



MESSAGE FROM THE NEW PSSA SOUTHERN GAUTENG BRANCH CHAIRMAN



Thanushya Pillaye
PSSA SG Branch Chairman

CONTENT

Message from the Chairman	1 - 2
PSSA SG 2020 Committee	2
Message from the outgoing Chairman	3
PSSA SG 2020 CPDs	3
International Academics at Glenhove	4
My visit to Glenhove Hub	4 - 5
National Pharmacy Museum	5
SAAHIP AGM & Conference	6
PSSA Book Department	6
Travel Medicine	7
SAAPI What's Coming	7
Coronavirus (COVID-19)	8 - 10
SAAPI Conference	10
Glenhove Events Hub	11
Tribute to Jacob van Reenen	12
Bi-Centenary Anniversary	13 - 14
Museum Tour Information	15
Bioethics	16
Professional Indemnity	17
SARCD	17
Nothing new under the Sun	18
Gary	
PSSA SG Branch March CPD	20

Greetings fellow Southern Gauteng PSSA members, colleagues and friends. When SAAHIP greetings are extended, greetings go out to our SAAHIP family, but here now in the Southern Gauteng (SG) PSSA, the family is HUGE!! In addition to my SAAHIP cousins, I now have long lost PSSA uncles, aunties and grandparents, and to my horror, children! I hope that while I start my first GM submission as PSSA branch chair in this fashion, that in time, we will grow to be more familiar with each other.

Allow me to introduce myself – I am a migrant worker. I moved from Kwa-Zulu Natal (KZN) to the Gauteng Province in 2011. Luckily I had a ready-made SG SAAHIP family waiting here for me. I am a child of SAAHIP through and through, having already served as National President from 2011 to 2012. While SAAHIP runs in my blood, the PSSA, the mother-body, has always had my respect and support. I have worked as a hospital pharmacist my entire career – first in KZN for the Department of Health at Edendale Hospital, and now in the private sector at Mediclinic Sandton. As a PSSA member, I have served on the SAAHIP KZN-Inland and SG branch committees in various capacities, including branch chair (albeit for short periods); on the PSSA committees in both branches; on PSSA National Executive Committee in the past as a chocolate chip, as the PSSA Vice President (SAAHIP) and again now as a PSSA SG representative. I still serve on the National SAAHIP committee as a co-opted member.

It is an honour and a privilege to be elected branch chair of the PSSA SG. The largest PSSA branch. It is also daunting, but at the same time, it is a fantastic opportunity. Daunting because SAAHIP people have a certain way of doing things and it is MILES apart from the PSSA! Also, the PSSA provides a home for all sectors of pharmacy - hospital, academy, community and industry. For a SAAHIP person to guide an academy/industry/community pharmacist, not to mention give input into the business aspect of the PSSA SG, is very daunting. But, I can offer my very own insight, my personal perspective and an unwavering leadership. I look forward to the tasks, challenges and expectations which lie ahead.

If I am to provide leadership, I cannot do it alone. The success of my term of office is dependent on the contributions and effort of every committee member and PSSA member, irrespective of sector in SG. The direction that this branch takes is determined by input from the National PSSA NEC, as well as the SG PSSA sectors and its members. If a member or sector fails to utilize the platform of the PSSA SG, the member or sector is at disadvantage – there is a multitude of skills and knowledge and a vast network, which comprises the PSSA SG branch. The responsibility of this branch is to make the resources of this platform available and accessible to its members and sectors, and in so doing, support and work with the National office. All politics aside, that is the fundamental purpose of this branch, while upholding all relevant legislation and abiding by our constitution. It is my

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task to provide the leadership for this platform and I embrace it with humility and all my resolve. Thank you for the opportunity.

A special word of thanks to Lynette, the outgoing chairperson. Thank you for all your guidance and leadership, and the support to come (wink wink!). I look forward to following in your footsteps as well as your mentorship.

Special thanks to James, the outgoing treasurer, who has served with passion, commitment and focus. You have set a fantastic example and on behalf of your successor, Stephanie de Rapper, I thank you in advance for the hand-holding (nudge nudge!)

Thank you to the outgoing committee for a house well run, and to the incoming committee for agreeing to being a part of the future. Let us see how we can build on this strong legacy and leave our mark!



KNOW YOUR 2020 COMMITTEE MEMBERS

PSSA SG Branch Nominations for the 2020 committee were called in November 2019 and elections completed before the end of the year.

