The Golden Mortar

News from the Southern Gauteng Branch of the Pharmaceutical Society of South Africa and associated pharmaceutical sectors.

Edition 3/June 2015

The Annual General Meeting of the PSSA

Prof Sarel Malan

The 70th AGM of the Society was held on the 19th May 2015 at the PSSA's Lynwood Conference Centre in Lynwood, Pretoria.

It had been decided, this year, that the AGM would be held as a stand-alone event rather than have it associated with the traditional PSSA Conference. A number of reasons were put forward for this decision amongst which were escalating costs, difficulty in obtaining sponsors and exhibitors, and the limitation on suitable venues.

As an alternative, it has been proposed that the smaller country Branches of the Society organise and run regional conferences; however, it remains to be seen whether these will prove to be an acceptable alternative or more affordable.

The AGM turned out to be a business/management meeting dealing with a number of Motions, acceptance of Minutes of the 2014 AGM end of year Financials and the election/appointment of Honorary Officers.

The outcome of the elections was as follows:

President. Professor Sarel Malan.
Deputy President. Mr Stéphan Möller.
Treasurer. Ms. Michéle Coleman.

The Golden Mortar congratulates these members and wishes them every success in their endeavours on behalf of the members during their terms of office.

A Motion to amend the Constitution to allow proxies to be counted towards the numbers required for a quorum at future AGMs was vigorously opposed by the Councillors of the Southern Gauteng Branch as being undemocratic and an undesirable principle in the view of the Branch Committee. Unfortunately the majority did not agree with our views and the Motion was passed. Again, we shall have to wait and see whether this arrangement proves to be acceptable to members in the future.

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Jacky van Schoor
Amayeza Information Centre

"Tobacco products are the only legally available products that can kill up to one half of their regular users if consumed as recommended by the manufacturer. Present and future generations must be urgently protected from the devastating health, social, environmental and economic consequences of tobacco consumption and exposure to tobacco smoke." (WHO 2015).

Although the focus of the 2015 World No-Tobacco Day is to stop the illicit trade in tobacco, health systems and health care professionals need to play their role by implementing measures to prevent and treat tobacco dependence.

Nicotine is highly addictive

Most smokers become addicted to nicotine, a substance found naturally in tobacco and which is reported to be as addictive as heroin or cocaine. Nicotine is a potent psychoactive substance and is the fundamental reason why smokers find it so difficult to stop the habit.

Research has shown how nicotine acts on the brain. For example, nicotine activates reward pathways—the brain circuitry that regulates feelings of pleasure. A key chemical involved in mediating the desire to consume drugs is the neurotransmitter dopamine, and nicotine increases levels of dopamine in the reward circuits.

Nicotine's pharmacokinetic properties also enhance its dependence potential. Cigarette smoking produces a rapid distribution of nicotine to the brain, with levels peaking within 10 seconds of inhalation. However, the effects of nicotine dissipate quickly, as do the associated feelings of reward, which causes the smoker to continue smoking to maintain the pleasurable effects and prevent nicotine withdrawal.

Nicotine withdrawal symptoms include irritability, cravings, anxiety, sleep disturbances, and feelings of frustration, impatience and anger. These symptoms begin within a few hours after the last cigarette. Whilst almost every smoker knows about the adverse health consequences of smoking, and if asked would probably like to stop, it is the nicotine withdrawal symptoms that quickly drive smokers back to tobacco use.

How can the pharmacist help?

- ***Help the smoker set a quit date***

Nicotine replacement therapy is designed to replace the nicotine obtained from smoking and reduce the intensity of nicotine withdrawal symptoms when a smoker decides to quit the habit. It should not be used while the smoker is still smoking and therefore it is important for the smoker to set a quit date – the date on which he/she will stop using all tobacco products and possibly start using nicotine replacement therapy.

- ***Counsel smokers about nicotine replacement therapy***

Nicotine replacement therapy is available in several forms, such as a nicotine-containing chewing gum and a nicotine-containing mouth spray. Smokers should be advised to use the gum or spray according to the number of cigarettes that were usually smoked and then to taper the dose as nicotine withdrawal symptoms improve. The use of nicotine replacement therapy is usually recommended for a period of 3 to 6 months.

- ***Recommend a smokers behavioural programme***

Although nicotine replacement therapy improves quit rates in smokers, higher quit rates are obtained when the smoker takes part in a smoker's behavioural programme. Such programmes are designed to provide smokers with the behavioural and emotional support needed while attempting to stop smoking.

