



The official newsletter of the South African Society of Psychiatrists - SASOP

SASOP is a member of the World Psychiatric Association WPA

IT IS ALL ABOUT CONTROL NOT BioEquivalence vs Clinical Equivalence!

The SASOP Executive Committee meeting held at the Garden Court Hotel, Kemptonpark 26th March 2009 was like a turning point for SASOP as a whole. Much interaction and debate followed by clear action plans. I will ask the Honorary Secretary to give you an update! Otherwise I am likely to be guilty of sharing gossip!

However, after the SASOP meeting followed another most exciting meeting. This was the meeting organized by the illustrious Ian Westmore that brought the Pharmaceutical Manufacturers and marketers together with SASOP Industry Liaison Committee.

More than 25 persons attended this meeting, some flew in especially to attend it! We had Generic Product Manufacturers, CLONE Product Manufacturers, Originator Product Manufacturers and representatives of the major Pharmaceutical Manufacturer Organizations. The

organizations attending the meeting were: NAPM (National Association of Pharmaceutical Manufacturers); PIASSA, FAMISA and IMSA.

Dr Ian Westmore chaired the meeting and ably steered what often became a very lively argument amongst participants.

Some of the ideas that came out clearly were:

1 Generic Products were preferred and dispensed by the major Developed nations. Between 60% and 80% market share in the United States and Britain respectively was held by generic products. In South Africa, the generic market Share stand at about 35% to 50 %.

2 The WHO and governments accept that the only way to ensure access for patients to health Care and medicines in a cost-effective and sustainable way is for Generic Products to

predominate over Ethical products.

3 It is generally accepted that BIO-EQUIVALENCE equates CLINICAL-EQUIVALENCE! This sticks in the throat; not easy to swallow because Generic Companies have been reluctant to do toe to toe RCT Clinical Trials comparing their new products with the Originator ones they challenge.

4 Regardless of what the Health Care Practitioner thinks or feels about Generics, THEY ARE HERE TO STAY! Doctors have NO CONTROL over drugs!

5 What is required is for SASOP and the Pharmaceutical Industry to cooperate in the best way to improve safety and access for the patients.

6 A call was made for SASOP to encourage its members to participate with the MCC as Evaluators of Medicinal Products.

Newsletter Date

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DISCLAIMER: The ideas presented in the HEADLINE are not the official positions of SASOP but of the correspondent.

The SASOP Exco Introduces Headline Editor- Dr Sue Hawkrige

SASOP Exco received two nominations for HEADLINE EDITOR. The name of Dr.Sue Hawkrige prevailed and was accepted with excitement!

We look forward to

reading the next edition of Headline that she will have compiled and edited.

There remains NO PROOF that SASOP members print and read the HEADLINE! I have over the last 3 months as

Caretaker Editor of SASOP HEADLINE been sorely tempted to introduce and print sleazy and SexCiting material to see what the SASOP membership response might be!

"SASOP is in the business of FIRST Supporting its MEMBERS and then enabling them to provide Excellent Psychiatric Service for ALL."

From Here and There - Medical Issues. . .

State drafts alternative health

(www.sundayworld.co.za)

Chinese herbs, homeopathic tinctures and other alternative medicines will soon enjoy the same status as conventional medicines.

So says Neil Kirby, head of health, pharmaceutical and life sciences at Werkmans, one of South Africa's leading corporate and commercial legal firms.

"There has been a growth of complementary and alternative medicines in the local market," he says. Kirby says this has necessitated the drafting of regulations to control the production, trade and sale of these products. "This growth goes hand in hand with the increase and unregulated trade of healthcare products with other countries. So there is a need for proper control of these medicines."

The proposed regulations are to bring complementary and alternative medicines, known as CAMS, under the control of the Medicines Control Council (MCC) and the proposed South African Health Products Regulatory Authority.

Western herbal medicines, Chinese and homeopathic medicines, flower and germ essences, aromatherapy essential oils, tissue salts and nutritional food supplements will be among the substances affected. But traditional African medicines will not be part of the rules. They will be dealt with separately, says Kirby.

