

her presentation were 1) when women get mesothelioma, the families seem unable to make the switch to caring for the historical caregivers, and 2) the possible use of cannabis in pain alleviation, as highlighted by South African MP, Dr Mario Orianti-Ambrosini, who died earlier this year of mesothelioma.

The next iMig conference will be held in Birmingham, UK, in 2016. With a burgeoning and strong scientific core focusing on mesothelioma, and a growing mesothelioma

epidemic in the UK, iMig 2016 promises to be the best iMig yet. The website will be www.imig2016.org

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A new feature of iMig 2014 was The Best of iMig, an online journalistic report of reports, video recordings and interviews published at the end of each day. Here are the links to these collections:

Day 1 (22 October) <http://imig.org/archives/1858>

Day 2 (23 October) <http://imig.org/archives/1927>

Day 3 (24 October) <http://imig.org/archives/2033>

Four of the featured interviews were particularly good:

Kathleen Ruff interview on science and industry (2½ minutes):
<http://www.youtube.com/watch?v=ai1Et8mAFvQ>

Sr Liz Darlison interview on the role of nurses (1¼ minutes)
<http://www.youtube.com/watch?v=okL1FQ84Sys>

Prof. Raffit Hassan – iMig Wagner Medallist 2014 – interview on immunotherapy (2½ minutes):
<http://www.youtube.com/watch?v=Z5GwlfuK3k&list=UUGV3Hzguz9otsXeD4sJGdYQ&index=17>

Prof. Dean Fennell – Incoming iMig President – interview on what science has achieved (2¼ minutes):
<http://www.youtube.com/watch?v=1qG4kAbtqbA>

Work related to the Asbestos and Kgalagadi Relief Trusts and presented at the Mesothelioma Interest Group (iMig) 12th Biennial Conference in Cape Town, 21-24 October 2014

ANGEL OF MERCY

A lack of facilities for terminally ill mesothelioma sufferers results in unnecessary suffering according to a palliative care nurse who has cared for more than 100 mesothelioma and lung cancer sufferers in the greater Kuruman district in the Northern Cape.

Sister Phemelo Magabanyane was addressing delegates at the International Mesothelioma Interest Group Conference at the Cape Town International Convention Centre.

Mesothelioma is a deadly cancer of the pleura or peritoneum diagnosed up to 40 years after exposure to asbestos.

Sister Magabanyane works for the Asbestos Relief Trust and the Kgalagadi Relief Trust, which were set up in 2003 and 2006 respectively by the former owners of numerous asbestos mines to compensate mineworkers

suffering from asbestos-related diseases. The trusts have paid out more than R358 million to settle more than 5 400 claims.

“Due to the remote location and the scarcity of medical resources – and recognising that financial relief was not enough – the trusts established a Palliative Care Programme in March 2007,” she said. “Palliative care improves the quality of life of patients and their families facing problems associated with the life-threatening illness. We achieve this through the prevention and relief of suffering. We also pay attention to other physical, psychological and spiritual needs.”

She described travelling hundreds of kilometres every day on dirt roads to visit patients in remote locations where basic services are lacking, let alone sophisticated pain management medicine and equipment.

“You do the best you can with what you have. The

patients and their families are extremely grateful that somebody cares enough to help them and I sometimes think that the emotional support is as important as the pain relief.”

Apart from having limited access to specialist facilities, Sister Magabanyane wrestles with challenges associated with cultural beliefs and traditional practices, myths about pain control treatment, addiction to morphine syrup, self-medication and the use of herbal medication.

Although the programme is funded by the trusts, her services are available to all victims of asbestos exposure.

She said it was important for palliative care professionals to acknowledge the emotional burden of helping terminally ill patients on a daily basis and to pay attention to their own physical and psychological well-being.

ASBESTOS MINeworkERS MISS OUT ON COMPENSATION BECAUSE OF POOR DIAGNOSIS

Only half of former asbestos mine workers who have an asbestos-related disease are diagnosed while they are still alive.

This was the surprising finding by researchers who compared the medical records of 149 former asbestos mineworkers with their autopsy findings.¹

“There was a very high rate of asbestos-related disease. Sixty-three percent had an ARD at autopsy. But only half of the cases were diagnosed in life,” Professor Jill Murray, of the School of Public Health at the University of the Witwatersrand, told the meeting.

Murray conducted the research with a colleague, Zodwa Ndlovu, and Dr Jim teWaterNaude, medical consultant to the Asbestos and Kgalagadi Relief Trusts, which commissioned the research.

“This highlights the difficulty of making accurate diagnoses of these diseases,” said Murray. “The clinical diagnosis of asbestos-related diseases is not straightforward because other diseases may have similar symptoms. This raises the concern that poorly resourced public healthcare facilities may be missing many cases of the disease.”

This shortcoming meant that many former mineworkers with asbestos-related diseases were not able to claim compensation from the state, or the trusts, while they were still alive.

The research team concluded that “the cessation of asbestos mining and usage in South Africa has drastically reduced occupational exposures but because of long latency, ARDs are still seen in former asbestos miners and workers. In addition, widespread contamination of the environment following decades of production, suggests an indefinite ARD epidemic in this country.”

ASBESTOS TRUSTS FACE MANY MORE MESOTHELIOMA CLAIMS

Up to 233 new claimants suffering from the deadly asbestos-related disease, mesothelioma, could still lodge claims against the two trusts formed to compensate former asbestos mine workers.

Presenting on behalf of five colleagues, Professor Gill Nelson of the University of the Witwatersrand’s School of Public Health, warned the trusts that between 144 and 233 more mesothelioma claims can be expected by 2030.² This was in addition to 464 confirmed mesothelioma cases already compensated by the trusts.

In recent years the trusts have compensated an increasing number of mesothelioma claimants, who receive a much bigger benefit because of the severity of the disease. The trusts therefore sponsored research by Nelson and her colleagues to ensure that sufficient funds are set aside for future mesothelioma sufferers.

Although South Africa was a major producer of asbestos for many decades, the trustees previously had to use international data for mesothelioma projections. Nelson and her colleagues have now developed a new “home grown” mathematical model using the trusts’ mesothelioma data.

The researchers found that although the number of mesothelioma claims against the trusts appeared to have peaked in 2009 – and would slow with the passage of time – the trustees should plan for about 200 more cases.

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PRESENTATIONS

1. Clinico-pathological correlation of asbestos-related diseases in former miners. Ntombizodwa Ndlovu, Jill Murray and Jim teWaterNaude.
2. Burden of mesothelioma in a cohort from the Northern Cape asbestos mining region of South Africa: a prediction model for 2013 to 2030. Gill Nelson, Benn Sartorius, Jill Murray, Tobias Chirwa, Markus Heitz and Jim teWaterNaude.
3. Palliative Care in Kuruman – setting up a community oasis. Phemelo Magabanyane, Amira Wallace, Jim teWaterNaude.