



NEWS LETTER

April 2009

Colleagues:

"Honour physicians for their services, for the Lord created them, for their gift of healing comes from the Most High, and they are rewarded by the King. The skill of physicians makes them distinguished, and in the presence of the great they are admired." The Book of Ecclesiastes.

I recently had the privilege of representing you at St. Luke's Anglican Church's Health Week where I read the above lesson on your behalf. What powerful, enabling and humbling words. What a privileged profession we have! With great privilege comes great responsibility, thus we must continue to conduct ourselves with respect, compassion and humility. To quote one of our colleagues *"Many doctors give unheralded free public service – working for free for various charitable organizations, manning the numerous free health fairs, and so on. No kudos for that!"*

MEDICAL DOCTORS' WEEK

Well that is the purpose of Medical Doctors' Week which we celebrated April 1-7 this year. It is designed to laud our profession, to celebrate who we are and how through good work we continue to contribute to the well-being and economy of this nation, because to quote the Nassau Declaration on Health for CARICOM: *"The Health of the Region is the Wealth of the Region"*. This year, because of the global economic crisis and the downturn in the economy we were not as public with our celebrations as we would have liked but still "Happy Belated Medical Doctors' Week" to you all!

It is also a time when we, along with our patients chose that physician who is active in his or her community and who has great communications skills and bedside manner, that unheralded doctor, the community doctor! As usual our patients participated enthusiastically and nominated some 27 doctors. They clearly feel that this is an award that recognises that they are partners with us in this business of medicine. Let us not forget that without them our profession disappears. Kudos therefore to all the nominees of the Good Physician Award: *Drs Venice Bernard-Wright, Audley Betton, Dilini D'Silva-Chen, Errol Daley, Horace Fisher, Wendel Guthrie, Richard Hall, C.B. Hastings, Roger Irvine, Lenworth Jackson, Kevin G. Jones, Rosemary King-Douglas, Leighton Knight, Dane Levy, Douglas McDonald, Sharmaine Mitchell, Soe Naung, Evan Nepaul, Seni Onunuju, Devon Osbourne, Tomlin Paul, Charmaine Scott, Paul Scott, Peter Swaby, Dwight Walcott, Rainford Wilks and Errol Williamson.*

The Winner will be announced at the MAJ Annual Banquet which will be held at the Jamaica Pegasus Hotel on June 6, 2009. Please support your friends and colleagues as they get their due recognition.

For those of you who don't work directly with patients and who therefore don't qualify for this award, certainly we need to

consider other ways (outside of the prestigious MAJ Annual Award) of recognising your contributions to our profession.

MAJ ANNUAL AWARDEES

Congratulations must go Dr. Brendan Dunn, Professor Archibald McDonald and Dr Earl Wright who will in June receive the very prestigious MAJ Annual awards!

THE PUBLIC HEALTH SECTOR AND THE BUDGET FOR 2009 - 2010

It is the responsibility of government to improve health outcome of individuals by ensuring access to effective, affordable and equitable health care services. This the JLP administration has accepted enthusiastically with its abolition of all user fees in the public health sector.

It has been the MAJ's position that the budgetary support of the Ministry of Health has been inadequate over the years, rising from a mere 3.4% of the budget in 2003/4 to 4.4% in 2006/7. In 2008/9, we celebrated the increase to 5.6% but now we have cause to be seriously concerned. Despite a budget of 30.75 billion for health, the real expenditure, given inflation of 12% is 25.64 billion compared to last year's 27.45 billion. The budget for health is now only 5% of the total budget of \$556.7 billion. While we sympathize with the government, there are 20-30% more persons utilizing the services of public health sector, a sector that has been seriously underfunded for years. There are serious deficiencies in that sector that hamper our ability to provide the best medical care for our patients.

While access, affordability and equity have been addressed by the abolition of user fees, I challenge the government to now address the problem of the efficiency of the public health care services. It cannot be the physicians alone who are to bear the brunt of the anger of our people when the limitations affect them. We must continue to lobby for the public health care sector to be afforded some priority.