"The MCC has a lot to do. Thousands of items have to be classified and regulated as medicines and scheduled substances," he says.

The range of substances includes those derived from animals such as snakes, turtles and centipedes along with plant-based substances derived from cucumber, garlic, pumpkin, rocket and strawberries, among others.

"The new regime will put demands on the alternative medicine industry, which has been awaiting the latest draft regulations for years," he says.

'There is a psychological problem here' (www.thepost.co.za)

A number of youngsters are becoming paranoid, claiming to have symptoms of meningitis, the Eastern Cape health department said on Wednesday.

"There is a psychological problem here. A number of youngsters come to our centres claiming to have the disease, but it's just paranoia," said spokesman Sizwe Kupelo.

Eleven children were admitted to East London's Frere Hospital on Monday as a precaution following the death at the weekend of a 16-year-old boy from meningitis.

Of the group, nine of the girls were discharged soon after admission, having been pronounced free of the disease.

The other two were both given a clean bill of health on Wednesday, after tests for meningococcal meningitis came out negative. One was discharged on Wednesday and the other would be discharged on Thursday.

"A number of people are arriving at hospitals, demanding medication for the illness, but we can't just dish out medication. What we can do is admit them as a precaution," Kupelo said.

Prophylaxis would be given only to those who had been in close contact with meningitis cases.

There had been only two confirmed meningitis cases in the province this year - the 16-year-old boy and a two-year old girl who died at Frere Hospital on March 14.

Hogan: "Dead minister" walking (www.mg.co.za)

Health Minister Barbara Hogan may face disciplinary action over her public criticism of the government's visa ban on the Dalai Lama -- but she has the support of many in her party.

Several senior ANC members interviewed by the *Mail & Guardian* this week said Hogan's view that the Dalai Lama should be allowed entry to South Africa is shared by "significant numbers in the party". Many were shocked at the government's hard-line stance, they said.

"We were all very surprised at the government's decision. I have great respect for [the Dalai Lama] and I don't understand why he was not allowed," said a senior MP, who asked not to be named.

Another MP said a "significant section" of the ANC agreed that the Tibetan leader should be allowed to come, but added: "People don't fully understand the meaning of the

Why is the MEDIGRAM talking of DEAD HEALTH MINISTER Walking?

realising that the peace icon had been invited and it was he, with Foreign Minister Nkosazana Dlamini-Zuma, who decided that the visa application should be refused. Hogan broke ranks on Tuesday, telling a meeting of the South African National Aids Council in Pretoria that the government should "apologise to the citizens of this country, because it is in your name that this great man, who has struggled for the rights of his country ... has been denied access".

"The visa refusal is an example of a government that is dismissive of human rights," she said.

The Cabinet discussed her comments on Wednesday, deciding that Motlanthe would address the issue with Hogan.

Do you remember what Mr Thabo Mbeki and Manto Shabalala did to Dr Madlala-Routledge?

Strike by medics feared (thestar.co.za)

Public health doctors have not yet decided to strike, but do have numerous concerns that need to be addressed urgently, the SA Medical Association said yesterday.

"We have a lot of empathy with the plight of our public sector doctors. However, we put our patients first, and organising a strike would be a last resort," said Sama.

This came after fears that 14 000 disgruntled public health service doctors would strike next week.

Their concerns include unfilled posts, unacceptable working conditions, poor salaries and a heavy workload - all of which are turning doctors away from the public health sector.

They said the Health Department had developed an Occupation Specific Dispensation to improve their pay and working conditions in the hopes of retaining them.

It had rolled this out for the nursing profession over the past 18 months, but the doctors were still waiting for their OSD.

PREPARE - THE NHI IS UPON US!

Medical aids back new system (www.fin24.com)

Medical aid groups support the proposed National Health Insurance system, on condition that it does not impact negatively on their members' access to health care, the Board of Healthcare Funders (BHF) said on Wednesday.

It said the groups wanted all South Africans to be given the same level of health care currently available to 7.5m medical scheme members in the country.

But their access to good health care must remain stable or improve.

