

HPCSA: security and quicker registration remain elusive

The known tally of foreign doctors falsely registered with the Health Professions Council (HPCSA) over the past 11 years now stands at a dozen. How many others have managed to evade the cordon of retrospective checks once the alarm bell has sounded is now an open question – unfairly adding pressure on a cadre already stigmatised for a host of reasons, not the least of which is systemic xenophobia.¹ For an organisation whose mission is to 'guide the professions and protect the public' this is not the stuff that confidence is built on, nor does it help address the human resources crisis in the rural areas to which most of these doctors are posted. One cannot argue with new Acting Registrar Dr Kgosi Letlape's determination to stamp out 'insider help' among his administrative clerks and tighten procedures, 'whether it takes 10 years or three months'. Yet the human resources crisis begs a wider view that gets the job done far more quickly while re-engineering procedures to as close to 'fail-safe' as possible. A read of Chris Bateman's story on the latest case² also raises questions about supervision – the so-called ultimate safety net.

Medical terms in African languages

In southern Africa medicine cannot be taught in indigenous languages (apart from Afrikaans if also classified as indigenous), as there has been neglect of the development of such technical language. Farai Madzimbamuto explores ways in which a technical language can be developed, illustrating his approach with anatomical terms in the ChiShona language.³

Clinical and technical information in most African languages involves inexact terminology and code switching, thus lacking the explanatory power of the English language. African languages are absent in tertiary science education and forums where African scientists could present scientific material in the medium of African languages.

Languages use many methods for acquiring new terms. In ChiShona they have been acquired from English, Nguni, Afrikaans and Portuguese over centuries. Loan translation and semantic extensions are used extensively as a way of using the language's own resources rather than borrowing. The author illustrates the use of word compounding to demonstrate terminology development. Advancing the language can promote similar developments in others, making them more explanatory for the lay public and health professionals.

Cataract surgery improves care of orphans

In a rather nice touch, three academic generations of ophthalmologists collaborate in evaluating the impact of a cataract surgery programme on the care of orphans and vulnerable children in Swaziland.⁴ They studied patients aged 50 years and older undergoing age-related cataract surgery and who reported having children living in their households. The impact of the AIDS epidemic and effects on families is starkly illustrated. In Zimbabwe approximately 71% of grandparents older than 60 years have responsibilities for children orphaned by HIV/AIDS, and in South Africa each elderly caregiver looks after an estimated average of 4.6 children.

The World Health Organization called for practical and sustainable approaches to improve the capacity of older people to provide care for

orphaned dependants. Cataract is the leading cause of blindness in Africa, including Swaziland. The authors show that cataract surgery on elderly visually impaired patients has the potential to impact positively on the care of orphans and vulnerable children. This provides a further good economic reason to increase the capacity to roll out cataract surgery for those in need in Africa.

Childhood poisoning

Poisoning in childhood comprises a significant component of injury-related morbidity and mortality. Balme and colleagues⁵ compare the trends of causative agents over the past two decades at Red Cross War Memorial Children's Hospital.

Their study reveals similar trends in causative agents over both two decades, which are comparable with trends in other developing nations. The growth in the number of pesticide incidents is alarming, with marked morbidity and mortality demanding advanced resources. Incidents due to household cleaning products have increased over 20 years. Despite the decrease in incidents due to drugs and paraffin, they remain responsible for almost 60% of new presentations. Although the benefits of simple preventive measures such as child-resistant containers have been shown, paraffin remains the biggest single cause of poisoning.

Although exposures and poisonings by drugs remain a global concern, most drug subgroups cause limited morbidity. This contrasts with the alarming morbidity and mortality associated with traditional medicine in their study.

The study highlights significant suburban differences that provide the opportunity for targeted educational programmes and application of preventive measures such as child-resistant caps, but most importantly advocate for enhanced socio-economic development.

Nurses risk acquiring blood-borne virus infection

Hepatitis viruses including B (HBV) and C (HCV) are some of the many occupational infectious blood-borne pathogens for which healthcare workers (HCWs) are at risk. Kew and colleagues⁶ did a follow-up study 10 years after it was shown that 30.6% of nurses in an academic hospital in Johannesburg were positive for anti-HB, indicating resistance to HBV. At the time of the first study recommendations were made for a cost-effective approach to the prevention and management of viral hepatitis. A decade later, at most 52.4% of the nurses are now protected against HBV infection. A high HBV infection rate and low vaccine coverage among HCWs including nurses has also been documented in Kenya and Albania. Nurses therefore remain at high risk of work-related HBV infection.

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