July 2023

QualiCare

Newsletter

New payroll tax and income tax hike needed for NHI, new govt factsheet suggests

Special Points of Interest

- **Point 1** New payroll tax and income tax hike needed for NHI, new govt factsheet suggests
- **Point 2** 'WIN' for Health Department in battle over NHI-LINKED Certificate of Need
- **Point 3** GEMS hauled to court over "irregular" pharmacy contract

- New taxes will be needed to fund the National Health Insurance.
- These will likely include a payroll tax and an income tax surcharge, according to a new government factsheet.
- The Department of Health has yet to say at what level these would be instituted, but calculations suggest hikes would be substantial.

A recently circulated factsheet on National Health Insurance (NHI) has partly answered the billion-rand question on how the scheme will be funded, suggesting that both a payroll tax and a surcharge on personal income will be imposed.

NHI Funding .....continue to page 2

Inside this issue

Both employers and employees would contribute to the payroll tax in the same way that contributions to the Unemployment Insurance Fund (UIF) are structured.

The Department of Health and the Presidency drew up the factsheet and recently distributed it to stakeholders.

The sheet does not say at what level these taxes would be applied. However, it sets high ambitions for the NHI – implying the need for a higher level of financing. It clearly states that all goods and services - except for cosmetic surgery, unnecessary dentistry, and some costly medicines - will eventually be provided by the NHI. It also states that all NHI services will be provided without charge.

Says that factsheet: :

Based on the NHI Bill, NHI will be predominantly funded through general revenue allocations, supplemented by: (1) a payroll tax payable by employers and employees and (2) a surcharge on individuals' taxable income.

It goes on to state that the NHI taxation system must not create an increased burden on households compared to the current system. However, a payroll tax such as the type used by the UIF would apply equally to all employees in the formal sector, including the seven million people below the threshold for personal income tax.

Among the points of contention raised by opposition parties and stakeholders during the processing of the NHI Bill has been the need for more input from Treasury on the anticipated cost to taxpayers of the new system. The Department of Health has previously said it was preferable not to cost the NHI in detail at this point, but to do so as it evolves.

Asked last week whether, in light of the factsheet, it had finalised the projected costs or drawn up a Money Bill to accompany the NHI Bill, Treasury's response indicated that no new work has been done to determine costs. It said it had "provided inputs to the Department of Health and the Cabinet throughout the process".

"Most legislative drafts themselves do not deal with financial matters. Legislation that deals with financial matters ("Money Bills") must be tabled by the Minister of Finance. These are developed through the budget process," it said.

However, it did warn that the proposal for a payroll tax levied on both employers and employees would raise the cost of employment for employers and mean lower take-home pay for workers.

NHI Funding .....continue to page 3

"Currently, unemployment insurance contributions and skills development levies are levied on all formally employed workers, including workers with incomes below the personal income tax threshold. Further increases in payroll taxes would increase the cost of employment and would imply a decrease in take-home pay to contributors," it said.

What's the cost?

It is common cause that NHI will cost the fiscus significantly more than it costs to fund the health system in its present form. While the health budget – funded by general revenue raised from taxes – will be the main funding source, there will still be a large funding gap. The size of the hole depends on how fast the economy and general revenue grow and the benefit package offered by the NHI.

Currently, SA spends 8.5% of GDP on healthcare when government spending on public healthcare and spending in the private sector are added together. About half of this – 4% - comes from the public sector, which in 2023 has a budget of R259 billion. A slightly larger amount is spent in the private sector, funded by medical aid contributions.

The 2015 White Paper assumes that under NHI, SA would raise public funding of the system by 2% of GDP, assuming that the economy grew at 3.5%. If average economic growth was lower, which it has been, a larger increase in taxation would be required.

Many Department of Health documents implicitly assume that NHI will eventually have a budget of 8.5% of GDP as people switch from private medical aid to NHI. This will happen as a matter of course, it suggests, as medical aids would no longer be able to provide cover for services provided by the NHI.

In today's prices, 1% of GDP is about R70 billion, implying that between R140 billion and R280 billion would have to be raised in additional taxes.

The UIF, a payroll tax of 2% split equally between the employer and employee up to an earnings threshold of R241 110 a year, raises about R24 billion a year.

A 1% increase in personal income tax across all income bands raises about R23 billion a year. The government also intends to scrap medical scheme tax credits, which would raise about R30 billion.

So, raising R140 billion in new taxes would take just over a 3% payroll tax and a hike of three percentage points in personal income tax, as well the scrapping of medical aid credits.

If fully rolled out, as assumed by the Department of Health to over 8% of GDP, NHI payroll tax would need to be 6% and increases to personal income tax around six percentage points on the baseline.

The Department of Health has repeatedly emphasised that the NHI will be introduced gradually. It has also highlighted that public health facilities need significant upgrading – implying a larger baseline health budget in the immediate term - to raise them to an NHI standard.

The discussion on new taxes comes at a difficult time for the Treasury, which is loath to raise taxes now, given the state of the economy.

The Treasury is also under enormous fiscal pressure to reduce spending to consolidate debt and find savings to fund the pay increase of 7.5% to civil servants, which was not budgeted for in the February budget. Revenue is also expected to disappoint on the downside due to load shedding and weak economic performance.

END

'WIN' FOR HEALTH DEPARTMENT IN BATTLE OVER NHI-LINKED CERTIFICATE OF NEED

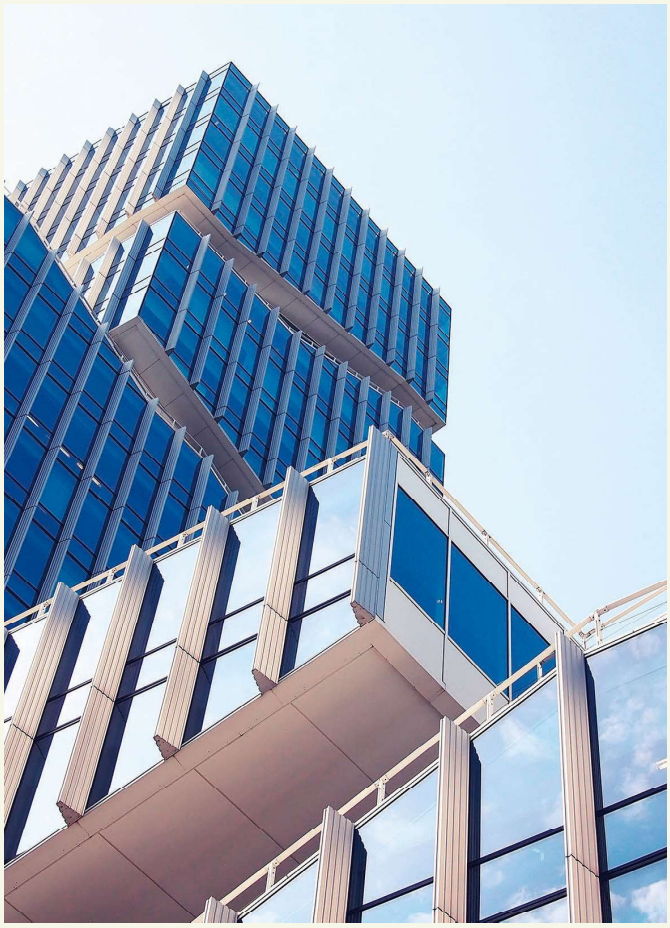
The High Court will revisit the constitutionality of the Department of Health's proposed Certificate of Need (CoN), which determines where medical practitioners may work, following a judgment in favour of the department this week. The CoN is regarded as essential to establishing National Health Insurance (NHI), the state-run monopoly that will control the funding of healthcare.

The legal tussle over the CoN also came up on Tuesday during a meeting of the National Council of Provinces' Select Committee on Health and Social Services, where the Department of Health's "point man" on NHI, Dr Nicholas Crisp, said there was nothing unusual about the certificate.

The NCOP started processing the NHI Bill this week after it was passed by the National Assembly on 13 June (see below).

In June last year, Acting Judge Thembi Bokako ruled that sections 36 to 40 of the National Health Act (NHA), which provide for the CoN, were unconstitutional and invalid and should be set aside. Essentially, these sections provide that no one may operate a health establishment, increase the number of beds in such an establishment, or construct or open a new health establishment without being in possession of a CoN.

'WIN' For Health Department .....continue to page 5



RULING ON 'UNCONSTITUTIONAL' CERTIFICATES WON'T STOP NHI, SAYS HEALTH MINISTER

The NHA's definition of a "health establishment" is wide and could include almost any place where a health service is available, including a pharmacy, a general practitioner's consulting rooms, and a hospital.

The application against the CoN was brought by trade union Solidarity, the Alliance of South African Independent Practitioners Associations, the South African Private Practitioners Forum, and four healthcare practitioners. The application named Minister of Health Dr Joe Phaahla, health department director-general Sandile Buthelezi, and President Cyril Ramaphosa as respondents. However, they did not oppose the matter.

The Department of Health (DoH) subsequently said the minister had not been notified of the proceedings, and it applied to both the Constitutional Court and the High Court to have the ruling rescinded. The Constitutional Court said in December that the High Court should decide on the matter.

In a ruling handed down on 14 June, Judge Brenda Neukircher agreed with the department's argument that the minister had not been properly informed when Solidarity instituted legal proceedings. The applicants failed to comply with the Uniform Rules of Court setting out how the sheriff may serve papers initiating proceedings on a respondent, she said.

Judge Neukircher gave the DoH 30 days to file its responding affidavit to the issues raised by Solidarity and its co-applicants.

'WIN' For Health Department .....continue to page 6

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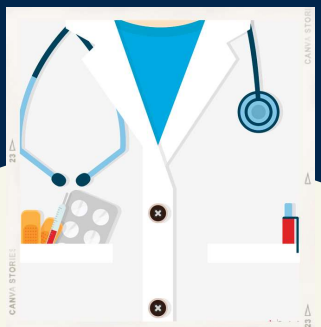

TOTAL OF POINTS APPLIED FOR: 3 Ethic Point, 2 General Points

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'It's for planning purposes'

The judgment means the original decision has been rescinded and the health minister will have an opportunity to defend the CoN in court.

Crisp, the DoH's deputy director-general for NHI, told the NCOP committee that the judgment will provide the department with an opportunity to deal with the CoN issue "once and for all".

"There are already provisions in the Pharmacy Act and other places for pharmacies to comply with certificates of need, and there are many other examples of this in our society where you can't just open a school or a bottle store or various other things at any place you want, and it's deliberate for planning," he said.

Crisp said the Health Market Inquiry into the private healthcare sector had strongly motivated for a supply-side regulator to ensure "we get facilities in appropriate places and not just higgledy-piggledy".

he DoH's director for legal services, Kgorohlo Moabelo, said if the High Court again decides that sections 36 to 40 of the NHA are unconstitutional, the judgment will still have to be confirmed by the Constitutional Court. The Constitutional Court may decide that only certain provisions of the sections are unconstitutional, in which case the government is normally given two years to amend them.

'Short-comings' will be addressed

It was clear from Tuesday's presentations that the DoH intends on pressing ahead with NHI, adopting the position that the only options are maintaining the status quo or the NHI Bill.

Phaahla told MPs that opposition to NHI was the result of "misinformation" and because opponents wanted to protect their "vested interests" and "privileges" or feared losing some of their "super profits".

The elephant in the room – that the state will be able to provide quality healthcare services for all despite the poor performance of Eskom, Transnet, the SA Police Service, and most municipalities, among others – did not feature in the discussions.

Instead, Phaahla was optimistic that what were referred to as "challenges" and "short-comings" in the public healthcare sector will be addressed, and these facilities will be brought up to standard.

He said NHI will be implemented in stages, starting with primary healthcare.

As more and more secondary and tertiary facilities are brought up to standard, they will be accredited to contract with NHI.

Dr Aquina Thulare, the DoH's technical specialist on health economics for NHI, said that based on the transitional arrangements in section 57 of the bill, the department expected NHI to be fully implemented by 2029.

Medical schemes will not be allowed to provide services once they are covered by the NHI Fund, otherwise the department's ability to negotiate lower prices for those services will be undermined because it will have to compete with private funders, Phaahla said.

He said the NHI Fund's purchasing power (it will be the sole buyer of health services and products) and economies of scale will drive down prices charged by private providers.

'WIN' For Health Department .....continue to page 8

.No detailed costing will be done

Crisp reiterated that an updated feasibility study into NHI will not be forthcoming from the department.
"This has been discussed and published and presented by us many times over the years, starting in 2012 in the White Paper when a costing was done and published [...] There have also been many discussion papers by various academics, the Actuarial Society, and others that have all been published."

According to guidance from the World Health Organization last year, it was "ill-advised to do a detailed costing of this kind of reform, and no other country has done it [...] You do it incrementally, and you set the target within which you are going to design and manage your system, and you only introduce the benefits that you know you can afford within that envelope," Crisp said.

He did not provide any details on how NHI will be funded, apart from repeating what is stated in the bill: general tax revenues, shifting the provincial health allocations to NHI, and the possible introduction of a payroll tax and a surcharge on personal income tax.
Crisp said the department believed there was "more than enough money in the system" that could be shifted to fund NHI.

What about corruption?

Crisp denied that the accreditation and procurement processes will provide abundant opportunities for tender fraud and corruption. The NHI Fund will handle "very little by way of tenders", he said.

"Accreditation is not a tender process. It is a voluntary registration by a service provider, public or private. As long as they meet the criteria, there's no tender to go out. The prices will be fixed, and the way in which services will be delivered will be fixed and regulated according to what that establishment or provider is able to provide."

Regarding procurement, he said the NHI Fund – as the DoH does currently – will only fix prices.
"The fund will not actually go about the logistics of purchasing anything. The providers must purchase once those prices are set, so there's far less vulnerability in the fund than first meets the eye."

Crisp said there will "definitely be a cap" on what providers can charge.

In a further attempt to allay concerns about corruption, he said the NHI Fund won't have huge sums of money sitting in a bank account waiting to be spent, because it will be paying out to providers daily.

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END

Ons gee om

Ons gedagtes gaan uit na alle dokters, personeel, pasiënte en gemeenskap, diegene wat in die Platteland-gebiede bly, wat verliese ervaar het deur die onlangse oorstromings.

Woorde gee nie uitdrukking aan die omvang van die verlies en swaarkry wat u en u gemeenskap moet verduur nie. Die vernietigende krag van die natuur se kragte is dikwels onpeilbaar, en die nasleep van so 'n gebeurtenis kan oorweldigend wees.

Qualicare is werklik jammer vir die lewens wat verlore gegaan het, die huise en besittings wat vernietig is en die gevoel van stabiliteit wat verpletter is.

In hierdie moeilike tye moedig ons julle aan om op mekaar te steun vir ondersteuning en om uit te reik na vriende, familie en bure wat begrip het waardeur u gaan en vertroosting kan bied.

