



An 'amnesty' for health professionals?

To the Editor: The letter, 'An "amnesty" for health professionals?'¹ refers.

As a regulatory body, the Health Professions Council of South Africa subscribes to the tenets of open communication, visibility and accessibility with all concerned. While we respect people's rights to express their opinions about the HPCSA, it is worrying and misleading when statements are made without substantiation.

Dr Driver-Jowitt made disturbing fabrications without giving tangible information that would allow investigations to be carried out in the event of misdemeanours. For example, the writer dwelt on 'nepotistic appointments, which were totally inappropriate for a body of its nature'. Council is not aware of any such appointments, and will always follow normal procedures in the form of advertisements in national publications and on Council's website when a post becomes vacant for anyone to access and apply.

The HPCSA is a sensitive institution that strives to uphold an open-door policy with its stakeholders, always communicates its policies and developments to the public, and has gone out of its way to accommodate everyone on issues that could affect stakeholders negatively. It is therefore confusing when Driver-Jowitt alleges such characteristics as 'lack of insight, authoritarian, unapproachable and rigid' at the door of the HPCSA. Rather, Council is approachable and endeavours to reach out to practitioners, especially with its 'road shows' where Council and practitioners meet and discuss various issues. Council always communicates with its practitioners on the need to alert the regulatory authority in the event of a break from their work. In such events, one goes on voluntary erasure which means one is exempted from paying annual fees for the duration of the absence.

However, some individuals disappear without informing Council and are eventually erased from the register of practitioners because of non-payment of fees. For such transgressions, one is expected to pay a fee to get back onto the register. This is a normal procedure expected of any regulatory body, not only in South Africa.

Finally, Council's use of terms like 'penalty', 'amnesty' and 'community service' is appropriate as these are used in circumstances where practitioners have erred and, as a corrective measure, certain steps are employed to put right practitioners' misdeeds. It must be remembered that penalties are not applied to practitioners for leaving the country but for failure to adhere to what they are expected to do – inform.

Hiding behind the veil of a 'conducted poll', Driver-Jowitt has concocted issues and gone on a personal vendetta by resorting to dramatic and disingenuous statements that are completely detached from happenings at the HPCSA.

Council will continue to reach out and be accessible as usual and, as it has been doing, strive to come up with sound initiatives meant for the good of its practitioners, the professions and the public.

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1. Driver-Jowitt JP. An 'amnesty' for health professionals? *S Afr Med J* 2008; 98: 68.

Dr Driver-Jowitt replies: Embarrassing as it is, this letter from the Health Professions Council makes my points better than I could have done. The HPCSA says it is 'confused' when people complain of its lack of insight and other failings. However, when these things are explained, this type of aggressive response results.

Oral fluids: How pseudoscience gulls the gullible

To the Editor: Dr Khumalo discussed the health myth of 'eight glasses a day – the perils of pseudoscience'.¹ I presume that the water bottling industry misused the pseudoscience² of 'eight glasses a day' to develop a novel and unnecessary industry in much the way that the sports drink industry has misused science to assist the growth of the multi-billion dollar a year sports drink industry. While there may be one subtle difference – sports drinks do indeed aid performance in athletes competing in sporting events lasting more than about 60 minutes (compared with either water ingestion or not drinking³) – there is no evidence to my knowledge that bottled water is more healthy than the (sterile) tap water in most of the developed nations where most of the 'healthy' bottled water is consumed.

In this regard, it is interesting to speculate on how the sports drink industry might have used 'pseudoscience' to develop its particular brand.

Step 1: Develop a new 'disease' for which your product is the sole therapy. The sports drink industry turned a normal physiological process – fluid loss from sweating – that evolved to protect humans against disease (heatstroke during exercise in the heat)⁴ into a novel disease ('dehydration') with a potentially fatal outcome ('dehydration-induced heatstroke'). There is no good evidence that fluid ingestion during exercise plays any significant role in thermoregulation.^{5,6} The key determinant of the body temperature response to exercise is the metabolic rate achieved during exercise.^{6,7} Therefore, if fluid ingestion allows higher exercise intensity during exercise, it might promote – not prevent – heatstroke. Similarly, there is no evidence that dehydration is anything other than an associated



feature of some cases of exertional heatstroke – without any evidence that it is the exclusive cause.

We have argued that exercise-induced heatstroke is most probably the result of some genetic predisposition to the development of a state of explosive endogenous thermogenesis in susceptible individuals.⁸ This is the only explanation for the relative rarity of heatstroke. For example, 5 cases of heatstroke developed in the 2002 Argus Pick 'n Pay Cycle Tour in Cape Town, held in unusually warm conditions.⁸ If environment alone were the cause of heatstroke, then the vast majority of the 28 753 entrants should have been affected. That they were not, must indicate that only certain individual athletes are at risk of heatstroke because of an individual susceptibility that is currently poorly understood – and not simply because those affected were the only cyclists who became 'dehydrated'.

Similarly, lobbyists for the sports drink industry⁹ continue to propose that a sodium deficit induced by exercise contributes to exercise-associated hyponatraemia (EAH) and muscle cramping, despite clear evidence to the contrary.¹⁰⁻¹³

Step 2: Encourage scientists to undertake research (funded at your expense) that promotes the incorrect science developed in Step 1. Reward those scientists with admission to a core clique of lobbyists and contrarians.¹⁴ It is helpful if those scientists are encouraged to believe that these rewards depend on them sustaining the pseudoscience.

Step 3: Assist these 'contrarian' scientists in their efforts to become influential members of the editorial boards of the major scientific journals in which authors, foolish enough to dare challenge the pseudoscience of Step 1, may wish to publish their work. In this way, the pseudoscience can never be exposed.

Step 4: Establish yourself as a key funder of influential organisations that produce statements that can be used to promote your product. When these organisations produce position stands, try to ensure that the drafting committee includes enough of your favoured scientists that the pseudoscience of Step 1 underpins those guidelines. At the same time, it helps to ensure that your favoured scientists can become influential members of those organisations, preferably the President or Vice-President.

Step 5: Ensure that top athletes are paid to use only your product.¹⁵ This gives the impression that their superior athletic ability is purely due to their use of your product.

I should imagine that the same model has been embraced by the sports supplement industry¹⁶ and probably certain pharmaceutical companies.¹⁷

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Near-fatal TURP syndrome associated with similarities in irrigant fluid packaging appearance

To the Editor: We describe a case of severe iatrogenic transurethral resection of the prostate (TURP) syndrome associated with confusing irrigant fluid packaging. TURP syndrome is described, as well as steps taken to request industry to alter the packaging.

Case report

A 67-year-old man presented to Groote Schuur Hospital with acute-on-chronic urinary retention. Following catheterisation, benign prostatic hyperplasia (BPH) was diagnosed and elective transurethral resection of the prostate (TURP) was planned.

The TURP was completed in 40 minutes with 30 g tissue resected. At the end of the procedure TURP syndrome was suspected when the patient became confused, bradycardic and hypotensive. It was discovered that sterile water (15 l) had inadvertently been used as irrigant instead of mannitol.

The patient developed massive intravascular haemolysis, progressive disseminated intravascular coagulopathy (DIC) and cardiovascular collapse. Of interest is the fact that severe hyponatraemia and fluid overload were notably absent – features that distinguish this from mannitol-induced TURP syndrome. He required intubation, ventilation and inotropic support in the intensive care unit. He was transfused continuously with packed cells, fresh-frozen plasma and