- ***Consider referring the smoker to a doctor for prescription medication***

Two prescription medicines are available to help smokers deal with nicotine withdrawal. While bupropion may be used together with nicotine replacement therapy, the safety and efficacy of using varenicline with other smoking cessation treatments has not been adequately studied. Bupropion has been shown to be more effective than nicotine replacement therapy, but combining the two has been shown to achieve higher quit rates.

- ***Play a supportive role***

Smoking is a chronic addictive condition that usually requires repeated interventions before the smoker eventually manages to successfully stop smoking. Keep encouraging smokers to make another quit attempt and help them to identify why the previous attempt was not successful. Stopping smoking is the most beneficial step that smokers can take to improve their health and the health of those around them.

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National Epilepsy Week
15-21 June

There are many myths about epilepsy and in support of National Epilepsy Week and National Epilepsy Day on 21 June, it may be timely to address these misconceptions as well as to provide some basic information about epilepsy and how to assist a person when a seizure occurs.

Epilepsy is the most common neurological condition

It is a tendency to have recurrent seizures over a period of time. During a seizure, there is abnormal and excessive electrical activity in the brain. This can cause changes in awareness, behaviour and/or abnormal movements. This activity usually lasts only a few seconds to minutes. A single seizure does not mean that the person has epilepsy. In fact, 1 in 20 people may have a seizure at some point in their lives, while 1 in every 100 may have epilepsy. Fortunately, most seizures can be controlled with medication and the risk of seizures often declines as a child gets older. Many children with epilepsy will outgrow it.

Epilepsy is not a mental illness or a psychiatric disorder.

It is not a sign of low intelligence. It is also not contagious. Seizures do not normally cause brain damage. Between seizures, a person with epilepsy is no different from anyone else.

Not all seizures are the same.

Seizures that occur when a child has a fever (i.e. a febrile seizure) or following a head injury often do not recur and are not considered epilepsy.

Seizures have many forms and symptoms can be mild to severe. Seizures are classified according to their appearance or the person's behaviour during the seizure, and the pattern of electrical activity in the brain, as measured on an electroencephalogram (EEG).

Some common types of seizures are listed in the table below as well as some advice on how to help a person when a seizure occurs.

Type of seizure	Symptoms	Lasts	How to help
Generalized tonic-clonic (previously called grand mal) seizures	Muscles in the body become rigid (stiff), then shake and contract (called convulsions). The person having the seizure usually loses consciousness (faints). He or she may also clench the jaw, bite the tongue or cheek, or lose control of the bladder.	A few minutes	Protect the person from injury. Cushion the head. Do not restrict movement or put anything in the person's mouth. Help breathing by placing the person on their side in the recovery position. Stay with the person until he/she has fully recovered.
Absence (previously called petit mal) seizures	A person may have a staring spell, be unaware of his or her surroundings, suddenly stop talking or moving, or have small changes in muscle movements.	A few seconds	Be reassuring. The person may be unaware of the seizure.
Partial (focal) seizures:	May start with a warning or aura*. Symptoms may vary. For example, a partial seizure may cause changes in emotions, or to the senses (hallucinations, numbness, tingling, or other changes to vision, taste, smell, touch, or hearing). This type of seizure may also cause muscle contractions (e.g. the person may move the head in an unusual way, or jerk an arm or a leg). Or, the seizure may cause staring spells, sometimes with unusual repetitive movements, such as moving the mouth or the lips, chewing or swallowing, or hand movements.	A few minutes	Remove harmful objects. Be reassuring.

*Before a seizure begins, some people experience dizziness, emotional changes, or changes in vision (such as hallucinations), smell (smelling an odour that isn't there), or touch (such as numbness or tingling). This is called an aura.

First aid for seizures
Medical help is not usually necessary, but should be sought if:

- Repetitive seizures occur without regaining consciousness in between.
- The seizure shows no signs of stopping after 6 minutes.
- There is physical injury during the seizure

For more information about epilepsy, please go to Epilepsy South Africa www.epilepsy.org.za

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REPORT OF SAACP (formerly CPS) 2015 AGM

By D Sieff, FPS

Newly elected President Christine Venter

The Annual General Meeting (AGM) of the Community Pharmacy Sector (CPS) of the Pharmaceutical Society of SA (PSSA) was held on Sunday 17th May, at the PSSA's Lynnwood Conference Centre, Pretoria. It was attended by delegates from all branches of the CPS around the country.