Mag u moed en hoop vind te midde van hierdie uitdagende tye. Onthou dat daar helderder dae sal kom, en die veerkragtigheid van die menslike gees sal seëvier. U is in ons gedagtes, en ons wens u en u gemeenskap 'n vinnige herstel en 'n toekoms vol vrede en voorspoed toe.

Met innige simpatie en hartlike groete,

Dr Behrman, Dr Lison and Qualicare Team

"In the midst of the darkest times, there is always a tomorrow."

Gems hauled to court over 'irregular' pharmacy contract

The Government Employees Medical Aid Scheme (Gems) has been taken to court for allegedly awarding a R4.5-billion pharmaceutical courier contract to a "start up" company linked to pharmaceutical company, AfroCentric Group, without following due processes. In court papers filed at the North Gauteng High Court, Pretoria-based pharmaceutical company, Dely Road Courier Pharmacy, accused Gems of awarding the contract to Marara Pharmacy, which entered into a "questionable joint venture" with Pharmacy Direct, a subsidiary of Afrocentric Group, without following due process.

Marara would pocket R900-million a year over five years, according to the tender, for rendering courier services. The court papers highlighted that Pharmacy Direct, which has a 30% stake in the Marara Pharmacy contract, is 100% owned by AfroCentric Healthcare Assets, whose four subsidiaries already render services to Gems.

Mogologolo Phasha, Dely Road Pharmacy director, has asked the high court to set aside the joint venture and order Gems to award the same contract to Dely Road Courier Pharmacy.

He argued in his application that the contract had been awarded irregularly because Marara Pharmacy was only registered with the South African Pharmacy Council 20 days after it got the contract.

The council is a statutory entity tasked with regulating the pharmaceutical industry in South Africa.

Phasha argued in his court papers that on May 12, 2021, he learned that Gems had issued a request for bids for the appointment of a service provider who would render courier services relating to the pharmaceutical business.

Gems hauled to court ..... continue to page 11

He said various companies submitted their bid for the courier tender before the July 9, 2021 closing date. These included his company and Marara Pharmacy.

"The successful bidder would render the services for a period of one year, commencing on January 1 2022. The period of one year would be renewable annually for a maximum of four additional years.

As such, the 2021 tender envisaged a maximum period of five years," said Phasha.

The court application comes a few months after Afrocentric Group was accused of capturing Gems through officials who gave its subsidiaries unfettered powers to adjudicate and irregularly award multimillion rands tenders to their sister companies.

The accusation came after it emerged that Gems allegedly awarded a dodgy R600-million multivitamins contract to Medscheme, a subsidiary of Afrocentric Group, in December 2021.

Phasha said upon learning that the Gems Tender Adjudication Committee had recommended Marara Pharmacy for appointment, he made inquiries about the company and discovered that it was registered on July 30, 2021, three weeks after the tender application was closed.

THe added that Gems had cancelled the tender on October 2021, following the discovery of Marara Pharmacy's registration defects.Marara Pharmacy, through a joint venture with Pharmacy Direct, a retail arm of the AfroCentric Group, was later awarded the tender in August 2022, almost a year after it was cancelled.

"I was not familiar with the entity called Marara. I therefore decided to make my own inquiries about it. I discovered that Marara was only registered with the Council on July 30 2021 as is evident from Marara's registration records.

"Marara's registration was of course after the bid closing date for the 2021 tender. This printout was extracted from the website of the council. I verily believe that the board became aware of the defect in Marara's registration during or about October 2021," said Phasha.

Phasha said the Gems board was forced to cancel the tender. However, he believes that cancelling the tender was not enough. His application is therefore aimed at getting the board to appoint one of the bidders whose papers were in order, especially his own courier company.

"I verily believe that Gems elected to cancel the 2021 tender as opposed to awarding it to the other entities which met the bid requirements so as to re-issue the tender so as to give it to Marara, which is now registered, albeit unlawfully," Phasha said.

Phasha said true to his suspicions, Gems issued another request for bids four months later, with an April 11, 2022 closing date.

"The successful bidder would render the services for a period of one year commencing on 1 January 2023, which one year period would be renewable annually for a maximum of four additional years.

According to the application, there was a lot of back-and-forth, which resulted in Marara being appointed as part of a joint venture.

Gems hauled to court ..... continue to page 12

"To the extent that Marara carried itself out as a pharmacy when it was not entitled to render the services ... such conduct would constitute a criminal offence.

"It is clear the purported joint venture was established solely for the purpose of enabling Marara to utilise the background and experience of Pharmacy Direct.

"The joint venture is comprised of Marara Pharmacy with participation ratio of 70% and Pharmacy Direct with 30%," said Phasha.

He added that Marara pharmacy also provided the name of an intern who was registered in February 2020 after completing her degree. He said the intern completed the internship in January 2021, six months before Marara was registered as a pharmacy.

hasha further argued in his court papers that Gems had strict requirements for the companies that wanted to bid for the tender. Among the requirements was proof of a valid accreditation with regulatory bodies in line with legislation.

"Bids submitted without the required proof of accreditation would be deemed to be non-responsive," he said.

Among other strict conditions, was that each bidder must prove that they had rendered similar services before, he said in court papers.

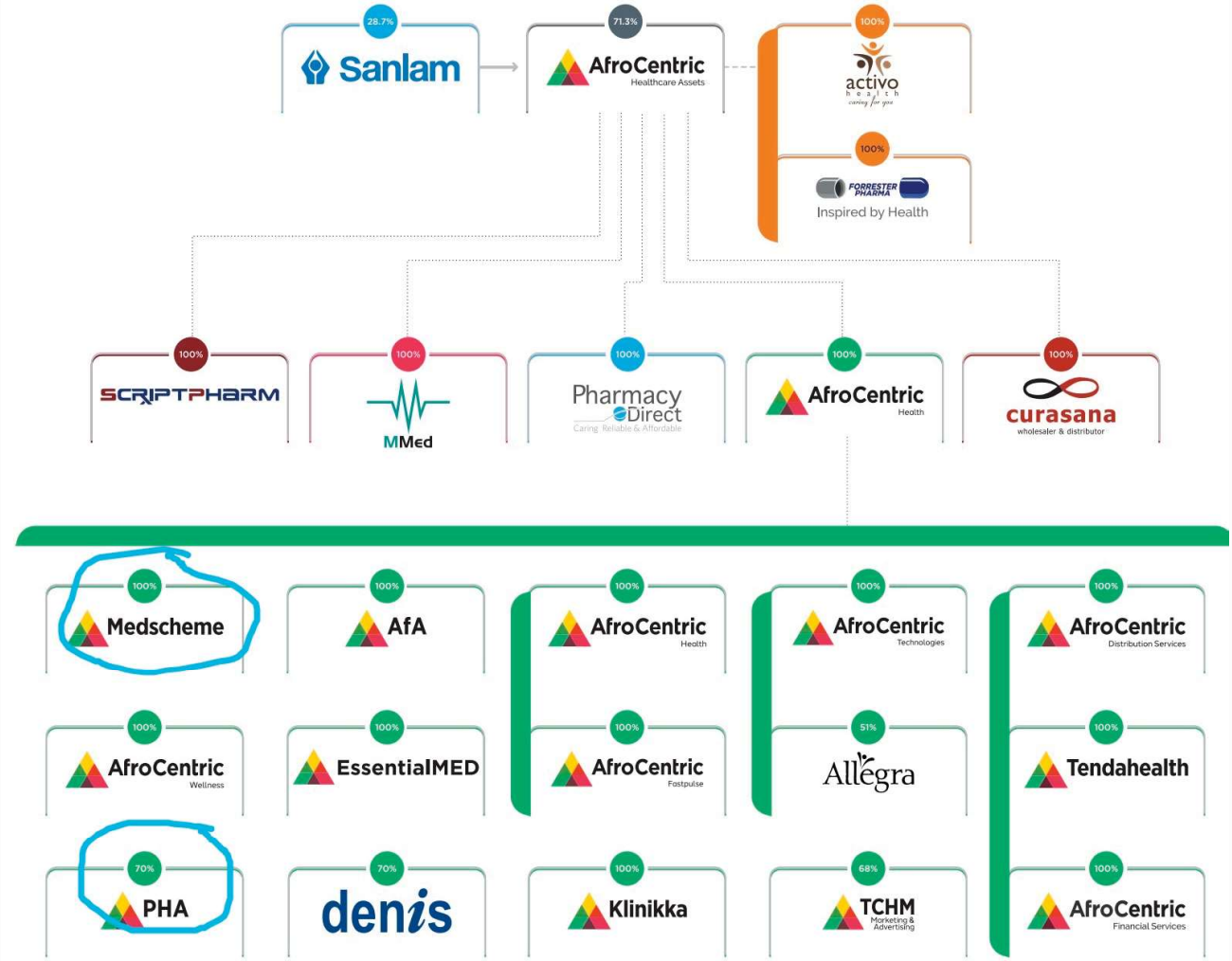
He added that the Gems bid conditions were clear that they needed the experience of the company, "not that of your team members" to avoid a situation where inexperienced start-ups go out to hire experienced personnel to use them for their bids.

Marara Pharmacy CEO Elias Mpolaene Monhla referred enquiries to a company spokesperson, only known as Gwabi, who did not respond to Sunday World's questions.
However, it is understood that Marara intends to oppose the application after receiving legal advice.

Gems and Afrocentric said they were unable to comment because the matter is before the court. "This matter is before the court for consideration, and Gems is not in the position to comment until the matter has been heard fully by the court," said Gems chief marketing officer Dr Phumelela Dhlomo.

Marara Pharmacy CEO Elias Mpolaene Monhla referred enquiries to a company spokesperson, only known as Gwabi, who said: "We have only recently received the papers and are in the process of consulting our legal representatives. We intend to oppose the application and we will file papers recording our formal response in due course at court, when our version will be in the public domain. To respond in newspapers whilst we are in the process of obtaining sound legal advice will be premature and inappropriate. All our rights remain strictly reserved."

END



GEMS Marara Pharmacy Questionnaire:

Please print this page (page 10) answer the question below and scan it back to pa@cpcqualicare.co.za.

1) Have you heard of Marara Pharmacy?

YES or NO

2) Do you know that Marara Pharmacy replaced the courier services of Medipost and Medilogistics and other courier pharmacies for all GEMS scheme options, EXCEPT for Emerald Value, to supply patients with Chronic Medication?

YES or NO

3) Do you have any comments , feedback, levels of satisfaction of service experienced by patients now that the delivery of chronic medication has moved to Marara?

4) Any other comments?

5) Please may we have your comments on the above slide regarding Sanlam, AfraCentrik , Medscheme and PHA.

END

Health Professions Council of SA is failing victims of medical malpractice, protecting their own

As the only regulatory body for doctors in South Africa, the Health Professions Council of South Africa is the only institution that can hold medical practitioners accountable and protect patients from misconduct. But it is failing in its duty.

The Health Professions Council of South Africa (HPCSA) was established in 2000 as a regulatory body designated to determine standards of ethical and professional practice for registered health practitioners in South Africa. They also have the power to institute disciplinary proceedings against health professionals registered to practise as such in accordance with the rules set by their Professional Board.

In line with these disciplinary powers, the HPCSA may convene a committee of inquiry and investigate complaints lodged against a healthcare professional. These proceedings and investigations before the HPCSA are quasi-judicial and carry the same weight in law as that of magistrates' courts.

Depending on the facts of each case, the HPCSA can decide to: caution or reprimand; impose a fine between R1,000 and R70,000; prescribe community service; suspend for a period; or remove the person from the register of health professionals and in essence prevent a member from practising medicine in South Africa.

As the only regulatory body for doctors in South Africa, the HPCSA is the only institution that can hold medical practitioners accountable and protect patients from their misconduct.

This is a responsibility that should not be taken lightly in a country where widespread systematic dysfunction, especially in our public healthcare system, leaves patients at a disadvantage and vulnerable to abuse, negligence and malpractice. Given the state of our healthcare sector overall, it has never been more essential for the HPCSA to fulfil its mandate and carry out its functions in a manner that instils confidence in its members and the public.

HPCSA failing victims ..... continue to page 13

Legal services in disarray

As part of the work done by the Women's Legal Centre (WLC) in ensuring women's rights to sexual reproductive health, we have been monitoring the HPCSA since the minister of health appointed a ministerial task team in 2015 to investigate reports of widespread dysfunctionality, and it appears that since 2015 very little has changed at the HPCSA.
The ministerial task team's report of 2015 noted that the HPCSA was failing to carry out its statutory mandate across its five functions of:

1. registration of health professionals;
2. examination and recognition of qualifications of practitioners;
3. professional conduct enquiries;
4. approval of training schools; and
5. continued professionals' development.

Investigations into the state of professional conduct inquiries at the HPCSA found that their legal services were severely dysfunctional, mismanaged, and maladministered.
The investigation also found that their legal services were often encumbered by irregularities and undue delays which prejudiced all parties involved in their proceedings.
Several recommendations were made by the task team to remedy the problems within the HPCSA, but more than seven years later, we are still seeing the same issues presenting themselves.

Bungled justice: Case of Dr Ganes Anil Ramdhin

In July 2020, the WLC, acting on behalf of Zoleka Helesi, a now-deceased theatre performer, submitted a complaint wherein we detailed the horrific experience that culminated in her death. The complaint was lodged against Dr Ganes Anil Ramdhin, an obstetrician and gynaecologist operating a medical practice from Khayelitsha in Cape Town.

At the time of lodging the complaint, Zoleka was still alive and experienced frustration with the lack of communication and lengthy waiting period from the HPCSA. This initial administrative bungling of her complaint was then followed by a pattern of maladministration, mismanagement and undue delays that accumulated in the withdrawal of preliminary suspension proceedings in 2021.

Due to procedural irregularities by the HPCSA itself, they could not proceed with the suspension of Dr Ramdhin and due to their own misconduct in handling Zoleka's complaint, Dr Ramdhin could continue to practice medicine despite him facing serious charges of misconduct and having been found guilty of misconduct on other occasions by the HPCSA.

After the precautionary suspension hearing was abandoned in February 2021, the matter was then referred to another HPCSA professional board to determine the way forward, and in December 2021 the HPCSA determined there were sufficient grounds for a professional conduct inquiry and that the matter should be heard before an HPCSA Professional Conduct Committee.

The matter was then postponed multiple times at the request of the still-practising Dr Ramdhin, which led to an entire year of postponements that meant that for 2022 the Professional Conduct Committee made no progress and continued to allow the doctor accused of causing the death of two black women to continue practising.

Over three years since the initial complaint was submitted and two years since Zoleka passed, the final hearing took place on the 30 and 31 May 2023.

HPCSA failing victims ..... continue to page 16

"After considering the accused's pleas of guilty to both complaints brought by Zoleka and Beauty Mama, the Professional Conduct Committee found him guilty of unprofessional conduct and decided that an appropriate sanction would be to suspend him from practice for a period of one year.

After this period has lapsed he will be allowed to practice once again and see and treat women in South Africa. He will also be on probation for two years and will have to undergo rehabilitative training with an HPCSA-approved practitioner.

