SASOM Northern Cape Branch Annual General Meeting
15 October 2015

The SASOM Northern Cape Branch AGM was held at the Red Sands Lodge in Kuruman on the evening of 15 October 2015. There were 21 attendees, mainly doctors and paramedics, with a few nurses and sponsors, namely Sanofi Aventis and the new Gariep MediClinic in Kimberley. The two invited speakers were Prof. Theuns Verschoor and Dr Jim teWaterNaude. Dr Louis Ellis, as chair of SASOM Northern Cape, presided.

Prof. Theuns Verschoor is head of Criminal and Medical Law at the University of Free State. His talk was interactive and remarkably delivered without the assistance of PowerPoint. He spoke on "the Impaired Physician" and provided a handout of eight pages to guide his talk.He posed the initial question – What to do if you suspect your colleague has memory problems, possible dementia, or addiction problems?

In 2014, the Allied Health Professions Council published a Draft Code of Ethics which included references to impaired persons, encompassing Duties to Patients, Colleagues and Self. These guidelines indicate that practitioners and students need to report their colleagues if they are convinced that such are impaired, or to self-report should they auto-suspect a problem or have been informed or advised by a colleague of their problem. Early interventions were encouraged.

Three Ds applied to young and older professionals alike: drugs, drink and depression, with a 4th D being dementia, added in those who are older. The New South Wales Medical Board found that, among such older impaired doctors, the approximate main attributable percentages were 50% cognitive impairment (frank dementia in 12%), 30% drugs or drink, and 20% depression, with co-morbid psychiatric conditions notable in 17%. Two patterns were observed – the workhorse and the dabbler inside a culture of postponing retirement.

Definitions of the American Medical Association and the Australian Dental Association differ in that the former indicates conditions that actually interfere with professional performance while the latter includes the words "is likely to detrimentally affect".

The decision to report is facilitated by a practitioner practicing while intoxicated by drink or drugs, or where the public has been placed at risk because of the practitioner's impairment. Less obvious markers of possible drink or drug impairment are contained in these phrases used to describe colleagues: "He is just not the same person we used to know …", "We cannot trust their work anymore…", "She seems different somehow …"

Impaired physicians present as three broad types:

1) those with cognitive impairment (poor judgement or skills); 2) those with drug or alcohol problems; and 3) those with behavioural problems. The third is the largest category and is divided into: 3a) true, decompensating psychiatric conditions; 3b) sexual harassment; and 3c) anger problems.

Prof. Verschoor concluded his presentation with three close-to-the-bone scenarios considered by the audience in groupwork.

Four steps were suggested as guidance when approaching a colleague with suspected impairment. This is not easy.

1) Describe their behaviour to them (they are likely to deny a problem).
2) Resume the conversation at a later stage or contact a reliable source for advice.
3) Decide if you still think there is a problem.
4) If you believe there is indeed a problem, take action.

Remember that earlier action increases the likelihood of a better outcome.

The second speaker, Dr teWaterNaude, presented mainly on a method for occupational medicine practitioners to read chest X-rays (CXRs or chest radiographs). These are the most important investigations in lung disease used to diagnose the majority of occupational lung diseases, and are used in routine medical surveillance. Chest radiography complements but does not replace a good history and examination.

He covered the intricacies of using the ILO classification for reading CXRs, and then introduced his ABC system for reading CXRs: Airways, Bones, Cardiac, Diaphragms, Effusions and Edges, Fields and Forget-me-nots, Great vessels, and Hila. This differs from other similar systems in that the ABCs follow the geography of the CXR in a sequential systematic manner, where each letter, A through H, represents a region of the CXR which is contiguous with the next.

Before embarking on the reading for abnormality, however, he stressed the need to first assess the CXR for quality, using the LIPP acronym – Labelling, Inspiration, Penetration and Positioning.

A short AGM election was held at the conclusion of the meeting. Dr Louis Ellis of Kuruman was re-elected as chair, with other members of the executive being Dr Kosie le Roux of Hotazel and Dr Evert Bohnen of Kathu. As the re-elected chair, Dr Ellis thanked everyone for their participation, especially the hosts, sponsors and speakers, and expressed the hope of a repeat successful event in 2016.

Several SASOM Branches held academic meetings together with their AGMs in September. The SASOM National AGM and Conference took place in Stellenbosch on 20 November 2015; a full report will appear in the next Issue of the Journal.

The SASOM Chairman and Executive Committee wish SASOM members and all occupational health practitioners a well deserved rest over the festive season, in preparation for the challenges in 2016.

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