The first meeting for the new committee was held on the 30 January 2020 at which elections and appointments were done and resulted in the following **office bearers**:

- * Branch Chairman: Thanushya Pillaye
- * Vice-Chairman: Mrs. Gina Partridge
- * Treasurer: Mrs. Stephanie De Rapper

Elected members to the committee

- * Mrs. Val Beaumont
- * Prof. Yahya Choonara
- * Mr. Frans Landman
- * Mr. James Meakings
- * Mr. Hilton Stevens
- * Mrs. Lynette Terblanche

Members appointed to represent Sectors

- * Mr. Richard Barry: SAACP
- * Mrs. Pumza Hlekane: SAACP (Alternate)
- * Ms. Winny Ndlovu: SAACP
- * Mrs. Jacquie Fox: SAAHIP
- * Mrs. Rashmi Gosai: SAAHIP
- * Ms. Thavashini Pather: SAAP
- * Mrs. Tammy Maitland-Stuart: SAAP
- * Mrs. Rubina Shaikh: Academy

The Honorary Life members who attend meetings regularly

- * Mr. Gary Kohn
- * Mr. Raymond Pogir
- * Mr. David Sieff



Message from the outgoing Chairperson of the Branch Committee

Lynette Terblanche

It has been my privilege to chair the PSSA Branch Committee for the past 5 years.

Many aspects of business as we knew it were transformed during this period and the same can also be said for the Branch.

Time has come to hand over the reins to younger, enthusiastic, elected Committee members whom I believe can take this Branch to the next level.

The previous years have been very busy years for the Committee as well as the sub-committees of the Branch. They have also been very rewarding years. The enthusiasm of my colleagues on the Committee as well as the officers of the Branch office who volunteered of their limited available time and expertise to participate in initiatives of the Branch for the benefit of the profession is commendable.

A number of successes for the Branch, for the benefit of Branch members were achieved during the past years. These include our ongoing commitment to:

- * Continuing Professional Development (CPD). A well-planned balance of clinical and business-related professional development activities continue to be provided.
- * The annual mini symposiums have become key events on the Branch calendar
- * Our Social Responsibility Project (Trinity Pharmacy) in association with Wits University is a success story of which this Branch is very proud. The Branch Committee has been able to assist the pharmacy in the provision of essential equipment to enhance the optimal functioning of his initiative in providing a much-needed pharmaceutical service.

The Southern Gauteng Branch Committee has been active in both initiating and driving initiatives originating from interactions with and meetings of the National Executive Committee (NEC) of the Pharmaceutical Society.

My sincere thanks are extended to every member of this most professional and dedicated committee for the time and effort that each one, individually and collectively, has given to the many projects and activities that this Branch has successfully managed during the past years.

To the incoming Committee:

Congratulations on your election to the committee. It will be hard work.

The challenges will always be there, but I am sure you will find the experience most rewarding.

To the newly elected Chairperson, Thanushya Pillay.

Congratulations on your election. May your tenure as Chair be most rewarding and successful and may the Committee go from strength to strength!

The Southern Gauteng Branch of PSSA CPDs



SAVE THE DATES

SUBJECT TO CHANGE

- ❑ 21 April - Topic to be confirmed
- ❑ April (Date to be confirmed) - Joints
- ❑ 26 May – Female Hormones
- ❑ 21 July – Elderly Medicine
- ❑ 15 July (SAACP) Topic to be confirmed
- ❑ 18 August – Topic to be confirmed
- ❑ 15 September – Rabies
- ❑ 20 October – Topic to be confirmed
- ❑ October Date and Topic to be confirmed (SAACP)
- ❑ 17 November – Topic to be confirmed



International Academics at Glenhove Hub



Ray Pogir

An international conference was organised by the History department of the University of Johannesburg at the Glenhove Hub on the 6th and 7th December 2019.

“Beyond the Drugs/Medicines Dichotomy: Historical Perspectives of Good and Evil in Pharmacy” was the title of the conference.

There were 32 representatives from Universities in nine Countries, Europe, USA, Africa, etc.

One of the presentations acknowledged content from research in our library.

A museum tour was also included on the agenda, with a special request for information about the collection of Traditional Healers’ medicines. We arranged for a local Traditional Healer, Noskhumbuzo Phangwa to conduct this aspect of the tour and this was warmly appreciated and applauded by the delegates. She received a standing ovation.