This then ends the road to justice for Zoleka and Beauty Mama, two black women whose deaths have now been confirmed to have been caused by Dr Ramdhin and whose cases now form part of both a long list of women that the HPCSA has failed and of persons whose rights Dr Ramdhin has been allowed to violate with devastating consequences.
In addition to showcasing the failures within the HPCSA, this case has also been illustrative of the reality that the HPCSA in its current manifestation is not set up to provide justice for any victim.

Practitioner before patient

As it stands, the processes in place at the HPCSA for investigations into complaints can only be deemed as not victim-centred, exploitative, unkind and traumatic to the very patients that have experienced the violations of their dignity and bodily integrity at the hands of healthcare professionals.

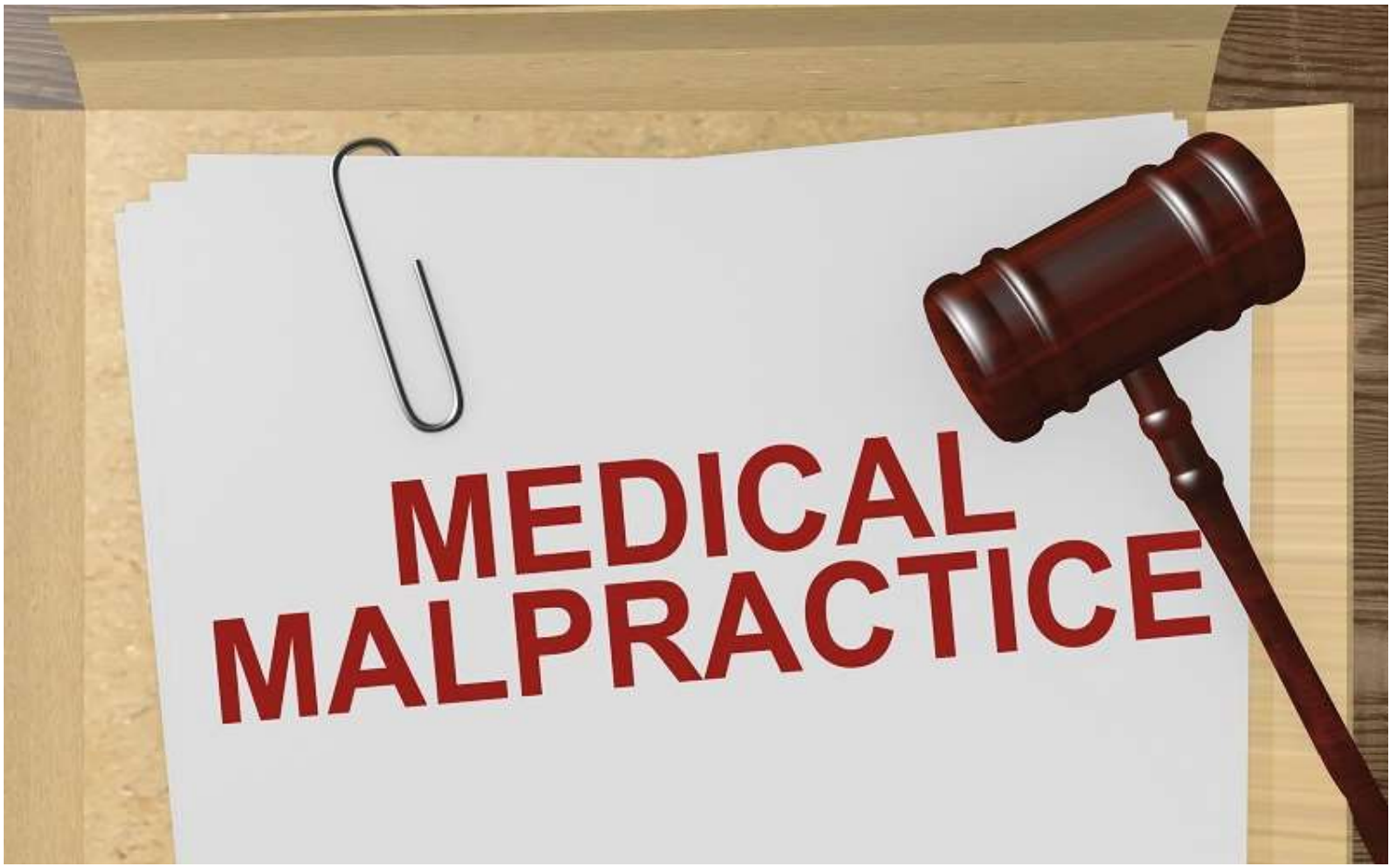
The current system is designed to focus on and protect the rights of the accused as a health practitioner and member of the HPCSA rather than the rights of the victim. In a sector where doctor-patient relationships already suffer from unbalanced power dynamics, where patients historically have less access to formal education and too often experience language and racial barriers in accessing healthcare, not enough is being done to create a more substantively equal process to handle misconduct by healthcare providers in a contextual manner that considers the experiences of patients.

Patients in the HPCSA's process instead have limited rights as, save for their initial submission detailing a rights violation, they are intentionally excluded from the case going forward. They are unable to determine what charges the medical practitioner faces, are not consulted in the process of determining the content of the charge sheet or whether the practitioner is suspended pending the proceedings.

Unlike practitioners, patients are also not afforded a choice in their legal representation throughout the proceedings and may only observe the proceedings, having no rights to the evidence, to engage with the evidence, lead evidence or examine any of the witnesses.

In addition to this system being imbalanced and unwelcoming, concerns have also been raised over the conflicts of interest by HPCSA staff and conduct inquiry committee members who are peers of the health professionals being investigated.

HPCSA failing victims ..... continue to page 17



>>> PUNISHMENTS DON'T FIT CRIMES

The last and perhaps most appalling issue identified with the HPCSA's processes is the sanctions imposed as sentences by these committees. An evaluation of historical sanctions shows a pattern of sanctions that are inconsistent, disproportional, and lacking any real form of tangible punishment.

The sanctions being imposed do not serve as a deterrent and have instead, in addition to the other issues identified, made it easier for practitioners to abuse the system and have allowed for serial offenders like Dr Ramdhin to continue offending without fear. Powers that should be used to caution practitioners against misconduct and promote excellence in service delivery instead are now used to provide slaps on the wrist.

The fact that repeat offenders pose a particular risk to women in South Africa is clear and as highlighted by Dr Ramdhin's case, and black women from lower-income communities will continue to be particularly vulnerable.

Women's bodies and lives and black women's bodies and lives in particular appear to be dispensable to the HPCSA and greater intervention is needed urgently to restore faith in our healthcare system and in our healthcare practitioners.

We as WLC thus remain committed to and focused on challenging regressive measures aimed at controlling women's bodies and hindering their ability to make informed choices. DM

END

Upcoming Events

We are excited to announce the following 2 events!!

Garden Route
Open Day 2023
19th August
Saturday @ 10:45am

Worcester
Open Day 2023
7 October
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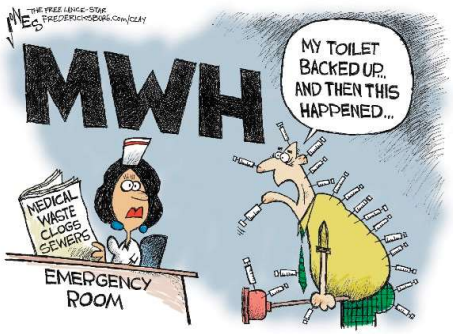


"Hello?"

Medical Waste: IPWIS regulations for deregistration from IPWIS when leaving, selling or relocating your practice

Dear Colleagues,

As essential as it is to register with IPWIS when you enter into practice and become a "waste generator", you also have to deregister from IPWIS when you either leave or sell your practice.

Failure to do so causes significant red tape complications as you are still recognized as a waste generator but you no longer or seen to submit proof of such generation, and as such you fall into default with IPWIS.

Please therefore observe the following set of instructions when leaving, selling or relocating your practice from the point of view of IPWIS waste generation compliance.

-Send a letter of deletion (or SAPS affidavit) addressed to the IPWIS TEAM.
-Dated Make sure that he letter is dated and signed
-Used WIR (Waste Information Registration) number as reference
-Subject of the letter must be : Deletion of registration from IPWIS
-Provide background in body: "change of ownership"; Retirement ; sale of practice etc
-Signature of duly authorized person

END

More employers ditch compulsory medical aid membership, and young people aren't voluntarily joining

More and more employers are ditching compulsory medical scheme membership for their staff, says healthcare consulting and advisory firm Simeka Health. During the presentation of Sanlam Corporate's annual retirement benchmark survey report, Simeka also flagged that an increasing number of younger people are deferring medical aid purchases until later in their careers, even if they are employed full-time.

"We are seeing a significant shrinkage in compulsory participation," said Simeka Health MD, Mbali Khumalo. "It can be argued that had it not been for Covid-19, the shrinkage would have been worse," she added.

This is because an increasing number of employers are not forcing their staff members to become part of medical schemes comes when the industry is already grappling with a stagnant market.
The Council for Medical Schemes reports that only 8.9 million South Africans have medical aid, and this number has remained the same for the past decade, despite population growth.

This means that only 25% of gainfully employed people in SA have medical scheme membership.

When it comes to people under 35, the numbers are even more dire. Khumalo said Medscheme owner AfroCentric's data showed that only 15% of 3.8 million of their medical scheme members joined voluntarily. Less than a fifth of those voluntarily participating people are under 35, making up only 2.8% of AfroCentric's base of 3.8 million medical scheme members. However, medical schemes see more women join when they are about to have children and know they will require hospitalisation.

If we extrapolate these statistics to the 8.9 million medical scheme membership in South Africa, total voluntary membership is only 250 000.

Khumalo said that as more employers relax their compulsory medical scheme membership rules, they are not even replacing them with corporate wellness solutions, like on-site clinics, primary health insurance or employee assistance programmes.

Meanwhile, Khumalo said different medical schemes data that Simeka Health has analysed show concerning trends of increasing diagnoses relating to mental health, behavioural risks and life-threatening conditions. She said the data shows that in-hospital mental health authorisations have increased to 15 per 1 000 lives so far in 2023 from around 10 over the comparable period in 2021.
Many insurers have also flagged increased late-stage diagnoses of critical illnesses like cancer, pushing up costs of hospitalisation and insurance claims.

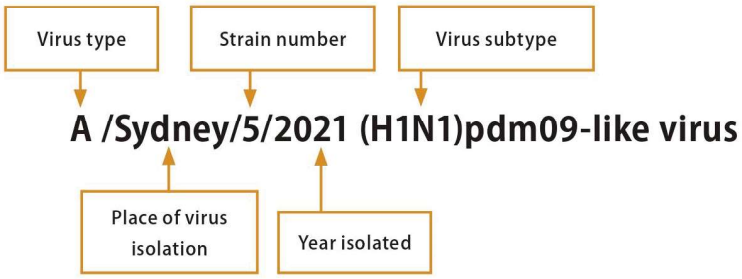
END

THE PATHCARE NEWS

UNDERSTANDING SEASONAL INFLUENZA VIRUS TYPES

Seasonal influenza is caused by influenza viruses which circulate worldwide, resulting in acute respiratory disease, predominantly during the winter months. Influenza virus is an enveloped virus with a segmented RNA genome. Laboratory and surveillance reports state the type and often the subtype of the influenza virus.

Naming of influenza viruses



What do the types and subtypes of influenza viruses mean?

There are 4 types of influenza viruses, types A, B, C and D, of which influenza A and B are the most important in human infection and disease (Table 1).

Influenza A viruses are further classified into subtypes according to the combinations of the hemagglutinin (HA) and neuraminidase (NA) proteins on the surface of the virus. At least 18 subtypes of HA, (H1 - H18) and 11 subtypes of NA, (N1 – N11) have been identified. However, only 3 haemagglutinin subtypes (H1, H2 and H3) and 2 neuraminidase subtypes (N1 and N2) have circulated consistently in the human population.

Influenza viruses are constantly changing. Antigenic drift refers to small gene changes continually occurring during virus replication that leads to small HA and NA changes. These changes may accumulate over time, eventually resulting in antigenically different viruses. Antigenic shift is a major abrupt change in influenza A virus, resulting in new HA and/or NA combinations and possibly a new subtype. Shift occurs when two different influenza viruses co-infect a host and swap gene segments. Since most people will not have immunity to the new virus, a pandemic can occur. Luckily these are rare, with only four influenza pandemics in the past century. Globally, influenza viruses are continuously monitored to identify potential new risks to humans.

Table 1: Types and characteristics of influenza viruses

Influenza Type	Host range	Disease potential	Subtypes currently circulating in humans
A	Humans, mammals, birds	Seasonal epidemics Pandemic potential (rare)	A(H1N1) * A(H3N2)
B	Humans	Seasonal epidemics	Not classified into subtypes but can be divided into lineages: B/Yamagata B/Victoria
C	Humans	Mild infections not of public health importance	N/A
D	Cattle	Not known to infect or cause human infection	N/A

*The A(H1N1) is also written as A(H1N1)pdm09

Why is the term "swine flu" a misnomer?

In 2009 Influenza A (H1N1)pdm09 emerged from pigs and caused a human pandemic. The virus has informally been referred to as "swine flu". Influenza A (H1N1)pdm09 has subsequently replaced the seasonal influenza A(H1N1) which had circulated prior to 2009. This subtype causes infection and disease just like any other seasonal influenza virus and requires no specific management or prevention methods. Healthcare workers and the public should not use the term "swine flu" as it is incorrect, implies influenza in pigs and causes unnecessary panic within the general population.

Does the type or subtype of influenza virus influence patient management?

No. All cases of influenza are managed the same way.

Are specific public health measures required for any of the influenza viruses?

No. Prevention measures remain the same irrespective of influenza virus type or subtype.

Does the available flu vaccine protect against all the circulating influenza viruses?

Yes. The influenza vaccine is updated yearly, separately for both the Southern and Northern hemispheres.
The strains included are based on surveillance of the circulating strains. The current quadrivalent vaccine provides protection against:

- A /Sydney/5/2021 **(H1N1)pdm09-like** virus;
- A/Darwin/9/2021 **(H3N2)-like** virus;
- B/Austria/1359417/2021 **(B/Victoria lineage)-like** virus;
- B/Phuket/3073/2013 **(B/Yamagata lineage)-like** virus**

** Not included in trivalent vaccine

Influenza vaccination has numerous benefits. Several studies have proven that influenza vaccine; reduces illness severity in vaccinated people who get sick, reduces the risk of flu associated hospitalization, can be lifesaving in children, and protects both pregnant women and their newborns during their first months of life. Influenza vaccines have also been proven to prevent exacerbation of chronic health conditions such as chronic obstructive pulmonary disease (COPD) and protect the vulnerable within the community.

The influenza vaccine is ideally administered before the start of the flu season. However, it is never too late to vaccinate during the flu season.

Prepared by Dr Sabeehah Vawda, PathCare

References

Centers for Disease Control and Prevention (2021). Types of Influenza Viruses. [online] Available at: https://www.cdc.gov/flu/about/viruses/types.htm.

