Editorial Comment

Never take it for granted that anyone will read what you have written

I have learned, yet again, that I mustn’t think that because I wrote it, you must have read it. Of course, I know you do. But perhaps your memory is as bad as mine – if it is, you have my sincerest sympathy. My memory lets me down frequently. Especially in the supermarket – do I need bleach or fabric softener? I buy both because I can’t remember, and then I get home and find that actually it was dishwashing liquid.

My institutional memory however is generally a lot more reliable. So I remember arbitrary facts, like on 15 March 2016, the scheduling of codeine-containing products changed. This meant that, with immediate effect, pharmacists could no longer sell 200 ml of certain popular codeine-containing analgesic or cough syrups. Nor could they sell 100 analgesic capsules or tablets to a client.

This week, the pharmaceutical representatives have been doing the rounds, and I can’t count the number of phone calls I’ve had asking me if the rep was right to say they wouldn’t be able to supply 200 ml bottles of syrup. (I can’t count them because there were so many, not because my numeracy skills are that pathetic. Although they are.)

I suspect that the misunderstanding (I can be kind sometimes) arose because obviously it would have been a physical and logistical impossibility to change all pack sizes, all package inserts and all packaging overnight. We have to be practical – even if the company had a functional crystal ball, it would still need to have all the changes approved and then implemented. If my fingers counted correctly, it seems that they took 6 months to effect the necessary changes.

That’s fine. They are not selling directly to the public. They are selling to professionals who should know that they bear the responsibility of ensuring that what they supply to the public is done in accordance with the latest, most up to date legislative requirements.

So from 15 March, or even from 23 March which is when we heard about it and sent out the PSSA newsletter, pharmacists were supposed to limit sales to the new strengths, duration of therapy and pack sizes that could be sold to the public.

It might have taken a bit of time to filter through – publishing it in the Government Gazette is all very well but it certainly isn’t my first choice of bedtime reading, and I doubt that it is yours either. So maybe you were on leave on 23 March and you never managed to catch up with your email. Maybe the postal service didn’t deliver your March SAPJ. Maybe a ship damaged the internet’s undersea cables so you couldn’t download it from the SAPJ website. Whatever. Someone should have taken the trouble to tell you.

I’ve just had a bright original idea. What about the pharmaceutical reps? They visit you every month or so, don’t they? If their company manufactures codeine-containing products, and they come to the pharmacy to detail you on them, shouldn’t they tell you that the conditions of sale have changed? Rather than telling you six months later when you could be forgiven for jumping to the conclusion that they were trying to flog the last of their supply of 200 ml bottles. Logical? Just asking.

Who are the outcasts?

I fully identify with Sandra van Dyk’s thoughts when she asks the question, “Do we know who the outcasts are?” I agree with her conclusions, too, but I’d like to go further than that. Are you and I sometimes the outcasts?

July was Mental Illness Awareness Month, but in Gauteng, I suspect that recent media reports have created more awareness than the official health calendar month. Exactly a year ago, the Gauteng Department of Health decided to terminate a contract with a private healthcare facility that offered inpatient care, treatment and rehabilitation of people with chronic psychiatric disorders. Some of these patients also had severe intellectual disabilities as well. In total, this affected more than 2000 people.

The patients were transferred to NGOs in order to save costs. Since August, reports have surfaced of 36 deaths that occurred after these patients had been transferred to facilities that were perhaps inadequate to cope with the influx of patients. The Minister of Health has asked the Health Ombudsman to investigate these deaths.

Can we heave a sigh of relief and say, “Thank goodness I don’t suffer from mental illness!” Probably not. How many of us suffer from depression? How many of us receive treatment for it? How many of us get annoyed or upset when people’s response to our depression is, “Pull yourself together!” or “Snap out of it!” Surely I’m not the only one with my hand up?

Having suffered from depression for most of my adult life, I know how difficult it can be. Most people don’t understand depression. Unfortunately, that includes some healthcare professionals that I have come across. Sometimes, we (those of us who suffer from depression) cannot identify the fact that we need a change in medication or a visit to a psychologist – we just think we’re not coping very well and it must be our own fault. This is when we need our family and friends, and yes, our pharmacist, to suggest (very tactfully, or I’ll bite your head off) that perhaps the time has arrived to pay a visit to the doctor or the psychiatrist or the psychologist.

We’ll do it, and perhaps we’ll get an increase or a change in medication, or maybe we’ll go on holiday. Perhaps we won’t. That isn’t the issue. The problem is the way we feel about ourselves, both personally and professionally. It takes a lot of work and a lot of control to change our expectations both of ourselves and of other people.

Why have I mentioned this now? Read the Nibbles feature this month. Who wrote it? It might be you. It might be me. I’ll look after you if you look after me.

Lorraine Osman