As there was no Conference arranged in conjunction with the AGM, only a formal Agenda was followed, including an address by the National CPS President, Mr. Kobus le Roux, welcoming delegates and guests and reporting on CPS activities during the previous year. The National PSSA President, Dr. Johann Kruger also addressed the delegates. The minutes of the 2014 AGM were approved and discussion of matters arising therefrom were discussed. The Financial Report and Financial Statements presented by the Honorary Treasurer, Mr. Danie Brink, with the assistance of Mr. Ken Braude, the auditor, for questions raised by delegates.

1. Motions tabled and passed as resolutions were : To amend the Constitution to change the name of the Community Pharmacy Sector (CPS) of the PSSA, to the SA Association of Community Pharmacists (SAACP) with immediate effect; this is seen as a first step in shaping the future of community pharmacists in South Africa. [See article on page 7].
2. To confirm the sectoral levy payable by members of PSSA who have elected to belong to the SAACP.

The elections for National Office Bearers for the 2015/2016 period were conducted according to the nominations previously received, all of them unopposed, with the following results:

President: Ms. Christine Venter (Pretoria)
Vice-President: Mr. Tshifhiwa Rabali (Southern Gauteng)
Honorary Secretary: Mr. HG (Pep) Manolas (Southern Gauteng
Honorary Treasurer: Mr. Joe Ravele (Pretoria)

Congratulations were extended to the successful candidates, who were wished well for their terms of office by the outgoing President, Kobus le Roux. Ms. Venter was then inducted as the new President. A declaration of the tasks and obligations incumbent on the President were read, followed by her acceptance speech.

Additional members of the National Executive Committee will be nominated by the Branches, to represent them for the following year.

Honorary Officers of the Pharmaceutical Society of SA

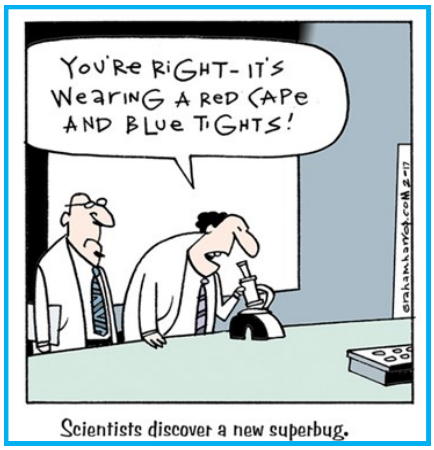
At the recently held AGM of the Pharmaceutical Society of SA (PSSA) the following members were elected/ appointed to the National Executive Committee of the PSSA as Honorary Officers or representatives of the four Sectors.

Prof. Sarel Malan - President
Mr. Stéphan Möller - Deputy President
Ms. Michéle Coleman – Honorary Treasurer
Dr. Johann Kruger – Immediate Past President
Prof. Sandra van Dyk – Vice-President - Academy
Mr. Joggie J. Hattingh – Vice-President - SAAHIP
Ms. Christine Venter – Vice-President - SAACP
Ms. Tammy Chetty – Vice-President - SAAPI
We congratulate these members and wish them well during their term of office on the NEC.

In the battle for survival of the fittest

Pharmacists against the Superbugs - Antibiotic Stewardship

Contributed by Liezl Fourie, B.Pharm.



Scientists discover a new superbug.

As with most things in life, there is constant change. For example, in 1943, the dose of penicillin to treat gonorrhoea in U.S. Army patients was 80,000 to 160,000 units per day. Today, the dose of penicillin in new-borns is 60,000 units/kg/day. The era of effective antibiotics is coming to a close. In just a few generations, what once appeared to be miracle medicines have been beaten into ineffectiveness by the bacteria they were designed to eradicate[1].