Influenza: NICD recommendations for the diagnosis, management, prevention and public health response. (2023). Available at: https://www.nicd.ac.za/wpcontent/uploads/2023/05/Influenza-guidelines_-25April-2023-final.pdf [Accessed 13 Jun. 2023].

CDC (2020). Vaccine Effectiveness: How Well Do the Flu Vaccines Work? | CDC. [online] www.cdc.gov. Available at: https://www.cdc.gov/flu/vaccines-work/vaccineeffect.htm#:~:text=While%20vaccine%20effectiveness%20(VE)%20can.

Upcoming Events

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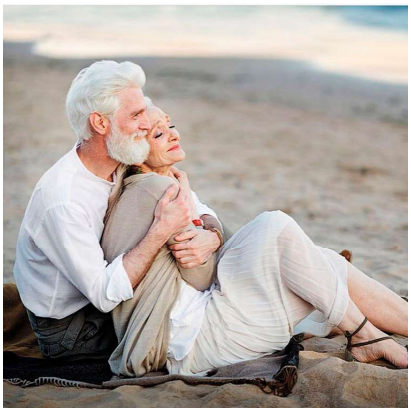
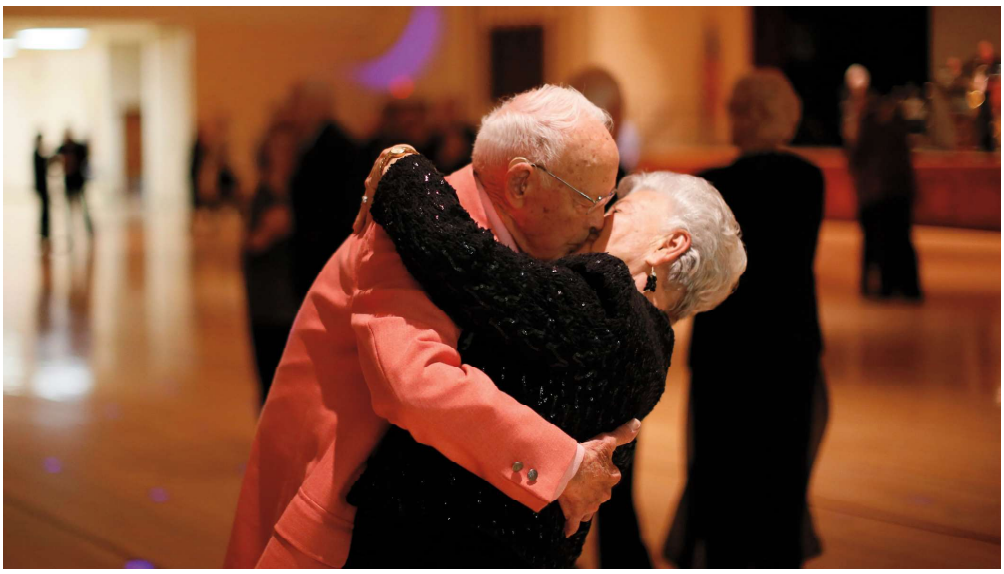


35% OF female youth believe THEY CAN'T GET PREGNANT the first time they have sex

No Expiration Date for Sex



For health professionals, the thought that our parents and grandparents don't have sex — or didn't — might be comforting.

The reality is that for a significant proportion of our older patients, sex has no use-by date. Humans are sexual beings throughout their lives, yet the culture has concealed that fact.

According to Rome, the purpose of sex is to make children. According to Hollywood, sex is only for the young, the healthy, and the beautiful. For the medical profession, sex consists mainly of risks or dysfunctions.
The results of these biases? Many middle-aged people fear their later sexual life. And medical professionals rarely ask about sexuality. That failing can be harmful. Sexuality and intimacy are essential elements for quality of life, with clear physical, emotional, and relational benefits.

Let's look at the data when researchers dared to ask seniors about their sexuality.
We start with the 2015 UK national research on sexuality.

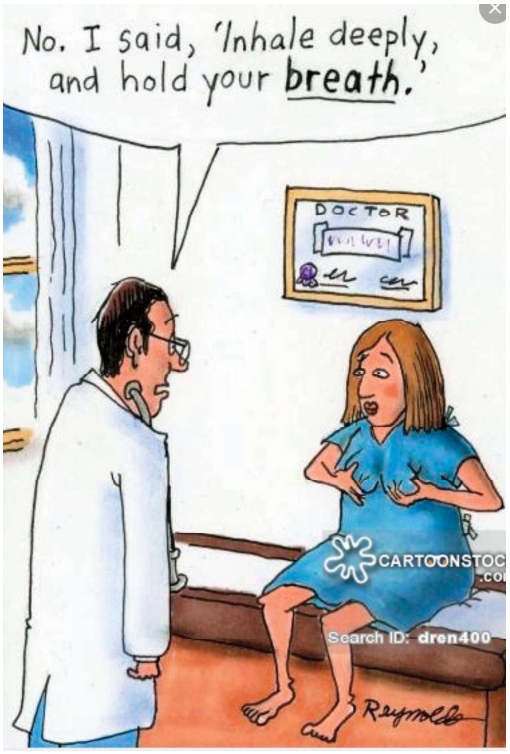
The study found a link between age and a decline in various aspects of sexual activity — but not a zeroing-out. For example, among men ages 70-79, 59% reported having had sex in the past year, with 19% having intercourse at least twice a month and 18% masturbating at least that often. Above age 80, those numbers dropped to 39%, 6%, and 5%, respectively. The reason behind the declines? A combination of taboo, fear of disease, use of medications or other interventions that disrupt sexual function or cause disfigurement, and a little bit of age itself.

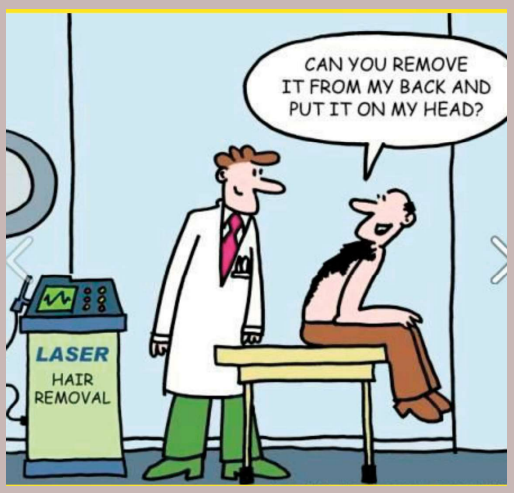
What about women? Among women ages 70-79, 39% said they'd had sex in the past year, with 6% having intercourse at least twice per month and 5% masturbating two times or more monthly. Above age 80, those numbers were 10%, 4.5%, and 1%, respectively.

No Expiration Date ..... continue to page 23

Here are a few ice-breakers I find helpful:

- Did taking this medication change aspects of sexuality? If so, does that bother you?
- Knowing that continuing intimacy is healthy, do you mind if I address that subject?
- We know that aspects of sexuality and intimacy are healthy. Without a partner, some people become sexually isolated. Would you like to talk about that?'



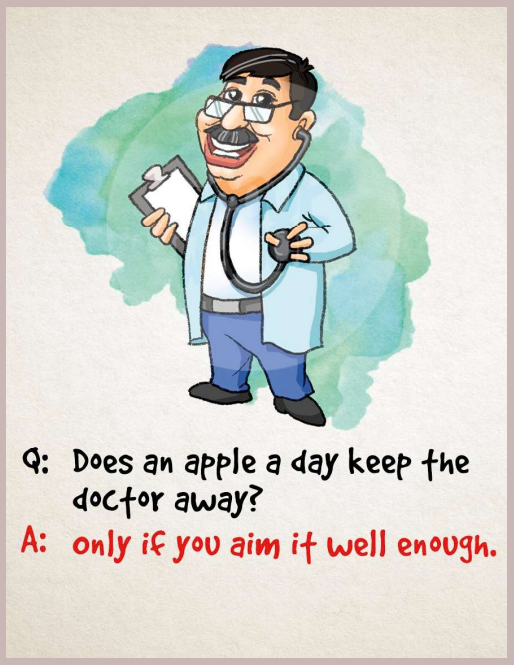


If addressing sexuality has benefits, what about sex itself?

We are gradually learning more about the many short-, intermediate-, and long-term health benefits of solo and joint sexual activity. Short-term benefits include muscle relaxation, pain relief (even, perhaps ironically, for headaches), and better sleep — all pretty valuable for older adults. Examples of intermediate-term benefits include stress relief and less depression. Research from the United States has found that hugging can reduce the concentrations of proinflammatory cytokines, and kissing positively influences cholesterol levels.

More sex has been linked to longevity, with men benefitting a bit more than women from going through the entire process, including an orgasm, whereas women appear to gain from having a "satisfying" sex life, which does not always require an orgasm.

Let us not forget that these benefits apply to both patients and clinicians alike. Addressing intimacy and sexuality can ease eventual sexual concerns and potentially create a stronger clinician-patient relationship.



Finally, while the long-term benefits of sex might be less relevant for seniors, they do exist.

Among them are delayed onset of dementia and a substantial reduction in cardiovascular and cerebrovascular problems in men.

END

Chromosome 2q13 Microdeletion

A 2q13 microdeletion is a rare genetic disorder brought on by a little portion of missing genetic information from chromosome 2, one of the body's chromosomes. Although deletions can range in size, microdeletions are ones that are too small to be seen using a typical microscope technique. Chromosomes should have the expected amount of genetic material for normal and healthy growth. Chromosome 2 loss can impact a child's growth and intelligence, just like most other chromosome problems do. A 2q13 microdeletion can have a wide range of effects, depending on a variety of variables, including the type and amount of genetic material that is absent.

How common are 2q13 microdeletions?

Since many kids would not have had 2q13 microdeletions diagnosed and many of those who do are not reported in the literature, it is challenging to quantify the prevalence of these mutations. In the medical literature up to this point, there have been roughly 30 case reports. In "copy number variant" databases like DECIPHER (Database of Genomic Variation and Phenotype in Humans using Ensembl Resources; https://decipher.sanger.ac.uk), over 150 cases have been reported. With permission, geneticists and doctors report anonymous genetic problems to such databases so that other professionals can discuss potential effects of genetic changes.

What is the cause of 2q13 microdeletions?

The 2q13 microdeletion was inherited from a parent in nearly half of the children so far identified. The other half are de novo (dn) cases, where the deletion happened to the child as a brand-new occurrence. It is crucial to understand that, as a parent, there was nothing one could have done to stop the deletion. There is no evidence that 2q13 microdeletions are caused by environmental, nutritional, or lifestyle factors. Neither parent's actions before, during, or after the pregnancy contributed to the microdeletion.

What is the recurrence risk?

If both parents have healthy chromosomes, there is a low likelihood that another child may be born with a 2q13 microdeletion or any other chromosome issue. When both parents' chromosomes are normal according to a blood test, it happens very infrequently (less than 1%) that some of their egg or sperm cells contain the 2q13 microdeletion. The likelihood of having another child, either a girl or a boy, with the 2q13 microdeletion increases to 50% in families where the condition has been passed down from a parent. However, it is impossible to anticipate with certainty how the microdeletion will affect the child's behaviour, health, and overall development.

There is a 50% probability that a child with a 2q13 microdeletion will pass the deletion on to their offspring if they have children of their own. The illness has not been known long enough for us to know for sure if it impacts fertility, however it is likely that fertility will be normal. It's extremely likely that your child's capacity to care for their own child will be directly correlated with their own capacity for learning and behaviour.

What genes are involved in 2q13 Microdeletion?

On chromosome 2's region q13, there are roughly 65 recognized genes as well as other DNA areas that may have some functional value, like regions that potentially regulate gene expression. Within 2q13, numerous distinct deletions have been found, some overlap with others, some seem to be more frequent than others, and some are larger than others.

Different sets of genes and other significant regulatory regions will be affected by each loss. It's not always clear how each gene works or how the deletion will affect the individual who has it.

2q13 microdeletions will be better understood with the continued emergence of new data. Researchers have investigated the potential functions of a few genes on 2q13 that are part of known deletions:

Gene	Effect
NPHP1	Deleted or altered copies of NPHP1 can cause ocular motor apraxia (defective or absent horizontal voluntary eye movements) and anterior chamber abnormalities of the eye. NPHP1 causes kidney issues and Joubert syndrome (abnormal development of regions at the back of the brain).
BCL2L11	Autism spectrum disorder sufferers have been found to have lower levels of this gene product. The gene product also controls how many neurons are produced in the developing nervous system.
ANAPC1	When the gene is duplicated, this gene product, which is crucial in neurodevelopment, has been connected to autism.
TMEM87B	Associated with heart problems (10% of cases in the medical literature) when deleted.
FBLN7	This gene is connected to the development of teeth. Additionally expressed in cartilage and may be linked to heart issues. It could be related to anomalies of the craniofacial structure. In the DDD project, a variation of this gene was discovered as a potential candidate for nervous system abnormalities.
ACOXL	Involved in lipid metabolism and linked to obesity.
CKAP2L	Small mutations in this gene have been linked to Fillipi Syndrome which includes intellectual disability, microcephaly, and syndactyly.
ILs	A class of cytokines that control immunological and inflammatory responses and have an impact on neurotransmission. Changes to these genes may have an impact on psychosocial behavior as well as immunity/inflammation. Chronic cutaneous pustulosis has been linked to a 2q13 microdeletion that includes a number of interleukin genes.
PAX8	Changes in this gene can affect the thyroid and can cause neurological and motor damage if not treated early in life.

What are the clinical features of 21q13 Microdeletion?

Babies and children are diagnosed at various stages of development because the results of having a 2q13 microdeletion are so unpredictable. The likelihood of testing at birth (or during pregnancy if this is discovered via normal screening) is higher for those who are born with physical anomalies that are immediately apparent, such as a hernia, anomalous heart or kidney, or another physical defect. Others may be offered a genetic test if other unusual features are observed such as unusual facial features, fingers or toes. Babies and toddlers are diagnosed due to concerns such as developmental delay, floppiness, feeding problems or lack of eye contact. Others are diagnosed due to behavioural characteristics such as ADHD or autism spectrum disorder. Children who are diagnosed later is usually tested due to learning difficulties. Other medical conditions like heart disease and kidney disease may also be present.

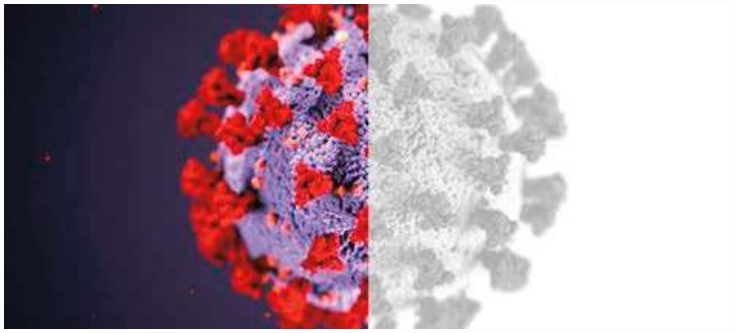
The team of health professionals will guide you, counsel you and advise you on which genetic test to conduct and on future pregnancies risks depending on the form of inheritance. There are many support groups for rare genetic disorders where parents and professionals' guides and offer support.