"The NHI system should therefore work on bringing levels of access up to those enjoyed by the currently insured population and not inadvertently reduce the levels of

access of the latter," BHF said in a statement issued after a meeting of medical aid schemes.

If not, the system would compromise South Africans' constitutional rights in terms of health care it, warned.

"The wording of section 27(3) of the Constitution states that the government must "within its available resources", take reasonable legislative and other measures to ensure the "progressive" realisation of the right of access to health care services.

"It will not be progressive to increase the access of one sector of the population by reducing that of another."

BHF said the health costs of medical aid members was roughly six times the total

spent by government on providing health care for the rest of the country's citizens.

This was partly to blame on a lack of human resources, which must be addressed under the new system, it said.

"Where there is one pharmacist for every 1 000 beneficiaries in the private sector, there are 17 000 beneficiaries to one pharmacist in the public sector.

"Similarly, there is one GP for every 540 beneficiaries in the private sector whereas there are 4 000 to every one GP in the public sector. This, amidst a growing burden of disease especially in the public sector."

Just a Thot . . .

I HAVE TO MAKE THIS PLEA ON BEHALF OF THE HEADLINE EDITOR

For HEADLINE to reflect the thoughts of SASOP members, we need to get articles EVERY TWO WEEKS FROM:

- 1 THE PRESIDENCY
- 2 THE SECRETARIAT
- 3 Every chair person of a SASOP SUBGROUP
- 4 Every leader of a SASOP INTEREST GROUP
- 5 THE SAPPF or The PMG

- 6 A Member from every Province of South Africa
- 7 International sector
- 8 National Health
- 9 The Pharmaceutical Industry

SASOP has a presence in all Nine Provinces of South Africa – why, there is a SASOP Member working somewhere, representing the good name of the organization!



Drugs - Ethical or Generic.
Still Much to say in this HEADLINE!

Treating psychiatrists and Patient Disability Benefits

SASOP's position on the management of disability applications

Treating psychiatrists do not make decisions concerning patients' entitlement to disability benefits. It has become necessary to remind

members of SASOP's position on the management of disability applications. This is being increasingly ignored by psychiatrists who motivate for boarding on psychiatric grounds for their patients. Unfortunately, some psychologists and occupational

therapists have followed suit, even taken a lead, in recommending psychiatric illness as grounds for medical boarding. Non psychiatric doctors commonly state that the body systems encountered in their specialties are functional, but that the patients

HEADLINE

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HIV+ man guilty of murder (www.news24.com)

A Canadian man was found guilty this weekend of murdering two women and sexually assaulting others by not warning them before having unprotected sex that he carried the virus that causes Aids.

Johnson Aziga, 52, knew since 1996 that he was HIV positive and was under a public health order to inform his would-be lovers.

He is the first person in Canada to be convicted of murder for recklessly spreading the virus.

"It's certainly precedent-setting here in Canada because we now have a conviction for first-degree murder involving HIV transmission," prosecutor Karen Shea told the Ottawa Citizen.

Seven of Aziga's partners became infected and two died of Aids-related cancers. Several others were exposed but tested negative for the virus.

The defence argued at trial Aziga was depressed and ill and did not deliberately endanger lives.

Editorial Comments . . . TO VOTE OR NOT TO VOTE?

It is that time again in the Country to make the mark. Is it wor it for a Psychiatrist to take his precious time to encourage others to vote? Absolutely!

Not registering to vote is opting out of one's social responsibility. How so?

A fertile land such as South Africa if allowed to stand fallow in that we desist from interacting with others about social issues, responsibility, morality , values and ethics will be open to the growth of

weeds - points of view that are inimical to decency. If we do not seek to make a choice of the political party which will head our government, we leave the socio-political space to injurious, mal-icious and Malema-te influences which ultimately poison our environment of ecological adaptedness!

Registering to vote and Not Voting on 22/04/2009 is equally innate choice. They say that a Non vote is as good as a Yes vote for the willing

party. A Yes vote for one's chosen political organization at least makes it possible to have one or more people in parliament representing one's voice, how ever feeble that voice may be.