Bacteria are great survivors and it is naive to think that humans can win. In the battle for survival of the fittest between humans and bacteria, it seems as though the best we are going to get is a draw -- if we are lucky. Globally there is growing resistance amongst gram-positive and gram-negative pathogens in hospital environments[2]. Treatment options are becoming increasingly limited and complicated due to this resistance. South African hospitals are battling with a growing emergence of micro-organisms which are resistant to routine antibiotic therapy. Thus far, the following challenges are already being faced in certain areas of South Africa:

1. Vancomycin-resistant *Staphylococcus aureus* and *Enterococcus faecium*
2. Penicillin-resistant *Streptococcus pneumoniae*
3. *Methicillin-resistant Staphylococcus aureus* (MRSA)
4. Third-generation cephalosporin-resistant *E.coli* and *Klebsiella pneumoniae*
5. Carbapenem-resistant *Klebsiella pneumoniae,* Enterobacter spp. and *Pseudomonas aeruginosa*
6. Glycopeptide-resistant Enterococci
7. Multi-drug resistant *Mycobacterium tuberculosis*, *Acinetobacter baumannii, Escherichia coli* and *Pseudomonas aeruginosa*

One of the best known superbugs, MRSA, is alone estimated to kill around 19,000 people every year in the United States - far more than HIV and AIDS.

Antibiotic resistance in children is of particular concern because they have the highest rates of antibiotic use and often have fewer antibiotic choices since some antibiotics cannot be safely given to children. The combination of effective antibiotic stewardship with a comprehensive infection control program in the hospital environment has been shown to limit the emergence and transmission of antibiotic-resistant bacteria.

…/continued on page 6

But in the retail setting, could there also be a link between prescribers and antibiotic resistance?

GP's desire to keep patients from going to a pharmacy for symptom relief could be making things worse. The possibility of that intriguing connection is suggested by two separate studies related to the growing problem of antibiotic resistance throughout the world. The problem, linked to the overuse of antibiotics and a quarter-century drought of new antibiotic development, recently led President Barack Obama to call for doubling U.S. spending on combating resistance to the commonly prescribed medications to more than $1.2 billion. One new study highlights the potentially massive human and economic toll from the continued spread of diseases that don't respond to antibiotics.

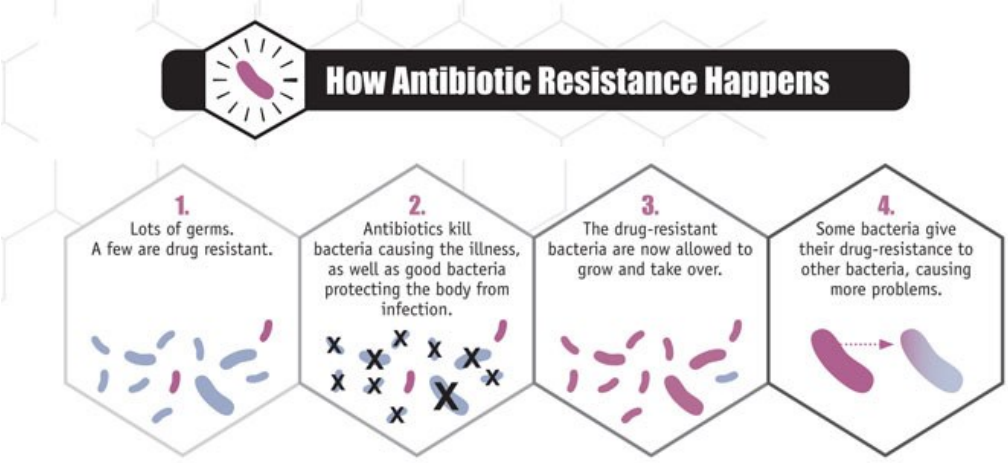
That study, which looked at seven scenarios, estimates that "the world population by 2050 will be between 11 million and 444 million lower than it would have been otherwise in the absence of antimicrobial resistance, if the problem is not tackled."

"The lower bound is a result of scenarios where resistance rates have been successfully kept at a relatively low rate, while the upper bound reflects a scenario for a world with no effective antimicrobial drugs," according to RAND[2] Europe, which was commissioned to study the issue by the Independent Review of Antimicrobial Resistance.

A study, published in the Infection Control & Hospital Epidemiology journal, found that 45% of patients with infections of the respiratory tract were inappropriately prescribed antibiotics over a two-year period while being treated on an outpatient basis. CDC specialist Tom Frieden says that about one third of antibiotics prescribed in hospitals for urinary tract infections included a potential error - the antibiotics were given for too long, without proper evaluation, or weren't necessary at all. Similarly, about 1 in 3 prescriptions for the drug Vancomycin were also written with a potential error. There is a lot of room for improvement.