References and support groups:
1. rarechromo.org
2. https://www.facebook.com/groups/chromo2syndromes/
3. https://www.rarediseases.co.za/

A+ CLINICAL LABORATORIES

28 million doses of Covid-19 vaccines to go to waste – Health Minister Phaahla

Cape Town - Over 28 million vaccine doses and R3.8 billion are estimated to go to waste, Health Minister Joe Phaahla has revealed.



According to the minister, an estimated 20 780 450 vaccines and 7 479 930 Pfizer vaccines are expected to go to waste.

Phaahla also said government had not set aside any emergency funds for the outbreak of a future pandemic.

He was responding to parliamentary questions from IFP MP Duduzile Hlengwa, who noted that the government was still in possession of more than 25 million vaccine doses despite a decline in the number of persons who come in for vaccinations and booster shots.

Hlengwa asked about the number of vaccine doses the government was expecting to go to waste as the World Health Organisation has recently declared an end to the Covid-19 global health emergency and the monetary value of the specified vaccine doses.

In his response, Phaahla said the number of doses that may go to waste was 28 260 380.

"The estimated number of doses of vaccine that may go for waste is: Janssen vaccine is 20 780 450. Pfizer vaccine is 7 479 930," he said.

Phaahla also said the monetary value of the vaccines was R3 886 286 526.

The value of Janssen vaccine is R2 677 716 836 while Pfizer vaccine is R1 208 569 690.

Hlengwa also asked about the amount of the department's annual budget that had been set aside as emergency funds in preparation for another global pandemic such as Covid-19.

Phaahla said the National Department of Health did not have specific emergency funds in preparation for another global pandemic.

"The emergency funds are enshrined in the Disaster Management Act and are competency of the Department of Cooperative Governance and Traditional Affairs (Cogta) through the National Treasury.

"Funds are released when the President of the Republic of South Africa declares a disaster through the Department of Cooperative Governance and Traditional Affairs," he said.

Meanwhile, an official has been suspended for the theft of antiretroviral drugs valued to the tune of R85 000.

EFF MP Susan Thembekwayo asked whether Phaahla was informed of theft of antiretroviral medicine amounting to R125 000 that was stolen from more than one facility in the Free State.

Thembekwayo also enquired about the number of facilities in the province that were affected and the name of the implicated official as well as steps taken to increase security at the affected facilities.

Phaahla said the incident happened at Boshoff Clinic and the theft of antiretroviral medicine amounted to the value of R85 000.

He said the employee was arrested by police and was charged criminally by SAPS and also departmentally.

"The employee was suspended from 2 March 2023 and is still on suspension awaiting the finalisation of the disciplinary hearing."

Phaahla also said the Boshoff clinic has since installed burglar bars on both windows and was planning to install the intruder alarm system.

END

COMMENTS ON THE DRAFT "TOBACCO PRODUCTS AND ELECTRONIC DELIVERY SYSTEMS CONTROLBILL"

OPEN FOR COMMENTS UNTIL 4 August 2023

Il recently presented at the Qualicare Open Day on evidence related to tobacco harm reduction. In my presentation I referred to the draft 'Tobacco Products and Electronic Delivery Systems Control Bill'.

The draft bill has now been published in the government gazette and the call for comments opened on 21 June 2023 and submissions must be received by the government by no later than 4 August 2023.

I would like to suggest that once you have read this article, you make a submission to assist those smokers in your practices who have tried unsuccessfully to quit cigarette smoking and who will be affected negatively by this new bill which seeks to outlaw communication about electronic nicotine delivery systems (ENDs) by healthcare professionals as this would be deemed as promotion.

If smokers are not switched to ENDs, they will continue to smoke. Considering the high prevalence of smoking in South Africa, i.e., 25,8% (GATS1 , an intervention with ENDs is required to save lives as 50% of current smokers will die due to smoking-related diseases. It has 82% less potential carcinogens, 92% less respiratory toxicants and 94% less reproductive / developmental toxicants than conventional combustible cigarettes (United States Food and Drug Administration, FDA) 2 The FDA indicated that there was sufficient evidence to support these claims and that it had authorised these products as 'appropriate for the protection of public health' [2]. The FDA has authorized 26 products for reduced exposure to toxicants relative to combustible cigarettes.

Written submissions must be directed to Ms Vuyokazi Majalamba, Committee Secretary and addressed to the Portfolio Committee on Health, 3rd floor, 90 Plein Street, Cape Town 8000, emailed to tobaccobill@parliament.gov.za or online https://forms.gle/FLrhnvThDk8ccLG97.

Below is the link to the draft bill:

https://www.parliament.gov.za/storage/app/media/Bills/2022/B33_2022_Tobacco_Products_and_Electronic_Delivery_Systems_Control_Bill/B33_2022_Tobacco_Products_and_Electronic_Delivery_Systems_Control_Bill.pdf

Significant evidence is available that ENDS are much better alternatives to cigarettes and can improve public health. Adult smokers who relapse after using nicotine replacement therapies (NRTs) have few other alternatives but to use ENDs which have been shown by the FDA to be 60-99% safer than combustible cigarettes 2 .

1 Global Adult Tobacco Survey (GATS), 2022.
https://www.samrc.ac.za/sites/default/files/attachments/2022-05-31/GATSFactsheet.pdf

2 FDA Briefing document. Meeting of the Tobacco Products Scientific Advisory Committee (TPSAC). Modified Risk Tobacco Product Applications (MRTPAs). 2018.
https://www.fda.gov/media/110387/download

No Expiration Date ..... continue to page 28

The Cochrane Collaboration3 world authority on systematic reviews of evidence concluded that e-cigarettes are more effective than NRTs for smoking cessation. Based on scientific evidence that if a product has been shown to be safer than combustible cigarettes and more effective than standard of care (i.e., NRTs) then it should be advocated for use in adults who are smokers. Consumers' choice for safer and more effective products is paramount.

[1] Hartmann-Boyce J, Lindson N, Butler AR, McRobbie H, Bullen C, Begh R, Theodoulou A, Notley C, Rigotti NA, Turner T, Fanshawe TR, Hajek P. Electronic cigarettes for smoking cessation (Review). Cochrane Database of Systematic Reviews. 2023. https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD010216.pub7/full

The following are the main concerns with regards to the bill in its current form:

- The draft bill does not allow sufficient regulatory differentiation between scientifically proven alternatives such as ENDS, i.e., e-cigarettes, HNB technology, snus and nicotine pouches (combustion-free products) and conventional combustible cigarettes. Such differentiation would make ENDS more accessible and available for adult smokers.
- Due to the absence of combustion of tobacco in ENDS, there is a reduced exposure to harmful or potentially harmful chemicals (HPHCs)(FDA4). The draft bill has considered ENDS similarly to combustible cigarettes despite there being sufficient evidence of reduced risk associated with ENDS.
- The draft bill incorrectly states that nicotine is toxic. It is highly addictive, but the toxicants are produced primarily by the combustion of tobacco in cigarettes. It is widely recognised that most of the harm associated with conventional cigarettes is caused by the toxicants in the smoke produced by the burning of tobacco, which is inhaled into the lungs, rather than nicotine. Nicotine is not harmless, but it is less harmful in comparison to the toxicants produced by the combustion of tobacco.

Polosa et al.5 discussed that vaping is unlikely to be a gateway to smoking. In the United Kingdom (UK), the use of e-cigarettes is limited almost entirely to those who are already using, or have used, tobacco (Royal College of Physicians 6). A similar situation should apply to South Africa. Tobacco harm reduction is directed to adults smokers and not of relevance to youth uptake of vaping. The latter should be controlled by enforcing restrictor regulations for youth vaping., i.e., age verification, education, removal of promotion to youth, etc. Regular vaping by never-smokers is rare to minimal and the association is more plausibly explained by a common liability model (Mendelsohn and Hall6, Office for Health Improvement & Disparities7, ASH8,). Youth experiment with vaping and hence data should focus on frequent vaping by youth.

If smokers are not switched to ENDs, then they will continue to smoke. Considering the high prevalence of smoking in South Africa, i.e., 25,8% (GATS9, 2022), an intervention with ENDs is required to save lives as 50% of current smokers will die due to smoking-related diseases.

3 Hartmann-Boyce J, Lindson N, Butler AR, McRobbie H, Bullen C, Begh R, Theodoulou A, Notley C, Rigotti NA, Turner T, Fanshawe TR, Hajek P. Electronic cigarettes for smoking cessation (Review). Cochrane Database of Systematic Reviews. 2023. https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD010216.pub7/full

4 FDA Authorizes Marketing of IQOS Tobacco Heating System with 'Reduced Exposure' Information. 2020. https://www.fda.gov/news-events/press-announcements/fda-authorizes-marketing-iqos-tobacco-heating-system-reduced-exposure-information

5 Polosa R, Casale TB, Tashkin DP. A close look at vaping in adolescents and young adults in the United States. J Allergy Clin Immunol Pract. 2022; 10(11):2831-2842. doi: 10.1016/j.jaip.2022.06.005. https://pubmed.ncbi.nlm.nih.gov/35718259/

6 Royal College of Physicians. Smoking and health 2021. A coming of age for tobacco control? A report by the Tobacco Advisory Group of the Royal College of Physicians. 2021. https://www.rcplondon.ac.uk/file/30236/download

Regards

PROF PRANEET VALODIA PhD
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Plant-Based Diet Tied to Healthier Blood Lipid Levels

People who followed a vegan or vegetarian diet had lower blood levels of low-density lipoprotein cholesterol (LDL-C), total cholesterol, and apolipoprotein B (apoB) than people who followed an omnivore diet, in a new meta-analysis of 30 trials.

"Vegetarian and vegan diets were associated with a 14% reduction in all artery-clogging lipoproteins as indicated by apoB," senior author Ruth Frikke-Schmidt, DMSc, PhD, Rigshospitalet, and professor, University of Copenhagen, said in a press release from her university.

"This corresponds to a third of the effect of taking cholesterol-lowering medications such as statins," she added, "and would result in a 7% reduction in the risk of cardiovascular disease in someone who maintained a plant-based diet for 5 years."

"Importantly, we found similar results, across continents, ages, different ranges of body mass index (BMI), and among people in different states of health," Frikke-Schmidt stressed.

And combining statins with plant-based diets would likely produce a synergistic effect, she speculated. "If people start eating vegetarian or vegan diets from an early age," she said, "the potential for reducing the risk of cardiovascular disease caused by blocked arteries is substantial."

In addition, the researchers conclude: "Shifting to plant-based diets at a populational level will reduce emissions of greenhouse gases considerably — together making these diets efficient means towards a more sustainable development, while at the same time reducing the growing burden of atherosclerotic cardiovascular disease (ASCVD)."

Plant-Based Diet Tied to ..... continue to page 30

More Support for Vegan, Vegetarian Diets

These new findings "add to the body of evidence supporting favorable effects of healthy vegan and vegetarian dietary patterns on circulating levels of LDL-C and atherogenic lipoproteins, which would be expected to reduce ASCVD risk," Kevin C. Maki, PhD, and Carol Kirkpatrick, PhD, MPH, write in an accompanying editorial.

"While it is not necessary to entirely omit foods such as meat, poultry, and fish/seafood to follow a recommended dietary pattern, reducing consumption of such foods is a reasonable option for those who prefer to do so," note Maki, of Indiana University School of Public Health, and Kirkpatrick, of Idaho State University.

Plant-Based Diet Needs to Be 'Well-Planned'

Several experts who were not involved in this meta-analysis shed light on the study and its implications in comments to the UK Science Media Center.

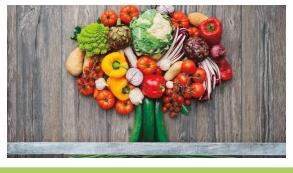
"Although a vegetarian and vegan diet can be very healthy and beneficial with respect to cardiovascular risk, it is important that it is well planned so that nutrients it can be low in are included including iron, iodine, vitamin B12, and vitamin D," said Duane Mellor, PhD, a registered dietitian and senior lecturer, Aston Medical School, Aston University, Birmingham, UK.

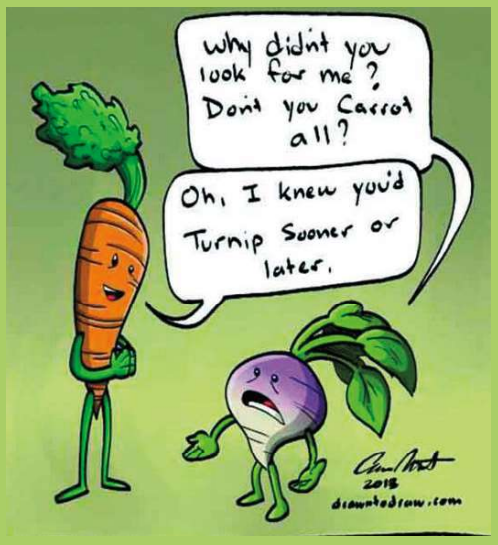
Some people "may find it easier to follow a Mediterranean-style diet that features plenty of fruit, vegetables, pulses, wholegrains, fish, eggs and low-fat dairy, with only small amounts of meat," Tracy Parker, senior dietitian at the British Heart Foundation, London, UK, suggested.

"There is considerable evidence that this type of diet can help lower your risk of developing heart and circulatory diseases by improving cholesterol and blood pressure levels, reducing inflammation, and controlling blood glucose levels," she added.

And Aedin Cassidy, PhD, chair in nutrition & preventative medicine, Queen's University Belfast, noted that "not all plant-based diets are equal. Healthy plant-based diets, characterized by fruits, vegetables, and wholegrains improve health, but other plant diets (eg, those including refined carbohydrates, processed foods high in fat/salt, etc) do not."

This new study shows that plant-based diets have the potential to improve health by improving blood lipids, "but this is one of many potential mechanisms including impact on blood pressure, weight maintenance, and blood sugars," she added.





"This work represents a well-conducted analysis of 30 clinical trials involving over two thousand participants and highlights the value of a vegetarian diet in reducing the risk of heart attack or stroke through reduction in blood cholesterol levels," said Robert Storey, BM, DM, professor of cardiology, University of Sheffield, UK.

However, it also demonstrates that the impact of diet on an individual's cholesterol level is relatively limited, he added.

"This is because people inherit the tendency for their livers to produce too much cholesterol, meaning that high cholesterol is more strongly influenced by our genes (DNA) than by our diet," he explained.

This is "why statins are needed to block cholesterol production in people who are at higher risk of or have already suffered from a heart attack, stroke, or other illness related to cholesterol build-up in blood vessels."