We encourage colleagues to get involved and add sanity to the grossly pathological socio-economic environment we live in. The psychiatrist's vote is the first step toward normality!

Hey, Sue, lead us ahead!

From The EdiTER

have emotional and psychological reactions which prevent them from being able to resume work.

In 2003 the HPCSA officially endorsed the SASOP position statement on disability as contained in the guidelines issued jointly by SASOP and the LOA.

The treating psychiatrist still has the all-important role of documenting clinical details of the psychiatric illness, the treatments that have been given and the patient's response leading up to the current state. Thus, the treating psychiatrist documents the extent and background history of the patient's impairment.

But, in South Africa, as in other countries, final decisions on entitlement to disability benefits are not made by the treating psychiatrist, but by medical assessors of health departments, pension funds or insurance companies.

Nevertheless, some psychiatrists, in full consultation with claimants, adopt an overtly adversarial role in motivating for and supporting disability claims. In too many cases this is based on the extent to which patients have reported dissatisfaction with various aspects of their work environment. Usually little effort has been made to obtain appropriate collateral information from other perspectives. Apart from other confounding factors, the treating doctor typically is not familiar with rules of the patients' employment or of their pension schemes. Thus, although she might feel that a patient would be advised to separate from a place of employment, options regarding the mechanism of such separation involve legal or industrial relations expertise rather than clinical judgment. The possibility that a patient's impairment would not in itself permanently prevent them from finding alternative work, should they be motivated to do so, may have profound and complex implications.

When the treating psychiatrist recommends boarding and this is questioned by the pension fund, patients often cannot understand why anyone would question their trusted doctor's judgment. Some psychiatrists, too, become resentful and increasingly militantly adversarial in arguing for acceptance of their opinion.

SASOP urges psychiatrists to make it clear to patients that they do not make decisions concerning disability benefits and to be very cautious about appearing to recommend a specific disability entitlement. An increasingly popular strategy employed by treating psychiatrists in these circumstances is to recommend a long period of time off work with the stated expectation that if recovery does not take place the patient will then have to be boarded. Now, we know that large numbers of disability applicants are, for a variety of reasons, completely amotivated for any return to work, and often they have a strong sense of entitlement to boarding. Repeatedly we see this type of recommendation being perceived only as a temporary stumbling block and, not surprisingly, the claimed impairment only becomes further entrenched. Why do psychiatrists feel the need to write such things?

Even pessimistic prognoses should be documented with caution. The patients have complete access to the reports, even those who have not supervised the content. Most of the patients are depressed with, almost by definition, the typical distorted cognitions including pessimism. I find it difficult to conceptualise a treatment approach to depression which, particularly early on in treatment, states in writing that it is a hopeless case with no possibility of a return to reasonable function.

But then what we are talking about is really outside the parameters of optimal patient psychiatric care, and has more to do with how to help patients to get their boarding pass.

As far as we know, no South African psychiatrist has yet been retrospectively sued by a patient for having, apparently inappropriately, encouraged her to press for disability benefits.

Not yet! By Mike Ewart-Smith

Sama understood why doctors were becoming frustrated and impatient, and it was worried that more doctors would leave the public service because of these issues.

The Health Professions Council of SA said it was illegal for certain essential services to strike, and called for mediation over the matter to maintain healthcare services. - Sapa

SASOP members are affected as the majority of them are SESIG State employees. Tell us your views.

South Africa urged to promote generic Indian drugs (www.southafricanews.net)

Indian High Commissioner Rajiv Bhatia has called on South Africa to assist in the fight against major pharmaceutical companies which are trying to get generic medicines classified as counterfeit drugs.

'The big pharmaceutical companies of the West are pushing an agenda which seeks to include generic medicines in the definition of counterfeit drugs,' Bhatia told delegates at the first Durban-India Business Summit here Thursday.

'It is unfortunate that some African countries are reportedly seeking to enact legislation, which would ban generic drugs.

'I am sure our friends in South Africa would join us in combating these moves against generic drugs which would not only hurt the public health needs of developing countries but also go against the spirit of a rule-based trading system and represent a distorted use of the international IP system, circumscribing TRIPS flexibilities.'