Antibiotic stewardship shouldn't only start once a patient is admitted in hospital, it should start from home. Who better than the pharmacist to educate the community about antibiotic use and resistance! Are your patients aware that colds, flu, most sore throats, bronchitis, and many sinus and ear infections are caused by viruses? Do they know that antibiotics do not help fight viruses? It's true. For the overwhelming majority of common respiratory infections, antibiotics are not helpful.

Pharmacists should not be Resistant to Educate



1. Life without antibiotics http://www.mg.co.za/article/2010-11-09-life-without-antibiotics
2. The RAND Corporation is a research organization that develops solutions to public policy challenges to help make communities throughout the world safer and more secure, healthier and more prosperous. RAND is non-profit, non-partisan, and committed to the public interest.

A Synopsis of CPS plans for the future

By Dave Sieff, FPS

An article titled "Shaping the future of community pharmacy in South Africa" appeared in the February 2015 edition of the SA Pharmacy Journal, written jointly by Jan du Toit (Executive Director) and Kobus le Roux (President) of the Community Pharmacy Sector of the PSSA, highlighted recent events impacting on the future of our community pharmacists, and which will have major consequences for how community pharmacy will be practiced in future. The following is a synopsis.

The challenges identified included:-

→ the need to market the value of community pharmacists, which is the current international trend by most leading pharmacy professional organizations;
AND to support this approach, two initiatives were identified, namely:
→ A National Symposium for Community Pharmacists in SA, and
→ A joint (with PSSA Branches) Community Pharmacist Awareness Campaign (CPAC).

The first national symposium has been planned for 25/26 September 2015, to coincide with and support the FIP international World Pharmacists Day, the theme for which is "***Pharmacist: Your Partner in Health."*** The objective would be to emphasise the value of community pharmacists. Topics to be presented and priorities to be discussed include:-

→ a deliberate shift of focus from dispensing and supply of medicines towards those services for which a fee may be levied;
→ how to meet the patient's needs better and more efficiently within financial constraints;
→ improved collaboration with other healthcare providers, including various government health departments, to develop new models of care supporting access to medicines for all.

Development of these and other goals would be the focus of a strategic plan review in 2015/16, to be able to clearly identify the role, place and objects for effectively representing the community pharmacists. All PSSA and CPS Branches (and other relevant stakeholders) will be consulted on the strategic review process during 2015/16, i.e. it will be an inclusive process. A survey of the needs of those members of the PSSA who have voluntarily elected to belong to this Sector is envisaged.

At the recent AGM of the CPS Sector it was resolved to revert to the previous name of the representative organisation, namely the "South African Association of Community Pharmacists" (SAACP), with immediate effect.

Pharmacists from all Sectors are encouraged to enroll and attend the Symposium.
To do so use the link www.saacpsymposium.co.za

COMMUNITY PHARMACIST SECTOR OF THE
PHARMACEUTICAL SOCIETY OF SOUTH AFRICA (CPS)

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1 June, 2015

1st National Symposium for Community Pharmacists

Dear Colleague

The South African Association of Community Pharmacists (previously CPS) is hosting the 1st National Symposium for Community Pharmacists in South Africa on 25 & 26 September 2015, to coincide with FIP's World Pharmacist Day.

This is a CPD event that you should not miss! Please go to www.saacpsymposium.co.za to register online – seats are limited!

Kind Regards,

Jan du Toit

B.Pharm, MPA, FPS

Executive Director

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South African Pharmaceutical Students' Federation

A cohesive entity for undergraduate pharmacy students.

Compiled by Ditebogo Milanzi in conjunction with David Sieff

According to documentation from the Federation, the South African Pharmaceutical Student's Federation (SAPSF) is a federation that represents all pharmacy students studying in South Africa in the various institutions which offer pharmacy qualifications. SAPSF is considered to be unique in as much as it is as diverse as the country in which it is based; being represented by students from various creeds and races. The Federation aims at promoting health awareness and health care in communities. It also aims to instil ethical and professional behaviour among its members. The main objective of the Federation's annual conference is to promote the profession of pharmacy and to promote professional competence and development by conducting various skills competitions and providing opportunities to members to interact with practicing pharmacists from different vocations. The Federation's vision is to unite pharmacy students throughout South Africa and to achieve their common goal to provide quality care for all.

The Pharmaceutical Society of South Africa, its Branches and Sectors assist the Federation where necessary. The Federation also promotes small campaigns through Facebook such as the DoH Health Awareness calendar, WHO programmes and International Student's Federation (IPSF) campaigns. These projects are convened by the Public Initiative Officer of SAPSF.

