SAMA's inward-looking approach to AIDS and ethics

To the Editor: Posted together with the February issue of *SAMJ* was a copy of SAMA's *Human Rights and Ethical Guidelines on HIV and AIDS – A Manual for Medical Practitioners*,[1] updating the 2001 edition to reflect changes in the response to the AIDS epidemic in South Africa, notably the increasingly accessible antiretroviral therapy (ART) in the public sector. SAMA seems not to encourage wide dissemination of, and discussion on, its Guidelines.

I moderate an online discussion forum on HIV Policy and Ethics for the Southern African HIV Clinicians Society. A recent case study concerned the thorny ethical issue of whether a surgeon with HIV/AIDS on ART had to disclose her HIV status to her patient after discovering blood on the inside of the first of her double gloves after surgery. I thought it appropriate to refer members of the discussion forum to the Health Professions Council of South Africa (HPCSA) Guidelines on *The Management of Patients with HIV Infection or AIDS*[2] (which replaced the South African Medical and Dental Council (SAMDC) Guidelines of 1994) and SAMA's new Guidelines. While the HPCSA Guidelines can be accessed, the latest SAMA Guidelines cannot be located on the Internet. (The URL on the HPCSA website referring to their Guidelines (http://www.hpcsa.co.za/hpcsa/UserFiles/File/Patient'sRightsCharter.pdf) did not function at the time of writing, but the Guidelines could be accessed from secondary sources such as http://alp.org.za.dedi20a.your-server.co.za/images/upload/3rdAids%20finalss%20append.pdf (last accessed 29 May 2007)).

I requested, from SAMA's Human Rights, Law and Ethics Department and its Corporate Communications Department, an electronic copy of the Guidelines to post on the discussion forum website. I was informed that only SAMA members could access this on the SAMA website, while a hard copy was available in the *SAMJ*. Not being a SAMA member, a hard copy would cost R120, or alternatively R2 500 for an electronic copy that could be made available to special interest groups as a special concession from SAMA.

SAMA's position on its Guidelines is perplexing. In a devastating AIDS epidemic, it seems elementary that new knowledge, innovative ideas and technological advances are widely shared. While South Africa boasts an impressive legal framework, laws or policy have not adequately addressed every issue pertaining to HIV/AIDS. In lieu of law or policy, lawyers, AIDS organisations and medical practitioners are often guided by standards produced by medical and ethical bodies, which have invested skills and expertise in thinking through some of the complex implications of the epidemic, such as contained in SAMA's latest Guidelines. It follows that it is in the public interest for such documents to be made generally available, and for their use to be encouraged and promoted.

HIV/AIDS is not a purely medical issue, and for its devastating effects to be adequately contained, it is crucial that a wide range of expertise, resources, disciplines and skills are sourced. Restricting SAMA's Guidelines to an exclusive group of members of the Association who are chiefly medical professionals, or to those who can purchase a copy, does an injustice to the Association's approach and commitment to the epidemic. This seems petty and short-sighted, particularly as doctors and medical scientists debate whether it is ethical for access to new knowledge to be limited to paid-up subscribers of major medical journals.[3-5] SAMA's attitude harkens back, damagingly, to closed bureaucracies, institutional possessiveness and competitive small-mindedness. I therefore call on SAMA to seriously review its current position on restricting various documents and Guidelines to its members only, to make the HIV Guidelines freely available on the Internet, and to mail hard copies to all AIDS organisations and community-based organisations that may not have access to the Internet.

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Pap smears in the Third World

To the Editor: A 73-year-old woman presented to the emergency unit at Polokwane Hospital complaining of chronic abdominal pain. When asked whether she had visited a health professional before, she produced an old referral letter from a general practitioner which read: 'It is not possible to do a Pap smear in a Third-World general practice.'

Cervical cancer is the commonest cause of cancer death among women in the developing world.[1] It is the duty and responsibility of every primary health care doctor to be able to assess patients with cervical abnormalities. This is particularly important in developing countries where the incidence of cervical cancer is high, with 30 - 100/100 000 women acquiring the disease.[1]

One of the principles of family medicine is that every consultation should be used as an opportunity for health

promotion and prevention. Failing to do a Pap smear is inexcusable and negligent.

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Glibenclamide – what dose?

To the Editor: Doses of a wide variety of pharmacological agents currently used in clinical practice differ from the doses initially recommended at the time of drug registration.[1] Oral antidiabetic agents, in particular the sulphonylureas (SUs), so far lack this degree of post-approval evaluation.

The low cost and ready availability of SUs to the state make it a popular agent in the management of type 2 diabetes mellitus.

Manufacturers of glibenclamide are inconsistent and even in conflict in their recommendations on the maximum dose. This discrepancy in dose recommendation among the manufacturers has resulted in inappropriate doses of glibenclamide being prescribed.

An audit of the prescribing of glibenclamide at selected provincial institutions in KwaZulu-Natal showed that 25% of all dose unit packs dispensed comprised the 20 mg dose of glibenclamide (Table I).

From this audit it is not possible to determine whether these doses are associated with efficacy or safety issues. High dosage appears to have been used by centres supplying medication mainly to geriatric patients. There is controversy as to whether there is a linear relationship between dose and pharmacodynamic response. Various studies have suggested that SUs may have efficacy below doses recommended by manufacturers and that doses above half of maximal do not add to clinical benefit.[2-5] High-dose glibenclamide with its high potency and long duration of action carries the risk of prolonged hypoglycaemia, especially in the elderly and those with irregular eating habits. In addition, SUs may mask the severity of a myocardial infarction.[6]

While the cost of glibenclamide to the province is low because of the nature of the present tender system of purchase, it may become an issue if the single exit price for medicines from manufacturers is implemented.

In conclusion, this survey of glibenclamide usage in the greater eThekwini/Durban area confirms that the maximum recommended dose of 15 mg per day is being exceeded in public institutions.

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Table I. Usage of 20 mg dose as inferred from number of pre-packed units of 112 glibenclamide tablets dispensed by provincial institutions in the greater eThekwini/Durban area in 2002/3

Centre	Number of 20 mg/day dose packs prepared in 2002	Total of all packs prepared in 2002	Percentage
A	5 694	23 116	25
B	28 334	64 743	44
C	3 083	44 415	7
D	3 594	15 230	24
E	6 590	14 758	45
F	2 621	38 750	7
Total	49 916	201 012	25