TAX ON SALT

A word on the removal of GCT exemptions for salt and then the removal of that removal! Approximately twenty six percent (26%) of our population have hypertension and hypertension is one of the leading causes of death in this country. In Symposium 2008, Professor Forrester discussed the role of salt intake and metabolism on the prevalence of hypertension in societies over the world including our ancestors in Africa. Undoubtedly our salt consumption is high, what with our beloved foods of ackee and saltfish, salted pork, pig's tail, and corned beef. Societies all over the world are grappling with the consequences of chronic non-communicable disease. I for one had welcomed this "tax" on salt. This would have been an opportunity for us to open the discussion and debate



with our patients and society as a whole as to the role of salt intake in hypertension and an opportunity to encourage reduction in salt intake. A missed opportunity! I challenge the government to start the debate. Look at the economic costs of hypertension in this country, the premature loss of lives and the unnecessary and costly disabilities from hypertension and cardiovascular disease. Start the media campaign, change eating habits and save lives!

ETHICS AND THE ANNUAL PRACTISING CERTIFICATE

All of us by now must have received our notices from the Medical Council of Jamaica. Two hours of continuing medical education (CME) must now have been obtained from participating in an ethics meeting. Several doctors were disappointed as they could not be accommodated at the Ethics workshop held on April 5, 2009 at the Knutsford Court Hotel by the MAJ and MAJIF. The MAJ is committed to having several of these workshops and will inform you of these when the details are available. The sessions were outstanding for the discussions that followed. They really touched on the ethical issues we face every day in our interaction with our patients.

UPDATE ON THE INFLUENZA A H1N1 OUTBREAK

WHO has designated that the official name for the swine influenza infection be the scientific name H1N1 influenza instead of the swine flu in order to protect the pig industry. The virus is said to be a combination of swine flu virus, bird flu and human influenza A virus, and in this epidemic it is being spread through human-to-human transmission.

It causes flu-like symptoms of fever >37.8 C, cough, sore throat, stuffy nose, chills, headaches, body aches and sometimes vomiting and diarrhoea. It has been infecting young adults between the ages of 20-40 years and in this respect it differs from the seasonal influenza viral infections that affect the young and the elderly. The infection is highly contagious and is spread by droplet infection through coughing and sneezing as well as contact with contaminated surfaces and fingers to mouth and nose.

Most cases are mild but some can be very severe, progressing rapidly from mild illness to severe respiratory distress within an average of 5 days. This is thought to be due to an exaggerated inflammatory response to the infection causing pulmonary oedema.

THE BEST DEFENCE IS PREVENTION. Cover nose and mouth when coughing and sneezing. Frequent hand washing especially after handling persons who are ill or handling doorknobs or other potentially contaminated surfaces, will remove virus particles from hands and help to reduce infection.

Investigation - Swabs from the throat, nasopharynx or nasopharyngeal aspirate should be collected and placed into bottles of viral transport media, correctly labeled and placed in a sealed plastic bag and sent immediately to the laboratory on ice. The best time to collect samples is within the first three days of infection.

Management - Supportive measures with analgesics, antihistamines and antiviral agents such as Tamiflu and Relenza for more severe cases are recommended. The recommended dose of Tamiflu is 75 mg daily for 5 days, and for Relenza 10 mg daily for 5 days. Tamiflu can be obtained from Dr. Marion DuCasse's office at the Ministry of Health.

Non-essential travel to areas affected is best avoided. Keep safe.

REDUCING MEDICAL AND SURGICAL ERRORS: NEW STRATEGIES

Medical errors contribute substantially to the burden of disease globally.

Errors occur mainly in the following domains: administration, diagnosis, medication and surgery.

The first three are being tackled through the application of computers.

Electronic records with e-prescribing will be the next big thing in medicine and, to boast this trend in the US, both Medicare and Medicaid in the USA are rewarding doctors who e-prescribe. At present they pay bonuses of 2% of the charges billed as the system reduces both costs and errors (News BMJ 2009;338:258). The financial incentives to use electronic scripts will be phased out and replaced by penalties imposed on doctors who do not use e-prescribing. This could prevent 2 million adverse drug events in the US annually.

The surgical errors are being addressed in a very pragmatic fashion. It is calculated that over 200 million operations are carried out world-wide annually which is more than the number of births, and the numbers continue to rise. Estimates of mortality from operations in developed countries are between half and one percent and major complications between 3% and 17%, but data suggest that at least half of all surgical complications are avoidable. Effective ways of reducing infections or anesthetic mishaps do reduce complication rates and now the "Surgical Safety Checklist" seems set to be introduced on a large scale (Haynes et al *NEJM* 2009;360:491-9). A "Safe Surgery Saves Lives" programme consisting of a 19 point checklist that the surgical team has to complete pre-intra-and post-operatively has been created.