Plant-Based Diet Tied to ..... continue to page 31

More Support for Vegan, Vegetarian Diets

ApoB is the main apolipoprotein in LDL-C ("bad" cholesterol), the researchers note. Previous studies have shown that LDL-C and apoB-containing particles are associated with increased risk of ASCVD.

They aimed to estimate the effect of vegetarian or vegan diets on blood levels of total cholesterol, LDL-C, triglycerides, and apoB in people randomized to a vegetarian or vegan diet versus an omnivorous diet (ie, including meat and dairy).

They identified 30 studies published between 1982 and 2022 and conducted in the United States (18 studies), Sweden (2), Finland (2), South Korea (2), Australia (1), Brazil (1), Czech Republic (1), Italy (1), Iran (1), and New Zealand (1).

The diet interventions lasted from 10 days to 5 years with a mean of 29 weeks (15 studies ≤ 3 months; 12 studies 3-12 months; and three studies > 1 year). Nine studies used a crossover design, and the rest used a parallel design whereby participants followed only one diet.

The studies had 11 to 291 participants (mean, 79 participants) with a mean BMI of 21.5-35.1 kg/m2 and a mean age of 20-67 years. Thirteen studies included participants treated with lipid-lowering therapy at baseline. The dietary intervention was vegetarian in 15 trials (three lacto-vegetarian and 12 lacto-ovo-vegetarian) and vegan in the other 15 trials.

On average, compared to people eating an omnivore diet, people eating a plant-based diet had a 7% reduction in total cholesterol from baseline (–0.34 mmol/L), a 10% reduction in LDL-C from baseline (–0.30 mmol/L), and a 14% reduction in apoB from baseline (–12.9 mg/dL) (all P < .01).

The effects were similar across age, continent, study duration, health status, intervention diet, intervention program, and study design subgroups.

There was no significant difference in triglyceride levels in patients in the omnivore versus plant-based diet groups.

Such Diets Could Considerably Reduce Greenhouse Gases

Senior author Frikke-Schmidt noted: "Recent systematic reviews have shown that if the populations of high-income countries shift to plant-based diets, this can reduce net emissions of greenhouse gases by between 35% to 49%."

"Plant-based diets are key instruments for changing food production to more environmentally sustainable forms, while at the same time reducing the burden of cardiovascular disease" in an aging population, she said.

"We should be eating a varied, plant-rich diet, not too much, and quenching our thirst with water," she concluded.

The study was funded by the Lundbeck Foundation, the Danish Heart Foundation, and the Leducq Foundation. The authors, editorialists, Parker, Cassidy, and Storey have reported no relevant financial relationships. Mellor has disclosed that he is a vegetarian.

Sucralose Damages DNA, **Linked to Leaky Gut:** Study

A new study reveals health concerns about the sugar substitute sucralose so alarming that researchers said people should stop eating it and the government should regulate it more.

Sucralose is sold under the brand name Splenda and is also used as an ingredient in packaged foods and beverages.

The findings were published this week in the Journal of Toxicology and Environmental Health, Part B. The researchers conducted a series of laboratory experiments exposing human blood cells and gut tissue to sucralose-6-acetate. The findings build on previous research that linked sucralose to gut health problems.

The researchers found that sucralose causes DNA to break apart, putting people at risk for disease. They also linked sucralose to leaky gut syndrome, which means the lining of the intestines are worn down and become permeable. Symptoms are a burning sensation, painful digestion, diarrhea, gas, and bloating.

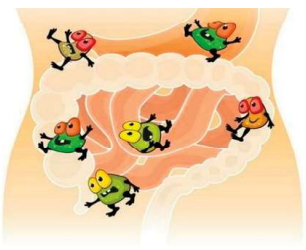
When a substance damages DNA, it is called genotoxic. Researchers have found that eating sucralose results in the body producing a substance called sucralose-6-acetate, which the new study now shows is genotoxic. The researchers also found sucralose-6-acetate in trace amounts in off-the-shelf products that are so high, they would exceed the safety levels currently allowed in Europe.

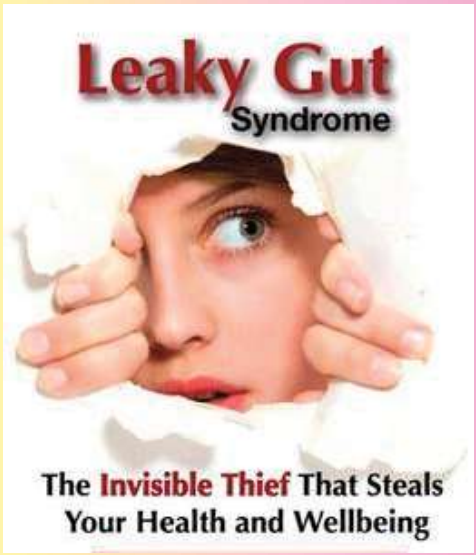
"It's time to revisit the safety and regulatory status of sucralose because the evidence is mounting that it carries significant risks. If nothing else, I encourage people to avoid products containing sucralose," said researcher Susan Schiffman, PhD, adjunct professor of biomedical engineering at North Carolina State University, in a statement. "It's something you should not be eating."

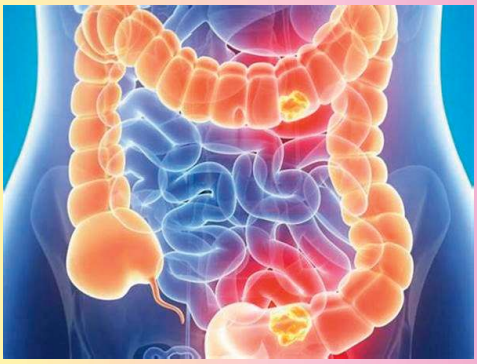
The FDA says sucralose is safe, describing it as 600 times sweeter than table sugar and used in "baked goods, beverages, chewing gum, gelatins, and frozen dairy desserts."

"To determine the safety of sucralose, the FDA reviewed more than 110 studies designed to identify possible toxic effects, including studies on the reproductive and nervous systems, carcinogenicity, and metabolism," the agency explained on its website.

"The FDA also reviewed human clinical trials to address metabolism and effects on patients with diabetes."







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LOW-DOSE ORAL MINOXIDIL FOR HAIR LOSS SOARS AFTER NYT ARTICLE

A new study suggests that prescriptions for low-dose oral minoxidil soared in the wake of a 2022 New York Times article that highlighted its utility for hair loss.

The weekly rate of first-time low-dose oral minoxidil (LDOM) prescriptions per 10,000 outpatient encounters was "significantly higher 8 weeks after vs. 8 weeks before article publication," at 0.9 prescriptions, compared with 0.5 per 10,000, wrote the authors of the research letter, published in JAMA Network Open. There was no similar bump for first-time finasteride or hypertension prescriptions, wrote the authors, from Harvard Medical School and Massachusetts General Hospital, Boston, and Truveta, a company that provides EHR data from U.S. health care systems.

The New York Times article noted that LDOM was relatively unknown to patients and doctors — and not approved by the Food and Drug Administration for treating hair loss — but that it was inexpensive, safe, and very effective for many individuals. "The article did not report new research findings or large-scale randomized evidence," wrote the authors of the JAMA study.

Rodney Sinclair, MD, professor of dermatology at the University of Melbourne, who conducted the original research on LDOM and hair loss and was quoted in the Times story, told this news organization that "the sharp uplift after the New York Times article was on the back of a gradual increase."

He added that "the momentum for minoxidil prescriptions is increasing," so much so that it has led to a global shortage of LDOM. The drug appears to still be widely available in the United States, however. It is not on the ASHP shortages list.

"There has been growing momentum for minoxidil use since I first presented our data about 6 years ago," Dr. Sinclair said. He noted that 2022 International Society of Hair Restoration Surgery survey data found that 26% of treating physicians always or often prescribed off-label oral minoxidil, up from 10% in 2019 and 0% in 2017, while another 20% said they prescribed it sometimes.

The authors of the new study looked at prescriptions for patients at eight health care systems before and after the Times article was published in August 2022. They calculated the rate of first-time oral minoxidil prescriptions for 2.5 mg and 5 mg tablets, excluding 10 mg tablets, which are prescribed for hypertension.

Among those receiving first-time prescriptions, 2,846 received them in the 7 months before the article and 3,695 in the 5 months after publication. Men (43.6% after vs. 37.7% before publication) and White individuals (68.6% after vs. 60.8% before publication) accounted for a higher proportion of prescriptions after the article was published.

Oral Minoxidil for Hair Loss ..... continue to page 34

"Socioeconomic factors, such as access to health care and education and income levels, may be associated with individuals seeking low-dose oral minoxidil after article publication," wrote the authors.

There was a 2.4-fold increase in first-time prescriptions among men, and a 1.7-fold increase among females, while people with comorbidities accounted for a smaller proportion after the publication.

In an interview, Adam Friedman, MD, professor and chair of dermatology at George Washington University, Washington, said that he was not surprised to see an uptick in prescriptions after the Times article.

He and his colleagues were curious as to whether the article might have prompted newfound interest in LDOM. They experienced an uptick at George Washington, which Dr. Friedman thought could have been because he was quoted in the Times story. He and colleagues conducted a national survey of dermatologists asking if more patients had called, emailed, or come in to the office asking about LDOM after the article's publication. "Over 85% said yes," Dr. Friedman said in the interview. He and his coauthors also found a huge increase in Google searches for terms such as hair loss, alopecia, and minoxidil in the weeks after the article, he said.

The results are expected to published soon in the Journal of Drugs in Dermatology.

"I THINK A LOT OF PEOPLE KNOW ABOUT [LDOM] AND IT'S CERTAINLY HAS GAINED A LOT MORE ATTENTION AND ACCEPTANCE IN RECENT YEARS,"SAID DR. FRIEDMAN,

That is not necessarily a bad thing, he said. "With one article, education on a common disease was disseminated worldwide in a way that no one doctor can do," he said. The article was truthful, evidence-based, and included expert dermatologists, he noted.

"It probably got people who never thought twice about their hair thinning to actually think that there's hope," he said, adding that it also likely prompted them to seek care, and, more importantly, "to seek care from the person who should be taking care of this, which is the dermatologist."

However, the article might also inspire some people to think LDOM can help when it can't, or they might insist on a prescription when another medication is more appropriate, said Dr. Friedman.

Both he and Dr. Sinclair expect demand for LDOM to continue increasing.

"Word of mouth will drive the next wave of prescriptions," said Dr. Sinclair. "We are continuing to do work to improve safety, to understand its mechanism of action, and identify ways to improve equity of access to treatment for men and women who are concerned about their hair loss and motivated to treat it," he said.

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CAN WEARING AN N95 MASK CAUSE CARDIOPULMONARY OVERLOAD?

In a new study, Chinese researchers conclude that wearing an N95 mask for a prolonged period could affect physiologic and biochemical parameters.

The authors report that the effect was primarily initiated by increased respiratory resistance and subsequent decreased blood oxygen and pH, which contributed to sympathoadrenal system activation and epinephrine as well as norepinephrine secretion elevation, and a compensatory increase in heart rate and blood pressure.

"Although healthy individuals can compensate for this cardiopulmonary overload, other populations, such as elderly individuals, children, and those with cardiopulmonary diseases, may experience compromised compensation," they write.

The authors, led by Riqiang Bao, MD, Shanghai Jiaotong University School of Medicine, note that in China, mask use remains a highly adopted practice in everyday life, and the N95 mask offers the highest level of protection against viruses. They say that studies to date on the adverse effects of wearing masks have yielded inconsistent conclusions because of the short duration of intervention.

They conducted the current randomized crossover trial, which took place in a metabolic chamber, to control daily calorie intake and physical activity levels of the participants.

The 30 healthy volunteers (mean age 26 years) were randomly assigned to receive interventions with and without the N95 mask for 14 hours, during which they exercised for 30 minutes in the morning and afternoon using an ergometer at 40% (light intensity) and 20% (very light intensity) of their maximum oxygen consumption levels.

Venous blood samples were taken before and after the intervention for blood gas and metabolite analysis.

Results showed that wearing the N95 mask resulted in reduced respiration rate and oxygen saturation by pulse oximetry (SpO2) within 1 hour, with elevated heart rate (mean change, 3.8 beats/min) 2 hours later until the mask was taken off.

The authors report that during the light-intensity exercise, mask-induced cardiopulmonary stress was further increased, as heart rate (mean change, 7.8 beats/min) and blood pressure increased (mean change: 6.1 mm Hg systolic and 5.0 mm Hg diastolic) and respiration rate (mean change, −4.3 breaths/min) and SpO2 (mean change, −0.66%) decreased. Energy expenditure (mean change, 0.5 kJ) and fat oxidation (mean change, 0.01 g/min) were elevated.

N95 Mask ..... continue to page 37

After the 14-hour masked intervention, venous blood pH decreased, and calculated arterial pH showed a decreasing trend. Metanephrine and normetanephrine levels were increased. Participants also reported increased overall discomfort with the N95 mask.
In their discussion, the researchers note that: "Chronic cardiopulmonary stress may also increase cardiovascular diseases and overall mortality."

They acknowledge though that the study was limited to only 30 young healthy participants in a laboratory setting, and further investigation is needed to explore the effects of different masks on various populations in clinical settings.

Methodology Questioned

However, US researcher Erik Van Iterson, PhD, who conducted a previous study that did not find any clinically meaningful physiologic effects of wearing an N95 mask, is not impressed by the findings of the new study, saying it does not add any reliable information to the overall body of literature on the subject. Van Iterson also questioned the soundness of the methodology.

"My take-home message is that if you want to wear an N95 mask, there is little evidence to suggest that the mask will have a negative effect on your cardiovascular health or function while doing activities of daily living," siad Van Iterson, director of cardiac rehabilitation and metabolic exercise stress testing at the Cleveland Clinic, Cleveland, Ohio.

"This study does nothing to suggest otherwise," he said. "If anything, this communication is somewhat detrimental because it is pointing to a narrative that isn't there, in that it suggests these masks may be harmful when there really is no evidence for that."

Van Iterson pointed out that the researchers were measuring physiologic function with indirect techniques, including wearable technology, which he said had not been validated for use in these dynamic conditions.

"And it's not completely clear how the oxygen saturation was measured. It is challenging to directly measure gas exchange when people are wearing an N95 mask," he added.

Van Iterson also took issue with the authors' interpretation of the data.

"It is very challenging to interpret this data. The authors are suggesting that there are clinically relevant differences. But the quality of the data itself is not reliable, and what they are interpreting as clinically relevant differences is also rather generous," he commented.

He gives the example of oxygen saturation level, which is reported as a mean change of 0.66%. "They are reporting that as a statistically significant difference but that is not a clinically meaningful difference. A 0.66% difference is well within the measurement error of the technology. And [it] could easily be attributable to just plain noise," he noted.

N95 Mask ..... continue to page 38

STUDY WAS CONDUCTED IN HEALTHY YOUNG PEOPLE

Van Iterson also pointed out that the study was conducted in healthy young people, and what differences would be found in different populations was "pure speculation."

