

MPS regulation drama

The new regulations making it compulsory for independent health practitioners to have indemnity cover from this December, apparently a noble effort to protect patients, may make matters infinitely worse, reports Chris Bateman in Izindaba.¹

This is because the biggest player in the game, the Medical Protection Society (MPS), which has 25 000 South African members and is classified as 'mutual society', cannot qualify as a short-term insurer – something the new regulations insist doctors use – ostensibly to enable efficient regulation within our borders.

The MPS has chiselled out a moratorium against prosecution from the Health Professions Council of South Africa (HPCSA) (a co-drafter of the regulations with the Department of Health) for its members until December 2011. Until then the MPS will try to diplomatically persuade the drafters of the folly of their ways, no mean task given the tenor of comments made by the authorities to Izindaba. The MPS is putting its faith in the reasonableness of Health Minister Dr Aaron Motsoaledi when it makes its arguments, not least of which is that unchanged, such regulations could contribute to the 'push' factor of doctors leaving the country. A top patient litigator says retaining the regulations would be an 'unmitigated disaster'.²

INDEMNITY REGULATIONS TO BE REPEALED. At the time of going to print, the SAMJ learnt that Dr Motsoaledi had just written to the MPS confirming that the indemnity regulations would be repealed. This means that the MPS, a not-for-profit organisation, should be able to continue offering its 25 000 members in South Africa help with any legal and ethical problems arising from their professional practice.

Stroke guideline

Stroke is a catastrophic illness that can leave survivors severely impaired. The South African National Burden of Disease Study estimated that for the year 2000 stroke was the third most common cause of death (6.5% of all deaths) after HIV/AIDS and ischaemic heart disease. The age-standardised mortality for stroke for males and for females was 125 per 100 000. Black women had the highest mortality rate from stroke (160 per 100 000), while mortality was lowest in white men. Deaths in the coloured and black population groups were double those in the white population. The risk of stroke increases with age, and stroke is the most common cause of death of people over the age of 50 years.

The 2010 South African stroke guideline³ was developed by a working group with broad consultation, including participation by the National Department of Health (Directorate Chronic Diseases, Disabilities and Geriatrics). The guideline is comprehensive and will serve as a useful health management tool, a useful clinical practice tool, and a solid body of work for reference purposes. 'Chapters' are rounded off with recommendations and a comprehensive list of references.

The authors describe the details and the importance of stroke in South Africa. Its risk factors include the following, listed in order of their contribution: high blood pressure (52%), tobacco (24%), excessive body weight (18%), high cholesterol (15%), physical inactivity (12%), low fruit and vegetable intake (12%), diabetes (8%), and excessive alcohol intake (8%). The two main types of stroke are ischaemic stroke (85%) and cerebral haemorrhage (15%).

The role of each level of health care is clearly spelt out with regard to the management of stroke. Prevention is discussed and early diagnosis and treatment of stroke are emphasised. The management (diagnosis, investigations, acute care, etc.) of stroke at all levels is clearly described, from pre-hospital stroke management to management at the different health care levels and finally to rehabilitation.

The importance of a specialised, experienced stroke team to manage patients and to teach others in the health care team is clearly evident.

Helicobacter pylori in the Eastern Cape

Helicobacter pylori inhabits the gastric mucosa of the human stomach. It chronically infects billions of people worldwide and is responsible for one of the most frequent chronic bacterial infections involving more than 50% of the world's population. Tanih and colleagues⁴ studied *H. pylori* infection in patients with gastric-related morbidities at Livingstone Hospital, Port Elizabeth, to determine the prevalence and risk factors for infection according to race, endoscopic diagnosis age and sex. Gastric biopsies were collected from 254 consecutive patients and *H. pylori* was isolated.

The overall prevalence of *H. pylori* was 66.1% and its presence was highest in patients with non-ulcer dyspepsia. The prevalence of infection was highest among coloureds (68.4%) and lowest in whites (59.5%). Gender, antibiotic treatment and alcohol consumption may be risk factors for infection.

Maternal deaths associated with eclampsia

Hypertensive disorders of pregnancy (HDP) are the commonest medical complication and remain the commonest direct cause of maternal mortality in South Africa. Moodley, for the National Committee on Confidential Enquiries into Maternal Deaths, National Department of Health, South Africa, reports on the latest (2005 - 2007) Saving Mothers report.⁵ The report indicated that there were 622 maternal deaths from HDP during this period.

Eclampsia accounted for 55.3% of the deaths in the period. Most women who died from eclampsia were of low parity: 182 were primigravidas and 129 were of parity 1 - 3. A large proportion of the deaths occurred in the postpartum period.

The majority of maternal deaths from hypertensive disorders in South Africa are associated with avoidable factors and substandard care. These include factors relating to delay in seeking help and infrequent antenatal attendance; administrative factors (transport delays, communication problems between institutions); and poor clinical management (hypertension control, etc.).

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1. Bateman C. Clumsy patient-friendly regulations could strip 25 000 of MPS cover. *S Afr Med J* 2010;100:696-697.
2. Bateman C. Possible MPS eviction 'an unmitigated disaster' – patient litigator. *S Afr Med J* 2010;100:700.
3. Bryer A, Connor MD, Huag P, et al. South African guideline for management of ischaemic stroke and transient ischaemic attack 2010: A guideline from the South African Stroke society (SASS) and the SASS Writing Committee. *S Afr Med J* 2010;100:747-778.
4. Tanih NE, Okeleye BI, Ndip LM, et al. *Helicobacter pylori* prevalence in dyspeptic patients in the Eastern Cape province – race and disease status. *S Afr Med J* 2010;100:734-737.
5. Moodley J. Maternal deaths associated with eclampsia in South Africa: Lessons to learn from the Confidential Enquiries into Maternal Deaths, 2005 - 2007. *S Afr Med J* 2010;100:717-719.