



were increasingly being professionally downgraded to select the least expensive treatment for their patients and expected to act as 'administrative clerks and accountants'. Globally, health care was being 'dumbed down to the lowest common denominator of cost', while rationing was slowly destroying the art and professional practice of medicine, the patient-physician relationship and patient access to all treatment options.

Put politics aside

Alluding to the recent spate of natural disasters across the world, Letlape, the first black ophthalmologist to qualify

in South Africa, said politics should not be allowed to stand in the way of the effective handling of epidemics or disasters.

Events had highlighted the need for physicians to become more effective in shaping the health policy environment, rather than being shaped by it. He saw the future role of the WMA as more that of social leaders and bemoaned the lack of a 'fully functional network where physicians and medical associations are directly linked to the World Health Organisation'.

Letlape cited SARS being transmitted from China to Taiwan and Taiwan not

having any formal channels open with the WHO to exchange technical data and provide help.

'Clearly we need to be more vocal as social leaders in making sure all measures can be taken to include all the peoples of the world in preparing for disasters,' he added.

Physicians chosen for the *Caring Physicians of the World* book were nominated by their own national medical associations and cited as examples of the profession's values, 'demonstrating the highest standards of medical care, ethics and science'.

Chris Bateman

VENUE CHANGE ANGERS HOSPITAL CHIEFS

Contrary to press reports, the constraints of a 'vital' British NGO and not the 'arrogant whim' of our Health Minister, forced some 90 public hospital CEOs to re-book their hotels and planes when their conference venue was suddenly changed.

The annual (hospital) Chief Executive Officers Forum Conference was to be held at the Royal Hotel in Durban, the only facility that could cater for the 100 participants on 21 and 22 October 2005, according to health department spokesman, Solly Mabotha. However, a 'vital' British NGO that gives best practice input in terms of a country-to-country memorandum of understanding with South Africa, could only make it to Johannesburg on 21 October, the day of the conference, he added.

With no direct flights between London and Durban, it was decided to inconvenience the 90 local CEOs rather than miss out on this input, and the much-maligned national health minister, Dr Manto Tshabalala-Msimang, was not at fault, as reported.

'I was misquoted' – Mabotha

Mabotha was responding to press reports that quoted him as saying the minister

was 'a very busy woman', for whom it was more convenient to hold the conference in Pretoria.



Health Minister, Manto Tshabalala-Msimang, at the National Health Summit held in Gauteng in December 2004. Alongside her is KwaZulu-Natal Health MEC, Peggy Nkonyeni.

The sudden venue change just over a week before the meeting angered several of the hospital CEOs deeply, one of whom described it as 'outrageous' and several others who reportedly called it 'pathetic, fruitless and wasteful'.

'This is certainly not best practice! About 100 people, including overseas guest speakers, had to make changes. You're talking about a lot of taxpayers' money here,' one unnamed CEO was quoted as telling the weekend newspaper.

Mabotha flatly denied the quotes attributed to him, which the reporter concerned stuck to when contacted by *Izindaba*. Said Mabotha, whom *Izindaba* managed to buttonhole after 2 days of trying, 'It sounded sensationalist for the reporter to say the minister was busy. It conveyed arrogance and would mean that she doesn't care and takes harsh wasteful decisions'.

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Instead, the service provider hired by the health department was forced to make the changes that had not cost the department anything in terms of booking



penalties (although Mabotha conceded it might have cost the public hospitals, who pay their own way for such meetings). A standard letter, confirming the CSIR in Pretoria as 'a preferred venue', was sent to the provinces on 10 October, with the usual expectation that this would be relayed to the relevant hospital managers.

Health Minister was 'unwell'

He confirmed having said that the minister was 'not well' and in hospital the week before the conference (which she attended), but denied this was in

any way linked to the venue shift. His spin-doctor colleague in the health ministry, Sibane Mngadi, had earlier told *Izindaba* he was 'mystified' as to the reason for the venue change, which had nothing to do with his minister.

Mngadi said Tshabalala-Msimang would 'think nothing' of flying to another city to open any important health conference – and regularly did so. Mngadi said he had not called Mabotha to ask for an explanation after Mabotha had reportedly spoken so boldly on behalf of his minister.

Neither spokesman responded to queries as to what ailment put the health minister in hospital.

- In early December 2004 delegates to a 'National Health Summit' hosted at the Sandton Convention Centre by the national health department were informed just weeks in advance while the agenda was only finalised days before the meeting. Delegates complained that this made it difficult to decide whether to attend or to secure accommodation.

Chris Bateman

SOUTH AFRICA UNDER-PRIORITISES OSTEOPOROSIS

In spite of being listed among the World Health Organization's top 10 serious diseases, osteoporosis, which strikes 1 in 3 women over 50 (more than breast cancer) and 1 in 5 men (more than prostate cancer) remains a low priority in South Africa.

Removed last year by most medical aids from their prescribed minimum benefits (PMB) for chronic diseases list, only the most costly comprehensive medical aid plans will cover the condition. According to Tereza Hough, chief executive of the National Osteoporosis Foundation of South Africa (NOFSA), this is a 'short-sighted and costly approach'.

Speaking at the launch of the 'Friends of NOFSA' on World Osteoporosis Day (1 October), Hough said that potentially 6 million South Africans would develop osteoporosis. 'When you think about it, you pay about R3 000 a year on preventive medicine for this disease, yet hip replacement surgery will cost you between R40 000 (public hospital) and R100 000 (private hospital). The approach of the medical insurers seems self-defeating,' she said.

By the skin of the shin

Hough added that bone scans for pre-authorization of medication payments went only as far as two standard deviations from normal bone density, meaning that this kept patients 'just on the cusp of bone health'. NOFSA had been 'battling for 20 years' to get osteoporosis on the government's PMB list.

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They had recently formed an alliance with the Arthritis Foundation and joined the Consumer Health Advocacy Forum to deliver their own 'health charter' to the national health department 2 months ago. 'They were very sympathetic and we can only hope now', she said.

Friends of NOFSA aim to raise funds to broaden education campaigns and 'arrest

the misery of countless South Africans who needlessly suffer the debilitating and immobilising pain of brittle and broken bones, caused by a disease they don't know they have'.

Besides lobbying government, NOFSA plans to launch a 3-year lifestyle campaign to encourage people to exercise. It is called, 'Move it or Lose it!' and is based on a paper written by the International Osteoporosis Foundations' scientific advisory committee. 'We hope to encourage men and women of all races and classes to realise that they can take early-life responsibility for their bone health and not be unknowing victims of osteoporosis later on,' says Hough.

South Africans too sedentary

The increasingly sedentary lifestyle of South Africans put them at greater risk of osteoporosis, with research revealing that prevalence levels were increasing among younger people and that hip fractures now occurred equally among men and women.

More and more black women were falling victim to the disease, possibly as a result of lifestyle risk behaviour (drinking, smoking) and while their