An important aspect of SAPSF membership is the potential continuing interest in pharmacy affairs by becoming fully active members of the senior professional organisations such as the PSSA, and its Sectors, SA Association of Hospital Institutional Pharmacists, the Academy of Pharmaceutical Sciences, the SA Association of Community Pharmacists and the SA Association of Pharmacists in Industry.

The Presidential Committee for the 2014/2015 period include Ditebogo Milanzi (President), Mpho Kgatla (Vice-President), Letlhogonolo Maluleke (Treasurer),Ruvatashe M Madziva (General Secretary), Sheldem G Kristnasamy (Media and Communications), Grethe Boettiger (Editor), Robin Arendse (IPSF CP/SEO), Clarissa van Wyk (Public Initiative Officer).

Dear Sir,

I read the letter to the Editor in the Golden Mortar, dated February 2015, regarding the "COMMUNICATION – OR LACK OF IT" and I would like to bring to your attention that there is a website that has this information; Medical News and Events.

Our mission is to supply information that is fast, effective and reliable regarding products and events that directly impact on the medical and pharmaceutical professions.

You will be able to check on new products as they are launched, the availability should there be a supply problem and the withdrawal of a drug for whatever reason. Whilst every effort is made to have the information available, we are limited by the flow from the Pharmaceutical Companies.

By making the Medical News and Events website as your Home Page, you will be able to check at a glance what is taking place daily.

Please will you bring this to the attention of your readers?

Kind Regards
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Update on development at 54 Glenhove Road

Progress next door at 54 Glenhove Road is on schedule according to the contractors although many of us are getting impatient to see something resembling a building appear.

We are told by the foreman, "wait until I get out of the ground" then you'll see some real progress. Quaint turn of phrase, but then I guess that it's construction-speak that means, as in all things, one must spend time and give a lot of attention to setting a solid foundation, and that's where we are right now, - setting a solid foundation as you can see in the photographs accompanying this article. The construction noise and the loss of parking has impacted on Glen Hove Conferencing, but we are working through it by downscaling operations for a while until the development has reached the stage when we will again have our full quota of parking bays available. We anticipate that this will be early in the New Year. In the meantime we have an arrangement with the Greek Church next door to share parking areas on the two properties to mutual advantage for which we are extremely grateful.





- Please make a note that **Pharmacy Week** is scheduled to take place from 1st to 8th September, 2015.
- In addition the next **Health Awareness programme** that has been identified as important to pharmacy is **Eye Care Awareness Month** which will take place from 21st September to 18th October 2015.
- Watch out for more information on these events which will be included in the next edition of the Golden Mortar

An interview of newly appointed SAAHIP member to the Southern Gauteng Branch Committee of the Pharmaceutical Society of SA

Jocelyn Manley

The Golden Mortar (GM) interviewed Jocelyn Manley (JM), who was recently appointed to the PSSA Southern Gauteng (SG) Branch Committee to represent the SAAHIP SG Branch (SA Association of Hospital and Institutional Pharmacists, Southern Gauteng Branch).

GM: Jocelyn, where were you born and schooled, and where did you study Pharmacy?

JM: I was born in Salisbury, Rhodesia – now Harare, Zimbabwe – and matriculated at the Wykeham School for Girls in Pietermaritzburg. I obtained my B.Pharm degree at Rhodes University.

GM: What did you want to be when growing up, and what led to your career in Pharmacy?

JM: I knew from the beginning of high school that I wanted to be a Pharmacist, or at least in the medical field, so I looked also at Physiology, Occupational Therapy and Radiology, but Pharmacy was always at the top of my list.

GM: What was your first job / position, and how much was your first pay cheque?

JM: I worked as a student in a pharmacy in Johannesburg city centre, and as an intern my monthly salary was R350 – before tax deductions!

GM: Jocelyn, can you briefly describe a typical day of your current work, and what do you enjoy most about your job?

JM: I work in a State hospital, so I do all the regular dispensing activities, but I am interested in the clinical aspects of pharmacy, so I do ward rounds whenever I can, and also try to keep up with all the changes in medications, guidelines, laws and regulations, etc., as much as possible. I love working with people – patients, customers, fellow pharmacists and other health professionals. I also enjoy training interns and pharmacist's assistants.

GM: Your greatest non-career achievements, and the best advice you've ever given?