"I certainly do not believe that this evidence would support the idea that wearing an N95 mask would cause negative effects on cardiovascular function," he concluded.

In their own previous study of exercise testing in healthy individuals wearing masks, "We found that when performing light-to-moderate-intensity exercise there really is no issue in wearing an N95 mask or a cloth style mask in terms of physiological function," he noted.

"However, with maximal intensity exercise levels there becomes a substantial subjective effect of wearing a face covering on perceived exertion, and there is a small change in physiological function in that respiration rates are increased and there is some reduction in oxygen saturation levels. But these changes did not meet physiological thresholds that would warrant termination of the tests because of those changes, and they were not considered clinically significant," he added.

Also commenting on the study, Michael Campos, MD, University of Miami Miller School of Medicine, Florida, pointed out that N95 masks are only now generally worn by healthcare providers in an ICU setting and only for short periods of time. Campos and colleagues conducted a previous study showing the more widely used surgical masks to be safe for healthy people and for people with chronic obstructive pulmonary disease.

"I guess the clinical impact of this new study is very limited," he said.

The study was sponsored by the National Key Research and Development Program of China and local universities in Shanghai.

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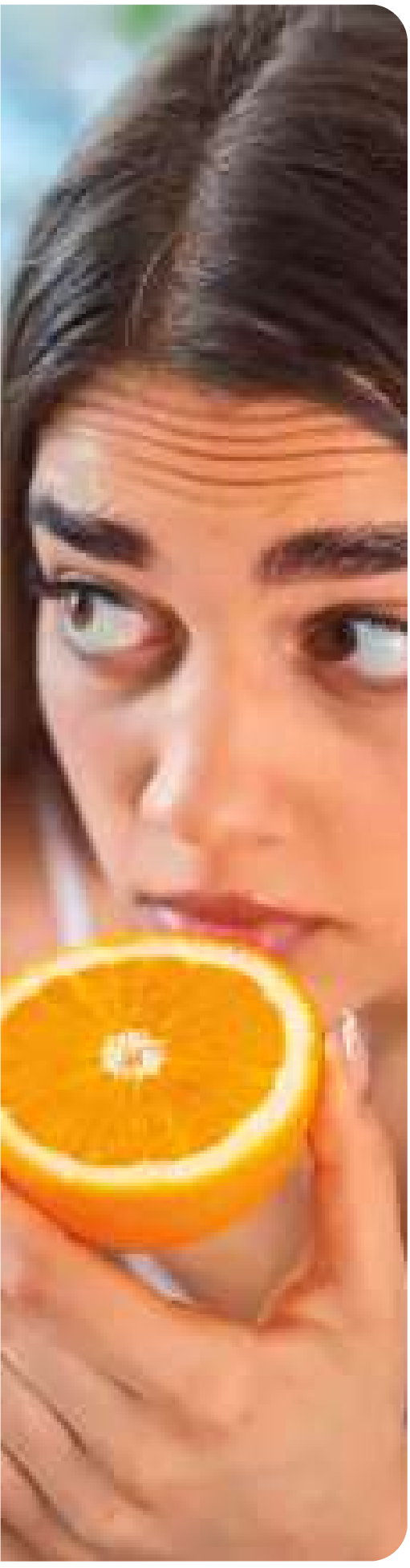

MILLIONS STILL WITHOUT SMELL, TASTE AFTER COVID

MILLIONS OF AMERICANS WHO WERE INFECTED WITH COVID-19 STILL HAVE NOT FULLY RECOVERED THEIR SENSE OF TASTE OR SMELL, A NEW REPORT SAYS.

Almost 36 million people were diagnosed in 2021, and 60% of them reported accompanying losses in smell or taste, says the study by Mass Eye and Ear, which is affiliated with Harvard Medical School, in Boston. The study was published in The Laryngoscope.

Most people fully regained the senses, but about 24% didn't get smell back completely, and more than 3% had no recovery, the study says. The report says the numbers were similar with those who lost the sense of taste.

"Many people never fully recovered," Neil Bhattacharyya, MD, a professor of otolaryngology and one of the study's authors, told Fortune, estimating that up to 6 million people still have lingering symptoms. "If you lost your sense of smell, did you get it back? There's about a one in four chance you didn't. That's terrible."

Researchers looked at the records of 30,000 adults who had COVID-19 in 2021. They reported that patients who suffered more severe cases were less likely to regain some or all their senses.

Some patients said they lost appetite because they couldn't smell food. There's concern, too, about losing the ability to smell gas and smoke, spoiled food, and dirty diapers.

People with symptoms should see their doctor, Bhattacharyya said. The symptoms might be caused by something other than lingering COVID-19 effects and treatable.

FUN FACT:
fish can't smell

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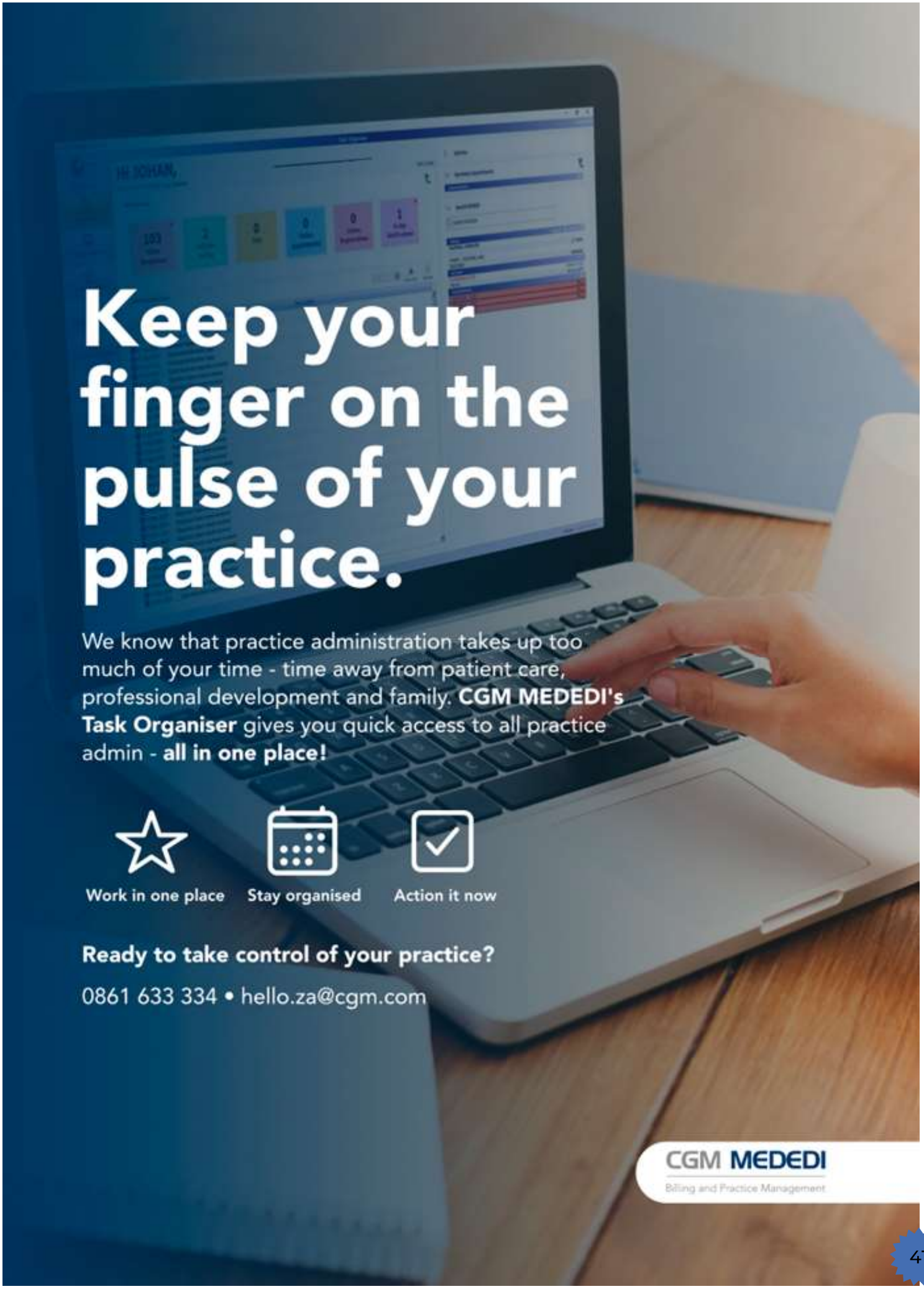
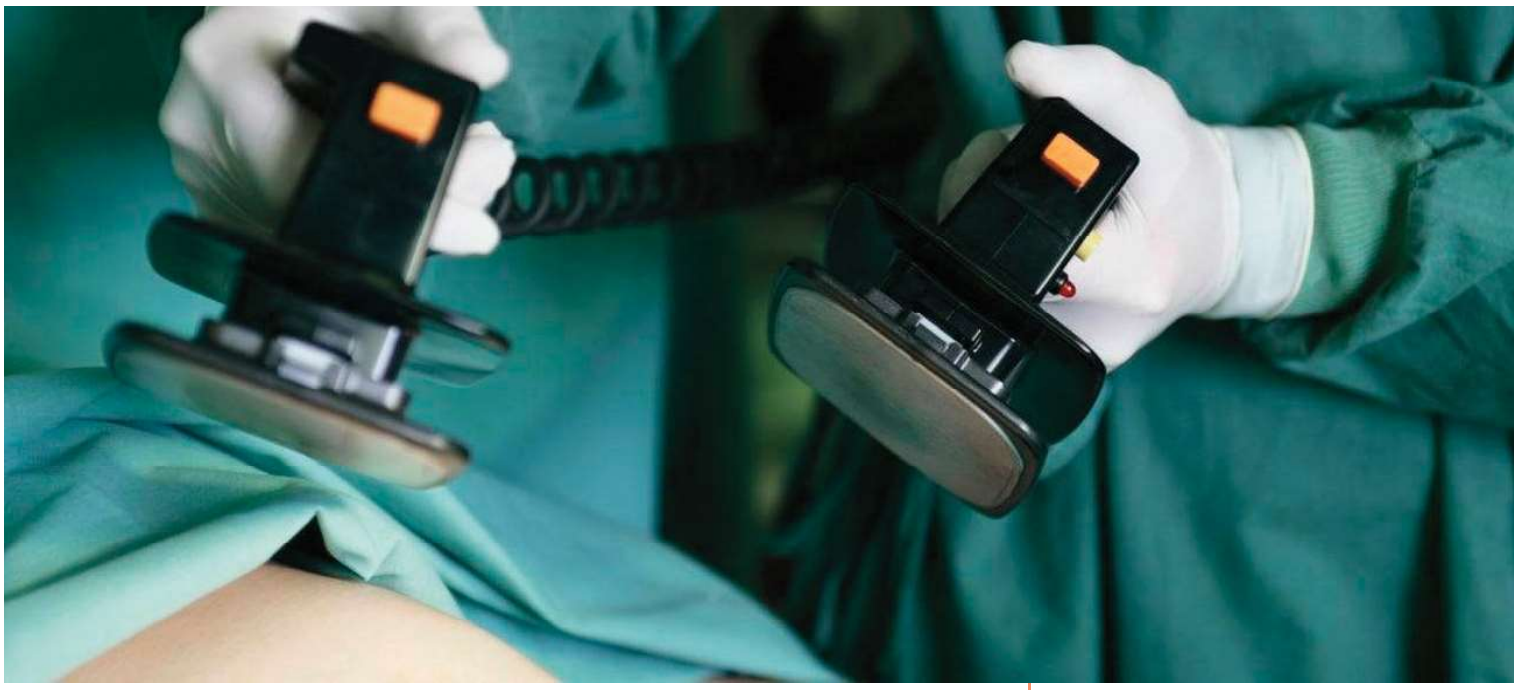


Hospital Patient Catches on Fire, Highlights Need for Prevention



POn Thanksgiving Day 2022, Kathy Stark watched as her husband of 35 years, Bobby Ray Stark, caught fire at a Nashville hospital. According to Clint Kelly, Kathy Stark's attorney, the hospital staff was performing cardioversion to restore Bobby Ray's heart rhythm when a spark ignited the oxygen and set the patient aflame.

Stark, 64, died of "a combination of cardiovascular disease and thermal burns," according to a local news report.

In May, Kathy Stark filed a malpractice lawsuit in US District Court. Kelly hopes that the lawsuit will help improve patient safety.

"Meanwhile, Kathy Star" goes to bed at night and sees her husband on fire," Kelly says.

A similar incident occurred last December in the operating room at Oregon Health & Science University, resulting in minor injuries to a patient.

Surgical fires happen rarely, but they can pose serious threats to patients and result in litigation against physicians and hospitals.

Underreported, but Likely Dropping

Reliable data on the incidence of surgical fires is lacking because incidents may go unreported over litigation fears, says Jeffrey Feldman, MD, MSE, anesthesiologist at Children's Hospital of Philadelphia and chair of the Anesthesia Patient Safety Foundation's (APSF) Committee on Technology.

However, the Pennsylvania Patient Safety Authority has been tracking surgical fires for decades, and experts have used the agency's data to extrapolate how often they occur in the United States.

In 2005, nationwide incidence was estimated to be somewhere in the neighborhood of 550-600 fires annually, says Barbara G. Malanga, BSEE, acting director of healthcare incident investigation and technology consulting at ECRI (formerly the Emergency Care Research Institute). By 2011, that number appeared to have dropped to 200-240 incidents per year.

A similar analysis in 2018 found the incidence may now be as low as 88-105 a year. The drop is likely a result of increased awareness due to educational efforts on the part of the ECRI and the APSF, including a widely disseminated video on fire safety.

The decline of surgical fires "sounds great," says Feldman, "except that it's a 100% preventable complication, and they're still happening."

Patient Catches on Fire ..... continue to page 43

Accidents Waiting to Happen

How do these fires happen? It comes down to the 'fire triangle' often taught in grade school. Fire requires three things: an ignition source, fuel, and oxygen or an oxidizing agent. Ignition sources are plentiful in a surgical suite, including any of a variety of electrical devices commonly used in surgical procedures, including defibrillators. Gowns, gauze, drapes, sponges, oxygen masks, nasal cannulae, a patient's hair or their clothing — all provide the necessary fuel.
But the key factor for surgical fire risk is the presence of high concentrations of oxygen.

Safety Protocols

The best and most obvious way to mitigate risk is to reduce the amount of supplemental oxygen, explains Feldman.

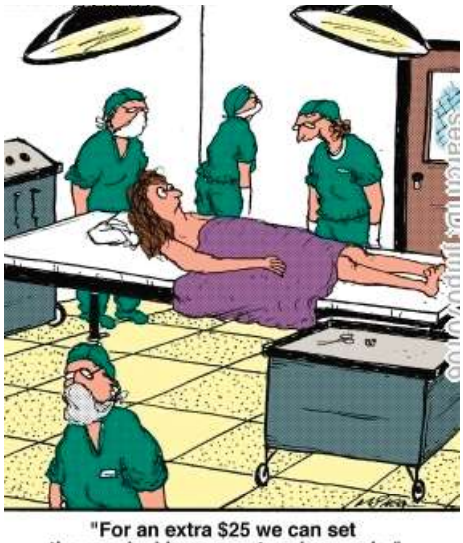
"Many patients do not require a high concentration of oxygen during sedation," he says.

