

SAMA HELPS OUT THE NURSES

With 20% of all the country's doctors having so far taken its basic 3-day HIV/AIDS course, the Foundation for Professional Development (FPD) has spread its attention to providing these urgently needed skills to nurses — and the response has been 'overwhelming'.



First of many. L-R; Esbe Booysen, chief nurse for the Swartland Municipality (Malmesbury), funder representative, Andrea Sequeira of the Advisory Board Foundation, Sister Helen O'Connell of Nazareth House, HIV/AIDS trainer Kathy Dennill (sitting) and Sylvia Bambanani, a Gugulethu Day Hospital nurse.

According to nursing trainer, Kathy Dennill, plucked from her directorship of Gauteng's Thusano School of Public Health by the FPD in February this year, the subscription in the Western Cape where the first course was run, was triple what she was able to teach at one time. 'I get goose-flesh; the demand was far beyond my expectations. The dedication of these nurses and their need to do what is right for the people they serve is amazing,' she enthused.

The first 56 Western Cape nurses, drawn from local and provincial authorities, technikons and universities, NGOs and tertiary and private health care services, completed the course on 17 March. Dennill said about two-thirds came from the public health services.

Her surprise was mainly because of initial resistance from various provincial authorities, who were either putting together their own programmes or already had something in place. 'But as we've worked with them they realised we're on the same side. Now the Western Cape is even going to fund some of them,' she said.

The FPD is an independent training unit of the South African Medical Association (SAMA).

The HIV/AIDS course has been adapted from the mainly clinical one offered to doctors, and embraces theory, epidemiology, passive physiology, diagnosis and laboratory tests on the first day. The second day sees handson clinical management of people living with AIDS (PWAs) and HIV-positive people, general management, opportunistic infections and antiretroviral drugs.

On the final day nurses look at successful programmes, are lectured by PWAs who are working as counsellors, study

healthy living, nutrition and learn practical ways of making resource-poor clinics user-friendly.

Dennill says she has had queries from most provinces and from even further afield — Zambia, Kenya and Tanzania.

Like the doctor courses, participation and running costs are sponsored by philanthropic organisations from overseas and within South Africa.

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What emerged powerfully from her first group was the need for 'some sort of support system for these people'.

'They are working under amazingly poor conditions, are under-resourced in

human terms and are at the very cutting edge. People demand a tremendous amount from them and usually they get negative feedback from those they report to,' Dennill said.

What worried her was how rarely nurses were asked to give input by the policy makers and planners. 'This ARV roll-out seems to be a case in point — many said they were not brought into it. This has profound implications for implementation and cost-effectiveness because the person on the ground knows how things work,' she said. Hers is the first of six initial courses funded by the USA-based Advisory Board Foundation, a philanthropic organisation.

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Dennill, a career nurse, commended SAMA for what she termed, 'a very bold move. They're going out and closing the gap, not prescribing but offering the opportunity. It's not doctors on top, but doctors on tap'.

She said nurses had no equivalent body protecting their rights as professionals. The Nursing Council looked after patient complaints and nursing standards while Denosa was a trade union.

She said the initial group of participants was 'hungry for the knowhow and the support so they could make an impact'. Some had walked several miles from the bus or train station to get to the Gardens training site and all had complied with their overnight homework, in spite of getting back home as late as 9 pm.

There are 175 000 registered nurses in South Africa (18% of whom defaulted on renewing their registrations this year) and 27 000 registered doctors,

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23 000 of whom are practising and 4 600 of whom have taken the FPD HIV/AIDS course (19.6%).

NB — The Centre for Health Systems Research and Development at the University of the Free State and the Centre for HIV/AIDS Networking at the University of Natal are compiling a national database of all organisations in South Africa involved in HIV/AIDS projects, programmes and activities. To

assist with the compilation of the database, all organisations that currently support and/or have recently created HIV/AIDS-related projects, including institutions that have conducted research on HIV/AIDS, are requested to submit their details for inclusion. Once complete, the database will be accessible on the internet, providing government and donors with information on HIV/AIDS-related activities in South Africa.

Submissions can be made telephonically by contacting the Database Line and submitting the organisation's details on 031 566 8017 or 031 566 8019. Contact details can also be submitted via the project's website at www.aidsdata.org.za .

Chris Bateman

The South African Medical Journal

100 years ago:

ANAESTHESIA UNDER ETHYL CHLORIDE

East London

To the Editor,

South African Medical Record*

DEAR SIR,

I inhaled from a special inhaler I have, 7 c.c. of Ethyl Chloride and under its influence endured without pain the free movement of an elbow joint that was stiff after a severe sprain some time ago. I am told the adhesions cracked loudly as they were broken down.

I had my usual breakfast at 8 a.m., and was anaesthetized at 10.30 a.m. By 10:45 the whole operation was over and I was able to walk out a few minutes later. I am told I was unconscious for about two minutes. Ethyl Chloride is as safe as gas and is much more handy as inhaler and glass cylinder can be carried in a small hand bag. Without doubt, it will be a boon to the Profession and to the public.

I am,

Yours truly

CHAS. J. HILL AITKEN, M.D.

*The South African Medical Journal was published under the title SA Medical Record during 1904.

50 years ago: A case of watering-can scrotum

To the Editor: This patient is of interest as the condition must occur occasionally in South Africa. In Sierra Leone it is not uncommon. K.G., an African aged about 30, was admitted on 15 July 1952. For some years he had voided urine through numerous small holes in the scrotum and there were several fistulae round the anus. The scrotum and perineum were indurated. An odour of urine and sepsis was noticeable for some distance, which rendered him so offensive to his former associates that they would have nothing more to do with him. As no sound could be passed beyond the perineal part of the anterior urethra, a suprapubic cystostomy was performed and bladder suction instituted. The infection of the perineum and scrotum subsided, so that, after seven weeks, an external urethrotomy could be performed. Sounds were passed from the penis and bladder; their ends were exposed through a perineal incision; the lower sound was guided by gradually withdrawing the upper into the bladder, and a rubber catheter threaded on its tip. The sound was then withdrawn and the continuity of the urethra thus restored over the rubber catheter. The perineal wound was drained for 4 days. The urethral catheter was removed after 25 days and replaced by a thread to act as a guide for sounds. Bladder suction was continued from the suprapubic tube for a further week. Sounds up to 9/12 English were passed until 6 November, when the patient was discharged with all wounds healed. He disappeared into the bush for about a year and has neglected to return for the periodic passage of sounds. I am informed that he has been seen in the neighbourhood recently in good health, having gained weight. Sooner or later, unless he has sounds passed, the stricture and watering can will presumably recur.

S. V. Humphries, M.A., M.R.C.S.,

Sierra Leone

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