JM: Living a full and busy life combining work, family and friends, sport and traveling – when finances allow!

I always tell my children to make sure that they do the right thing – in other words, to keep their slates clean so that others can't point a finger at them.

GM: Who or what inspires you, and if you could invite a famous historical figure to dinner, who would it be, why, and what single question would you pose to this person?

JM: I'm inspired by Mother Theresa and Nelson Mandela, and I would invite him to dinner – he set an example to the whole world almost every moment of his life, even before he was released from prison and rose to fame.

I would ask him "What kept you going even when you felt like you were constantly coming up against brick walls?"

GM: Can you remember a really defining moment/s in your life?

JM: Yes – having children!

GM: Do you have any pet aversions, and what is your favourite thing to do on a Saturday night or weekend?

JM: I can't tolerate rudeness, impatience, and laziness; I like to relax with family and/or friends over dinner, or go to a show or movies.

GM: What is the one thing that you could not live without, and if you could re-live your life, what would you like to change, and how?

JM: Family and friends – all of them! God gave us one life here on Earth and He sees the bigger picture, so I have enjoyed a good life and wouldn't change His plan.

GM: Jocelyn, can you identify the most important lesson which life has taught you?

JM: I've learnt to never presume anything.

GM: Let's find out how you relax – when you can. Which station is your car radio tuned to? If you auditioned for "Idols", what song would you choose to sing or play and which book are you currently reading?

JM: I relax by playing sport or reading a good book – currently "The Story Teller" by Jodi Piccoult, all about Auschwitz during World War ll. I listen to 94.7 FM on weekdays and 702 or MIX FM on weekends; God did not bless me with a singing voice, so I would never audition, and besides, I think that "Idols" is a bit of a farce competition!

GM: One last question, Jocelyn; why do you like living in South Africa?

JM: South Africa is a unique country, full of sunshine and beauty.

GM: Thank you Jocelyn for your interesting interview, and best wishes for your participation in the activities of the SAAHIP and PSSA Branch Committees.

WELCOME! to New members of the Southern Gauteng Branch

It is a pleasure for me to extend, on behalf of the Branch Committee members of the Southern Gauteng Branch of the PSSA, a very warm welcome to all the new members listed below who have joined the PSSA since October 2014 up to the end of May 2015.

We look forward to welcoming you to our CPD sessions as well as other events arranged by the Branch.

Lynette Terblanche, FPS - Chairman.

M Abdool Rahiman	CC Arsalides	K Barkley	MM Basson	P Bawa
L Chandika	JM Chelliah	M Chibabhai	A Chisamba	C Cloete
R Coetzer	ML Crause	RA Dibakwane	MC Duarte	DS Florczak
BM Gillingham	R Gosai	ZM Grimsell	AJG Hoffman	S Holland
DJ Hongoro	MP Kekana	NL Khumalo	M Kottakkunnummal	K Kupka
YY Lee	Z Mafanya	ME Magonyane	ZB Mahlangu	MJ Malan
TRM Malatji	DJ Mashaphu	MJ Mathye	HM Matlebjane	P Mechanic
MV Mmako	KA Mmethi	DD Montshiwa	S Moodley	KB Mothei
EMM Mpya	SB Naran	TN Ndiweni	T Noorbhai	L Norden
PUZ Ntebe	B Patel	SP Poptani	P Ramadene	MN Ramahlo
PB Rametse	A Ranchod	R Reay	SH Redpath	A Rossouw
VE Rowles	GVL Sabole	JC Sadler	H Seedat	SR Segel
LE Sethole	NSP Sibiya	B Singh	CM Smit	J Tshabalala
SDF Umali	Y Van Deventer	M Van Rooyen	E Van Zyl	VV Viljoen
A Wadee				

Stirring the Pot

I am deeply concerned that our once highly respected, yet over legislated profession, is being severely compromised even further in the name of accessible and affordable healthcare.

Since the opening up of pharmacy to lay ownership, together with the ever increasing dependence on poorly regulated dispensing doctors and prescribing nurses, our role in healthcare has been relentlessly marginalised. Currently medical schemes, through their accountants and actuaries, are dictating the very terms and conditions of medicine utilisation and distribution that once belonged to our profession.