When a patient does require a higher concentration for their safety, the APSF and ECRI recommend placing an endotracheal tube or supraglottic airway rather than using an oxygen mask or a nasal cannula. "You want to deliver the oxygen in such a way that high concentration doesn't exist in the surgical field," Feldman says. In cases where supplemental oxygen is necessary, ECRI and the APSF recommend reducing the oxygen concentration to less than 30%

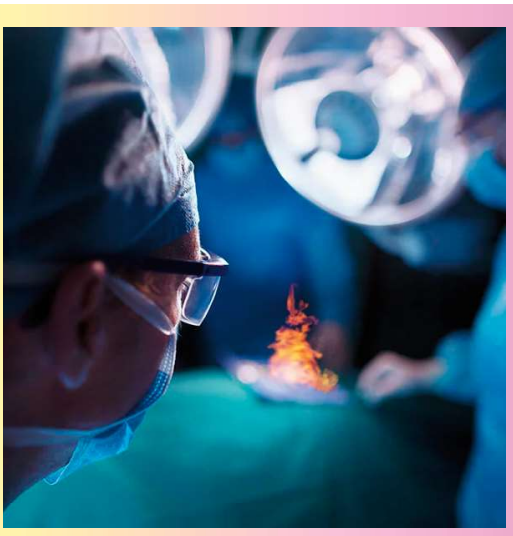
In addition, safety protocols include giving flammable prep solutions time to dry before applying towels or drapes and beginning the procedure. These precautions to ensure the safety of patients take just a moment, says Chester H. Lake Jr, MD, MS, assistant professor of anesthesiology at the University of Mississippi Medical Center.

Making Fire Safety Part of the Preop Routine

These safety protocols are straightforward but not always observed, experts say. Part of the reason is a matter of culture. Both anesthesiologists and surgeons have absorbed the attitude that placing an airway escalates the procedure beyond what the patient needs, says Feldman. And indeed, according to a 2013 analysis of the American Society of Anesthesiologists closed claims database, 85% of surgical fires occur in outpatient settings where airways are less likely to be placed, and 81% of those claims were for procedures that used monitored anesthesia care.



"For an extra $25 we can set the surgical lamps on tanning mode."



In an article on prevention of surgical fires, Lake and colleagues recommend in-house education on preventing and responding to fires at least once a year. But it shouldn't stop there. Because these fires — horrific as they are — are fairly rare, it's important to maintain awareness.

Making fire safety a regular part of the surgical 'time-out' can help further reduce incidents, he says. ECRI and the APSF have teamed up to create a poster that can help surgical teams make fire safety a regular part of their routines.

Although the national decline in surgical fires is encouraging, the problem remains serious. "You can classify these incidents as low, but it's not low if it happens to you or a family member," says Lake. "One is too many."

ECRI's Malanga agrees. "I do like to emphasize that it's rare," she says. "But I'd like to see us reduce this until it's zero."

END

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Upcoming Events

We are exciting to announce the following events!!

Garden Route
Open Day 2023
19th August
Saturday @ 10:45am

Worcester
Open Day 2023
7 October
Saturday @ 10:45am

Italy to Pass 'Right to Be Forgotten' Law for Cancer Survivors: Prime Minister

ROME (Reuters) - Italy will pass a law on the "right to be forgotten" (RTBF) for cancer survivors, Prime Minister Giorgia Meloni pledged on Tuesday, in a move designed to shield recovering patients from discrimination by banks or insurance companies.

According to campaigners, there are more than 900,000 cancer survivors in Italy who may face difficulties when taking out insurance or a loan, or applying for adoption, because of their health history.

Meloni said in a statement that her government was looking "very carefully" at draft laws on RTBF, and said she had tasked Health Minister Orazio Schillaci to follow their progress through parliament and offer them the "necessary support".

"Our goal is to have in place in the shortest time possible a law that can give answers to an extremely real problem that greatly affects the lives of many Italians," the prime minister added.

The proposals would allow recovering cancer patients not to share information about their previous condition with financial institutions, or adoption authorities, provided that 5-10 years had passed since the end of their medical treatment.

Similar laws are already in place in France, Luxembourg, the Netherlands, Belgium and Portugal, according to the Italian Medical Oncology Association (AIOM), which is campaigning for the reform.

END

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Invitation to Dentist, Physiotherapist and Allied Health Care Professionals to become an Associate Member of CPC/QUALICARE

Dear Colleagues,

As we approach the new era of increased Government involvement in Health Care Delivery, we anticipate an increase in the speed of implementation of NHI Holding membership of the CPC/Qualicare Network, the largest and most widely representative Medical Network of Healthcare Providers in the Western Cape comprising Doctors, Dentist and Allied Health Care Professionals alike will, we believe, stand in good stead as Government looks to setting up the new Health Care Delivery system for South Africa.

Associate members of CPC/Qualicare offers you the following opportunities:

- Full access to our Monthly newsletter in electronic format.
- Free advertising in our monthly newsletter of your practice related information (max 200 words).
- Free advertising for a locum service, with no commission charges payable.
- Reduced fees to attend our CPC/Qualicare function, at Associate Member's rate.
  (Approximately 30% lower than Non-members rates)
- CPC/Qualicare is committed to providing our members and shareholders with all of their CPC requirements each year. Associate Members receive reduced cost of CPD offerings and other CME offerings compared to non-ember rates.
  (Approximately 30% lower than non-member rates).
- Free listing your practice as part of CPC/Qualicare's Western Cap Electronic Network, your practice will be listed as part of CPC/Qualicare at no charge. (Worth R7000.00 per annum)
- 2 Free stationary items worth R150.00 per month in the form of 1 Prescription pad - 100 leaves, 1 Sick certificate pad - 100 leaves and the ability to purchase further stationary at 30% below current market prices.
- Preferential rates on certain Practice management software systems depending on vendor.
- Inclusion into the CPC/Qualicare Mass email service to receive important health care updates.
- Certain personal banking offerings from commercial banks.
- NHI future possibilities for your practice...Watch this space as NHI starts to roll out!!
- Preferred wholesale and facilitation of opening new accounts with them.
- Assistance with registration of an Integrated Pollution and Waste Information System IPWIS off the Western Cape Government.
- Assist with late medical aid payments, claw-backs, and withholds, as well as advice on practice admin and responses to forensic investigations.

Cost of Associate Membership

- Dentist R332.00 VAT inclusive, per month
- Allied Health Care Professionals R332.00 VAT inclusive, per month

All fees payable by debit order only. Minimum membership period is 12 months with a 3-month notice period thereafter.

Please note that we have additional benefits for a NEW MEMBER / **FIRST-TIME PRACTITIONER.**

Should you be interested in this offering, please email Louna at pa@cpcqualicare.co.za and one of our 5 consultants will make contact with you shortly.

Warm regards,

Dr. Tony Behrman, CEO of CPC/Qualicare
Dr. Solly Lison, Chairman of CPC/Qualicare

Qualicare Electronic Doctor Network.
A free gift (valued at R7,500.00 per year) only for CPC/Qualicare Members and Shareholders!!

Our highly successful electronic doctors network see www.qualicaredoctors.co.za has rapidly expanded across the Western Cape Province, and to date has approximately 200 doctors.

As a Member or Shareholder you are still entitled, **at NO charge**, to list your practice on the "EDN" showing your name, practice name, GPS coordinates, areas of special interests, and any specific features which you would like to bring to the attention to prospective patients then please complete and return the form below at your earliest convenience should you be interested to join the growing network.

This is a limited offer open only to Shareholders and Members which is worth over R7500.00 per year and is brought to you as a member or shareholder benefit at no charge.

Practitioners Details * Compulsory to complete – for a successful listing.

*First Name: _____

*Surname: _____

*Professional Degrees e.g. M.B.ChB._____

_____

Professional Body Memberships: _____

_____

*HPCSA Number: _____

*Board of HealthCare Funders PCNS Number: _____

DOH Disp Lic Number (if applicable): _____

Areas of Special Interest and Focus: e.g. Paediatrics, Bariatrics, Occupational Health: _____

_____

Contact Details

*Contact Number: (Practice)_____

*Email Address: _____

*Alternative Number: _____

Fax number: _____

Practice Details

*Practice Name: _____

Group PCNS: _____

*Practice Address: _____

_____

GPS Location: _____

Qualicare EDN ..... continue to page 50

Please also provide:

1. **Photo of yourself** - So that the patient can familiarize themselves with the Dr they are going to see.

2. **Photo of the outside of the Practice –** So the patient will recognize the correct building and know what to look out for when coming to visit the practice.

3. **A short bio – interests, hobbies & education –** This gives the patient some trust as they will feel they know you and will feel at home.

Please forward the completed form and if you have any questions – please feel free to contact Annerè van Pletsen CPC/Qualicare Consultant at annere@cpcqualicare.co.za

Alternatively click on the link to complete the form: https://www.qualicaredoctors.co.za/new-form/

I permit CPC/Qualicare to list my name, surname, the name of my practice, my practice details, and further details provided by me in this application, and my GPS Coordinates on the *"Electronic CPC/Qualicare Doctor Network"* at no cost to me or my practice (tick the appropriate block).

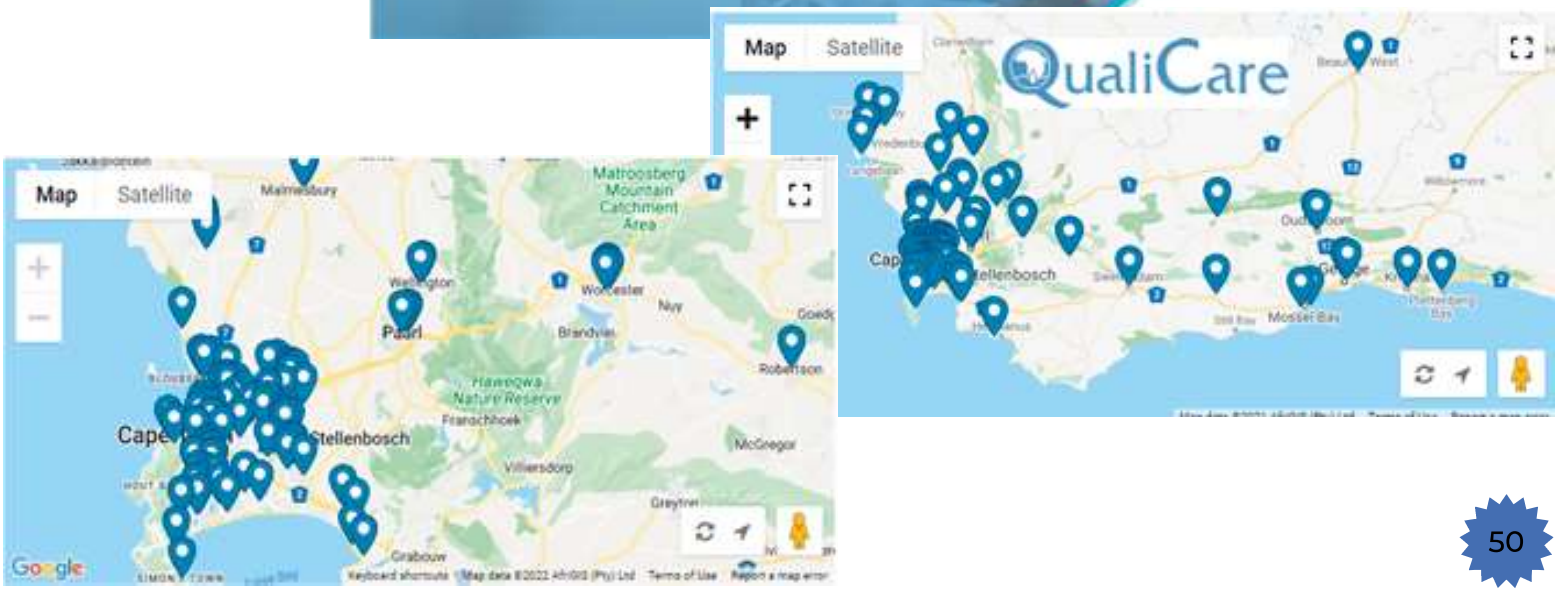
Yes I do agree to the above, in terms of POPIA Act 4 of 2013

☐

No I don't agree to the above

☐

Please forward your responses to Annerè van Pletsen at annere@cpcqualicare.co.za

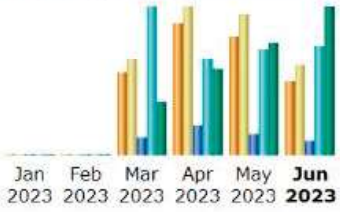


Summary

Reported period	Month Jun 2023				
First visit	01 Jun 2023 - 00:12				
Last visit	28 Jun 2023 - 00:53				
	Unique visitors	Number of visits	Pages	Hits	Bandwidth
Viewed traffic *	**1,417**	**1,727** (1.21 visits/visitor)	**4,809** (2.78 Pages/Visit)	**37,416** (21.66 Hits/Visit)	**4.60 GB** (2791.32 KB/Visit)
Not viewed traffic *			**18,046**	**48,938**	**2.64 GB**

* Not viewed traffic includes traffic generated by robots, worms, or replies with special HTTP status codes.

Monthly history



Month	Unique visitors	Number of visits	Pages	Hits	Bandwidth
JUNE 2023	***1 , 417***	***1 , 727***	***4 , 809***	***37 , 416***	***4, 60 GB***

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END of report

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Due to the fluency of the situation, information changes daily. Please visit our website for more updated information.

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https://www.umbrellaoptions.uk/wp-content/uploads/2021/03/PAYE-Umbrella-Company-480x360.jpg ; https://qph.fs.quoracdn.net/main-qimg-4fc0622d888b495ec3532f343ae70069 ; https://i2-prod.mirror.co.uk/incoming/article5097304.ece/ALTERNATES/s615b/Western-Cape-High-Court.jpg; https://th.bing.com/th/id/R.0283490e35b05b18be593597f55f51c9rik=S3UPMkNEBx4ZgA&riu=http%3a%2f%2fwww.clipartbest.com%2fcliparts%2f9T4%2fprp%2f9T4prpyqc.jpg&ehk=22nyy40H466m2TmOirag81U2Q4%2b%2fKvRQyTKxcYRx8%2bQ%3d&risl=&pid=ImgRaw&r=0 ;https://www.savisas.com/wp-content/uploads/2016/02/Western-Cape-High-Court.jpg ; https://image-prod.iol.co.za/resize/5184x366?source=https://inm-baobab-prod-eu-west-1.s3.amazonaws.com/public/inm/media/image/104897751.JPG&operation=CROP&offset=0x270&resize=5184x2916

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