- The pre-operative check is called the "Sign in" and involves the nurse plus the anesthesia professional observing 6 points that must be covered prior to the anesthetic being administered.
- Before any incision is made, a second check is carried out orally called "Time Out". This involves the surgeon, nursing staff and the anesthesia professional verbally confirming and reviewing 7 aspects of the case plus antibiotic cover.



- Finally, before leaving theater, a "Sign Out" consisting of a 6 point checklist is completed aloud by the nursing, surgical and anesthesia teams.

The results of implementing the checklist in 8 hospitals in 8 different countries as a pilot study have been dramatic. Complication rates dropped from 11 to 7 % and mortality rates from 1.5% to 0.8%. Post-operative complications fell by one-third.

The authors claim the Surgical Safety Checklist can be readily introduced in less than a month and the only extra resources required may be pulse oximetry facilities and antibiotics. Their results have attracted the attention of the media, hospital administrators, medical aid providers and the defense unions.

Do not be surprised if a Surgical Safety Checklist turns up in a theatre near you.

MAJIF CORNER

WARNING ABOUT SIDE EFFECTS

A physician prescribed a tranquilizer for a young housewife who was "suffering under the burden of caring for three children". A few weeks later while driving to the supermarket with the three children in the car, she fell asleep at the wheel and ran into a wall. All four in the car were injured. She sued the doctor. When the doctor was asked "Did you warn the patient that the tranquilizer could cause drowsiness and that she should not drive when taking it?" he replied "No, I thought every one knew that. Besides, I thought the pharmacist would put on the usual warning label".

The physician's insurance paid out a hefty sum.

Lesson: Always warn patients about side effects of drugs and record that you did. Do not depend on pharmacists to do so.

CONGRATULATIONS

We wish to express our heartiest congratulations to the following distinguished colleagues:

1. Drs Lloyd Goldson & Verna Brooks McKenzie, the recipients of the ACOG (W.I.C) Award
2. Professors Eldemire Shearer and Kathleen Coard, Drs. Minerva Thame, Winston Dawes and Winston Clarke on receiving awards from the Jamaica Medical Foundation.
3. Dr. Sonia Copeland and the Association of General Practitioners on being awardees of the Environmental Health Foundation.
4. Dr. Carolyn Gomes for receiving the prestigious United Nations Prize in the Field of Human Rights for 2008.
5. Dr. Amza Ali on being recognised by the American Academy of Neurology for his work in the field of epilepsy in Jamaica and the English-speaking Caribbean
6. Professor Marvin Reid on his elevation to professorship in the Tropical Metabolic Research Unit

CONDOLENCES

We wish to extend our deepest condolences to: Dr. Dingle Spence on the passing of her mother Drs Bruce & Paul Auden on the passing of their mother The families of the late professor Charles Denbow and Drs Everton Hylton, Glenton Smith and Herman White. Dr White requested of his family that his body be donated to the Anatomy Department of the University of the West Indies, Mona. What a noble gesture!

THE UPCOMING MAJ'S ANNUAL SYMPOSIUM 2009

Annual Church Service
Date: May 31, 2009
Time: 7:00 a.m.
Venue: St. Peters & Paul

Opening Ceremony
Date: June 4, 2009
Venue: The Jamaica Pegasus Hotel
Guest Speaker: The Hon. Mrs. Justice Zaila R. McCalla, OJ
Chief Justice of Jamaica

Annual Symposium 2009 and Awards Banquet
Date: June 4-7, 2009
Theme: "The Impact of Trauma on the Health of our Nation"
Venue: The Jamaica Pegasus Hotel

MAJ's Annual Awards Banquet
Date: June 6, 2009; Time: 7pm; Dinner: 8pm
Guest Speaker: *His Excellency the Most Hon. Patrick L Allen, ON, CD, Governor General of Jamaica*

Mike D'Silva Memorial Lecture
Date: June 7, 2009; Time: 9:20 am
Guest Speaker: *Dr. Joel Press, Associate Professor of Physical Medicine and Rehabilitation, Feinberg/ Northwestern School of Medicine, Rehabilitation Institute of Chicago*

CRETA CLUB

During Symposium 2009, the MAJ will be hosting members of the CRETA Club, Spine Specialists who are world leaders in their field. Members have participated in the development of the Magnetic Resonance Imaging (MRI). (Prof. Francis Smith of Aberdeen, Scotland) and are heading research in the cure for paralysis, (Prof. Dalton Deitrich, Scientific Director of the Miami Project for Curing Paralysis).

For further information please contact the MAJ Secretariat.

Further details regarding the symposium can be obtained by visiting our website at www.medicalassnjamaica.com

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