I cannot believe that our various representative organisations have not adopted a much more meaningful and aggressive stance against these bullying tactics. Why are we the scapegoats of a fundamentally flawed healthcare system? Surely the enticing of pharmacists, through financial incentives, to implement medical scheme formularies that are more often than not "manufacturer specific", is nothing short of touting for business, and flouting the legality of offering perverse incentives? Why are we, as pharmacists, being forced to do the hard marketing for medical schemes, under the guise of membership benefits, converting prescribed non-formulary chronic medicines to formulary medicines, when their own contracted medical doctors have the freedom to prescribe as they please, and not adhere strictly to these formularies?

Furthermore, pharmacists are being marginalised because no present computer dispensing system provides an opportunity for members to confirm with their medical schemes that they were offered the generic or formulary medication but declined to accept it! Instead, pharmacists are being heavily penalised as a direct result. The implementation of co-payments has rebounded unfairly on pharmacists, and the resultant friction between pharmacist and scheme members, instead of their medical scheme, is unacceptable. This flawed "tail wagging the dog" system is severely tarnishing the image of our once extremely respected profession for the benefit of the so-called "GOOD SAMARITAN MEDICAL SCHEMES" that proclaim to be looking after the interests of their members, but, strangely enough, amass huge profits which are very infrequently passed on to their members.

It is truly high time that we, as a profession, took matters into our own hands, and dictated the future of our profession without the influence of money-grabbing outsiders, especially bean-counters. What other professional bodies, for example lawyers, architects, engineers, allow such hardnosed behaviour from outsiders to dictate the terms and conditions of their professions?

The emergence of the newly qualified mid-level worker, Pharmacist Technician, is yet another classic example of the erosion of our profession in the name of affordable and accessible healthcare. Perhaps ideally suited to the Public Sector, it will not be long before these pharmacist technicians will play an ever increasing role in the private sector. Already the pharmacist's assistants are, in many instances, becoming the front of pharmacy, whilst the pharmacist struggles to overcome the excessive administrative workload demanded in an over regulated system. Are we not the "CUSTODIANS of MEDICINES" or have we relinquished that extremely important role in the name of accessible and affordable healthcare?

The above are thoughts from a member. What is your opinion – write to the Editor at pssa@pssasg.co.za and express your thoughts.

LAENNEC'S DESCRIPTION OF HIS INVENTION AND DESIGN OF THE STETHOSCOPE

Extract from
The first London Edition of
"A treatise on diseases of the Chest and Mediate Auscultation, 1821."
(Translated by Dr. John Forbes MD, of the Royal College of Physicians, London from the original article of Dr. R.T.H. Laennec, Professor in the faculty of Medicine, Paris.)

"In 1816, I was consulted by a young woman labouring under general symptoms of diseased heart, and in whose case percussion and the application of the hand were of little avail on account of the degree of fatness. The other method just mentioned (placing the ear to the chest) being rendered inadmissible by the age and sex of the patient, I happened to recollect a simple and well-known fact in acoustics, and fancied it might be turned to some use on the present occasion. The fact I allude to is the great distinctness with which we hear a scratch of a pin at one end of a piece of wood, on applying the ear to the other end. Immediately, on this suggestion, I rolled a quire of paper (24 sheets) into a kind of cylinder and applied one end of it to the region of the heart and the other to my ear, and was not a little surprised, and pleased, to find that I could thereby perceive the action of the heart in a manner much more clear and distinct than I had ever been able to do by immediate application of the ear. From this moment I imagined that the circumstance might furnish means for enabling us to ascertain the character, not only of the action of the heart, but of every species of sound produced by the motion of all the thoracic viscera, and, consequently, for the exploration of the respiration, the voice, and the *ronchus*, and perhaps even of the fluctuation of fluid extravasated in the pleura of the pericardium. With this conviction, I forthwith commenced at the Hospital Necker a series of observations from which I have been able to deduce a set of new signs of diseases of the chest, for the most part certain, simple, and prominent, and perhaps, to render the diagnosis of diseases of the lungs, heart, and pleura, as decided and circumstantial, as the indications furnished to the surgeon by the introduction of the finger or sound, in the complaints wherein these are used."

The article continues with a description of various materials used by Laennec to determine which would produce the best sound. His final choice was a wooden cylinder and he records "This instrument I have denominated *the Stethoscope.*

The photograph with this article is of a wooden stethoscope on display in the museum. The age is not recorded, but it is certainly made according to Laennec's description in his early experiments.

Contributed by: Ray Pogir, FPS,
Curator of the National Pharmacy Museum

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