Stephanie-Lynn Jacobs
Kyle Goosen

Transkei

Phelokazi Mnganyana
Rudy Kasumbi
Mzukiseni Mkhwanazi
Sinelethu Ngalonkulu
Yolanda Madikizela
Siyakudumisa Mtshengu
Paul Chungg Anye
Jithin Mathew
Lizo Mdolo
Odwa Yekani
Bathini Gqwaru
Sahlulelo Magadla

Tygerberg Boland

Lavinia van der Linde
Hildegard Roberts
Nabiha Seedat
Theodorus Faure
Regardt Steyn
Michael Schmidt
Robyn Paulse

West Rand

Asanda Mhlongo

Unattached

Sinamuva Shange
Mbalentle Mjomle



LocumBase: You put the essence in essential

Are you a practice owner looking to take a much-needed break? Or are you a retired medical professional looking to work in your spare time and earn an extra income?

You are in the right place! But first, let's resolve some questions you may have.

A Locum is a freelance medical professional who works in their field of expertise at one or multiple practices on a flexible basis as an independent contractor. Being a Locum can be fun and spontaneous, as it provides the opportunity to explore different workplaces, and interact with many different people (co-workers and patients).

Let's cover four myths about the Locum lifestyle:

The Locum lifestyle is unpredictable and unstable: Since Locums are the ones who determines when and where they work, they are in the driver's seat of their schedule. Locums can create a consistent yet flexible schedule that suits their ideal lifestyle. Whether it is a preference to stay in a particular city or to take on a travel Locum assignment, choices are available. There is a growing demand for Locums in all areas of the medical field across the country, especially in light of the current pandemic.

Note: LocumBase provides a calendar for our Locums to set their work schedule and be in control of when and where they work. It is a perfect balance of freedom, flexibility and stability.

Locums are not paid well: One of the biggest myths that drive medical professionals away from becoming Locums is the idea of taking a decline in income. Locums are independent contractors who are paid hourly. This means that they receive more than full-time medical professionals by the hour.

Note: LocumBase puts the power in the Locum's hands, and can help you kickstart your Locum journey by providing a recommended market-related guideline to decide and set your rates for Locum assignments.

Locums are unable to build a rapport with their patients: Locums are hired as medical professionals, so usually are released from the associated admin and paperwork that would usually take up a permanent staffer's time. Thus Locums are given more quality time to spend with their patients. With recurring Locums at a consistent location, it is also an opportunity to develop lasting relationships with patients.

Note: LocumBase allows for regular weekly and monthly bookings to be maintained at the click of a few buttons when the care capacity is required. This allows for building relationships between practices and Locums, as well as patients. As a practice, you can also book more than one Locum at a time, as well as encourage your favourite Locum to sign up to LocumBase so you can find them when you need them.

Locum assignments do not create a strong resumé: Many assume that jumping from assignment to assignment will make their work experience look less appealing. In fact, the resúmes of Locums are often more attractive to employers, as they show that the doctors are adaptable, with a high level of commitment to their professional development. They also show that the Locums have experience from being exposed to different approaches to practices, as well as working with different medical record systems.

Note: LocumBase Locums and practices are encouraged to set up detailed and visible profiles on the LocumBase platform, allowing for transparency in the booking process. These profiles include a short biography, work history and key skillsets that provide value for clients.

Join the Locum revolution today, and Locums can sign up for free on <https://auth.locumbase.com/signup> to use our premium platform.

Practice owners can take advantage of their SAMA member benefits and save 25% on the pay-as-you-go booking option or Pro Practice package. You can find our pricing options at https://www.locumbase.com/pricing?utm_source=DigitalMag&utm_medium=SAMAInsider&utm_campaign=SAMA_October&utm_id=SAMA_+October&utm_term=SAMAInsiderOctober.

We look forward to welcoming you to the LocumBase family and are happy to help with any questions you may have.

Contact us at hello@locumbase.com or give us a call on 021 201 7390.

Our founder and CEO Zulé Vuuren says: "We are striving towards a healthcare sector where continuous quality care can be ensured by distributing the necessary healthcare skills to where and when they are needed most." You can find out more about LocumBase by visiting us on LinkedIn: <https://www.linkedin.com/company/locumbase>.

REFRESHED AND READY FOR 2022!

**Feel like extending your holiday break this
Festive Season?
LocumBase has your back!**

Sign up to our **Pro-Practice package** and take advantage of your **SAMA member** benefits and get **25% off your annual subscription instantly.**

Book a **Locum** for your **Practice** online at **www.locumbase.com** and ensure that your practice runs smoothly while you are away.



LocumBase.com

WE WOULD LOVE TO HEAR FROM YOU!

Contact us via **WhatsApp** for Business on **079 013 3962** or email
one of our client success advisors at **hello@locumbase.com**





THE WHO, WHAT AND WHERE OF HEALTHCARE

Are you on Medpages? Why you should check your Medpages profile

The SA healthcare industry is large, diverse and growing. Doctors and healthcare professionals depend on fellow practitioners, specialists, pharmacists, insurers, drug companies and other suppliers. Everyone finds it hard to keep up with all these contact and professional details.

