



### HIV testing policy should change!

South Africans have been pleasantly surprised by recent well-publicised statements by the Deputy Minister of Health, the Deputy President and other government spokespersons on our response to HIV/AIDS. We are indeed grateful for this good news, which provides such a stark contrast to the embarrassing fare that previously emanated from the Department of Health. The tragedy is that we should be so pleased when there is nothing remarkable about statements that contain basic sound sense in the approach to the pandemic!

Our medical fraternity has also been ultra-conservative in our HIV testing policy in health care facilities. Linda-Gail Bekker and Robin Wood provide a convincing and timely challenge for us to revise our policy (p. 1235). They note that the exceptionalisation of HIV testing developed during an earlier period of therapeutic nihilism when the disadvantages of testing were thought to exceed the benefits. The USA has now provided a strong impetus for change. Recognising that early HIV diagnosis may be of both public health and individual survival benefit, the US National Center for HIV/AIDS has published recommendations to facilitate HIV testing as a normal part of medical practice similar to screening for other treatable conditions.

The risk benefit of HIV testing began to change with increasing access to the benefits of co-trimoxazole prophylaxis and prevention-of-mother-to-child transmission services.

Access to antiretroviral therapy further increases the survival benefits conferred by knowledge of HIV-positive status. It has been demonstrated that sexual risk behaviour is decreased by increased population HIV testing. Normalising HIV testing as part of routine medical care may also serve to reduce the stigma of HIV infection.

### Advance directives simplified

Doctors are not good at understanding and knowing the laws that govern our relationships with our patients. David McQuoid-Mason takes us gently through the hoops of the National Health Act as it pertains to advance directives (p. 1236), and makes it look so easy.

The National Health Act provides a cheap and effective way for patients who may become mentally incompetent during (or as a result of) a health service, to appoint proxies to make decisions on their behalf. All that is required is that the mandate be in writing and that the patient be legally and mentally competent at the time that he or she executes it. Such proxy mandates take precedence over the wishes of relatives or partners and are binding – whether the patient is temporarily or permanently unable to give consent – unless a court orders otherwise.

### Adverse drug events in older patients

The proportion of elderly patients in the world is increasing. Tipping, Kalula and Badri studied the burden and risk factors for adverse drug events (ADEs) in older patients (p. 1255).

ADEs are a common contributor to illness in the older person and are rapidly increasing. The study showed that the number of concurrent prescription medications is the best predictor for an ADE. The number of coexistent diseases is directly related to the number of medications taken.

### Looming rural crisis

Earlier this year, Chris Bateman, our Izindaba News reporter, won the Cape Town Press Club's Senior Journalist Award for Investigative Journalism for his story proposal on whether South Africa can deliver rural health care without foreign doctors in a policy climate and working environment that is anything but conducive to their recruitment and retention. The award took the form of R20 000 to cover his travel, accommodation and research expenses. In this edition we publish the results. Not only was the answer to his question a resounding 'No!', but he discovered that our far-flung rural hospitals are being propped up almost entirely by foreign doctors and Community Service conscripts and limping along with just 30 - 50% of their fully funded professional posts filled. Far more importantly, however, he tried to dig out what government is doing to address the looming 2008 crisis when the percentage of Community Service doctor conscripts drops by 78% (due to the new 2-year internship) and the non-renewable 3-year contracts of hundreds of foreign doctors begin ending the following year. His conclusion (which he prays is wrong, by the way) is that, without major intervention, the short-term health care outlook for millions of our impoverished and most vulnerable country cousins is pretty grim. Counterpointing this, he takes a hopeful in-depth look at what the private NGO sector is doing to recruit health care professionals and how their highly motivated networkers are selling our exciting and varied recreational rural health care lifestyle, not to mention the unique pathology learning curve – something provincial and national health departments could do well to note. Cape Town Press Club co-chairperson Donwald Pressly said the award was created to give a senior Cape Town journalist the resources to undertake an in-depth investigation of a story of his or her choice. The Press Club was 'very well aware that the resources for investigative journalism are scarce in a tough and competitive media industry'.

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