Bhatia pointed out that the Indian pharmaceutical industry is well-established and operated under strict laws and regulations.

'Indian generics are merely low cost versions of off-patent drugs. They are of high quality, completely safe and efficacious,' Bhatia added as he continued his plea for support.

Several Indian pharmaceutical companies have made inroads in South Africa in recent years, some having waited several years to get their products approved by local authorities.

'We were wrong' (www.thetimes.co.za)

The ANC is planning a post-election apology to the nation for former president Thabo Mbeki's disastrous HIV-Aids policy, which has been blamed for the deaths of thousands of infected people.

"We owe it to the nation. We, as MPs, were there and we failed to rise up," said an ANC MP.

The Times has established that there are behind-the-scenes discussions within the ANC alliance about the need for MPs who served during Mbeki's tenure to apologise to South Africans for failing to publicly question his denialist views on HIV-Aids.

Parliament's deputy speaker, Nozizwe Madlala-Routledge, has also called for a Truth and Reconciliation Commission into the role of government in relation to the pandemic.

Madlala-Routledge served as deputy to former health minister Manto Tshabalala-Msimang for three years, before she was fired by Mbeki in 2007.

She championed HIV-Aids issues and received widespread support for disagreeing with her boss's controversial views on the pandemic. She also undertook a public Aids test in 2006, a move that irritated her former bosses.

Last year, the Harvard School of Public Health released a damning report that revealed that more than 330 000 lives were lost because of Mbeki's and Tshabalala-Msimang's failure to provide antiretroviral drugs between 2000 and 2005.

The report placed the blame on Mbeki's government for failing to implement a feasible and timely antiretroviral treatment programme.

various players."

ED - Generally, what goes around, comes around!

The role of psychiatry in medical parole

Greetings. I was perturbed to read the article in today's Cape Times, headed "Doctor who recommended Shaik's release on medical grounds was a psychiatrist".

The article refers to a warning which the psychiatrist in question had issued to Correctional Services, in February 2007, that Schabir Shaik was "a severe suicide risk". There was no mention in the newspaper report of Mr Shaik's suffering from any current psychiatric illness which would warrant his release from prison on parole. On the contrary, the psychiatrist is quoted as having reported to the parole board that "Mr. Shaik is terminally ill with life-threatening organ failure due to malignant hypertension".

Surely, then, the question of parole should have been based purely on medical considerations. In the absence of any public information to support it, it would seem to me, as it would to the public at large, that the psychiatrist's strong recommendation may have had political underpinnings.

I am wondering whether this question is one on which SASOP deems it necessary to focus. If this is the case, is SASOP launching an investigation into the matter?

South Africa can ill afford having the world view it as a country which uses its psychiatrists for political purposes. If, indeed, the Cape Times report omitted information which would clarify this issue, the newspaper should be urged to issue a statement to this effect.

Yours faithfully, SASOP Member

Industry challenges Healthcare Funders ([/www.thetimes.co.za](http://www.thetimes.co.za))

Medical schemes and administrators are discussing the formation of a rival entity to represent the industry.

This would replace the Board of Healthcare Funders currently representing private medical schemes, which collectively spend R64-billion a year in South Africa.

A growing number of schemes are frustrated at what they say is the ineffective way the industry is represented; the alleged lack of proactive behaviour; and that it does not include administrators and managed care operators in its membership base.

At the end of last year, Discovery Health Medical Scheme (the largest in South Africa), and Resolution Health, terminated membership of the BHF, citing that it was not adequately representing private industry.

This came shortly after the managing director of BHF, Humphrey Zokufa, made statements and presentations perceived by some industry operators to be undermining the best interests of the industry, such as predicting a significant decline in medical scheme membership.

Zokufa says this was taken out of context.

Jacky Mathekga, principal officer of Discovery Health Medical Scheme, said: "We are gathering views and talking to various players."

Mathekga and BHF head of communications, Heidi Kruger, agree that a single body should represent the industry. Kruger said if the industry wants BHF to include administrators, that's what it will do.

"We represent the industry. At our last board meeting we set up a committee to look at restructuring."