Medpages is the single largest listing of healthcare providers (HCPs), facilities and suppliers in Africa. Every month, thousands of people consult Medpages to find a doctor, pharmacist or clinic near them. Doctors and other HCPs, medical aids, professional bodies and suppliers use Medpages as their trusted source of contact details, which they use for referrals, communications, payments and things such as CPD announcements. Medpages is a key enabler of the healthcare industry.

Why it's important for your information to be correct

The first printed Medpages directory was published in 1996. It is now an online digital service, which is the single most trusted source of contact and professional HCP information in Africa.

Medpages has more than 500 000 active HCP listings, who share their professional information so that prospective patients can find them, and their colleagues and others in the industry can contact them easily. Patients, pharmacists, suppliers and other doctors depend on its accuracy: it is now everyone's

go-to contact list. Medpages is the who, what and where of healthcare.

As a doctor and HCP, it costs nothing for you to be on Medpages. So it's important to check that your Medpages details are right, and update anything that has changed, so that you benefit from the exposure and traffic generated by the thousands of daily searches made by the public looking for healthcare services.

The Medpages directory

Over 830 000 people used Medpages as a directory last month. Individuals use Medpages' free search to [find](#) the doctor or healthcare facilities they need. They can search by specialty, province, city or suburb. Our HCP lists include professionals across the full breadth of the healthcare industry, such as medical, dental, allied, hospitals, pharmacies and more.

You can also grow your practice by highlighting your directory listing so that it stands out and attracts more attention. As a special offer to SAMA members, Medpages is offering highlighted listings at a discounted rate for a limited period. Highlighted listings have following benefits:

- additional information – such as specific fields of professional interest and areas of expertise
- Request Appointment feature – this has generated over 116 000 new appointments for highlighted doctors

- website and social media links
- driving patients to your practice with the Get Directions feature
- better search engine optimisation (SEO) – you appear in more search results
- detailed professional biography and services overview and consultation hours included
- add a professional photo or company logo.

[Click here](#) to view an example of a highlighted listing.

Special offer to SAMA members

In partnership with SAMA, Medpages is offering members a Highlighted Listing at the discounted price of ZAR2 000 for 12 months (usually ZAR2 750 – that's more than 25% off). This listing, which will give you an entire year's highlighted exposure on Medpages' directory, is available to all SAMA members with an up-to-date registration with the association. Contact sales@medpages.info, or complete the form [here](#), and we'll call you back.

Data protection and confidentiality

Medpages takes care and pride in being compliant with the Protection of Personal Information Act No. 4 of 2013 (POPIA), which means you can trust us to only collect relevant, professional information, and to protect your privacy. You can find out more about our commitment to this [here](#).



GROW YOUR PRACTICE

by advertising on South Africa's top ranked¹ online healthcare directory

THE MOST POPULAR

with over 830,000 website visitors every month

NEW PATIENTS

visit our website looking for healthcare services

GENERATE MORE APPOINTMENTS

over 116,000 appointments generated to date.

YOUR PROFESSIONAL PROFILE

easily made available online



THE WHO, WHAT AND WHERE OF HEALTHCARE

www.medpages.info

Call us: 0860 10 40 37 email us: info@medpages.info

1. Based on Alexa.com ranking statistics



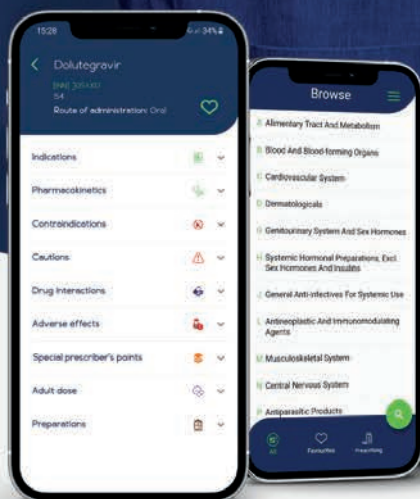
THE GOLD STANDARD OF MEDICINES INFORMATION

Welcome to the future. The SAMF - trusted since 1988 - is now also digital. We are excited to introduce the SAMF App and website, created by Clinical Pharmacology at the University of Cape Town and the South African Medical Association: a game-changer in the field of medicine.

Visit: samf-app.web.app to learn more.
Sales queries: reneeh@samedical.org

Available on the
App Store

ANDROID APP ON
Google Play



Up-to-date, unbiased information in your pocket



Favourites list



Powerful search function



Reviewed by respected
clinicians in their fields



Easy Access



Updated every 6 months



Advert free



Voice search function



Support by the Medicines
Information Centre, UCT



MEDICINES
INFORMATION
CENTRE

Powered by: AVIRO