We also received a request from one of the delegates for possible assistance in her research project.

Complimentary comments were received regarding Glenhove as a venue.

My Visit to Glenhove Hub



Noskhumbuzo Phangwa

Traditional Healing refers to health practices approaches, knowledge and belief incorporating first nations healing and wellness while using mineral based medicines , energetic therapies physical hands techniques.

Traditional medicine is the sum total of knowledge, skills and practices based on the theories, beliefs and experiences indigenous to different cultures that are used to maintain health, as well as to prevent, diagnose, improve or treat physical and mental illnesses

Traditional medicine is being used more frequently all over the world. However must often these are choices made by the patient integrating to mainstream health care would require research to understand the efficiency safety and the mechanism of action to the systems.

Why is traditional healing important?

Traditional healing makes use of the healing properties of many medicines found on the land and water to help people suffering from physical ailments along with healing ceremonies, to help people with their

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their mental, emotional and spiritual ailments. It's this combination that promotes holistic wellness.

Being able to share knowledge with people around the world about the experience of being a traditional healer and also knowing about traditional medicine it is overwhelming and also very interesting especially having people who will be engaging in questions and seeking understanding on all these traditional industry. And also, it get more educational when one gets to learn more about the link between the western and traditional medication. My visit at the PSSA Museum was a wonderful experience. Thanks to Cecile Ramonyane and Mr. Ray Pogir for giving me such an opportunity to share my Traditional Medicine knowledge with the Pharmacists. Camagu.

NATIONAL PHARMACY MUSEUM

Are you hooked on the Heritage of Pharmacy?

Interested in any of the following opportunities?

- Artefact collectables?
- Curatorship understudy?
- Happy to get your hands dirty?
- Book a tour?
- Heritage research?

Please contact:
Virginia Virginia@pssasg.co.za/011 442 3615

National Pharmacy Museum Artefacts

<p>R360</p>	<p>R165</p>	<p>R40</p>	<p>R325</p>
<p>R285</p>	<p>R285</p>	<p>R285</p>	

To start your very own collection, Please contact Virginia at 011 442 3615 / virginia@pssasg.co.za





S.A. Association of Hospital and Institutional Pharmacists

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A sectoral division of the PSSA

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Notice of meeting

Notice is hereby given of the 63rd Annual General Meeting of the South African Association of Hospital and Institutional Pharmacists, to be held during the 34th Annual Conference of the South African Association of the Hospital and Institutional Pharmacists from Thursday 12th March 2020 until Saturday 14th March 2020 at the Velmoré Hotel and Spa, Centurion, Gauteng.

Apologies to be sent to kschutte@outlook.com

Kristien Schutte National Secretary



The PSSA Book Department

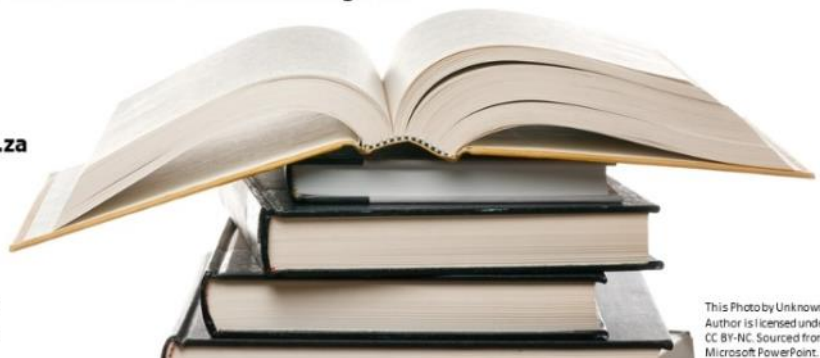
Do you know that the Book Department has a range of essential publications for pharmacists at preferential prices for members of the PSSA?

From overseas publications such as Martindale, Merck Manual and Dorland's Illustrated Medical Dictionary to local publications such as the Daily Drug Use, South African Medicines Formulary (SAMF) and the Scheduled Substance Register.

Ordering is as simple as 1, 2, 3.

1. Go to the PSSA website, www.pssa.org.za click on Membership and then Member Services.
2. Complete the order form and submit it.
3. Make payment via EFT.

Or contact Dinette at PSSA National Office on (012) 470-9559 or at dinette@pharmail.co.za



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THE ROLE OF THE PHARMACIST IN TRAVEL MEDICINE

Dave Sieff



On 26th November 2019, PSSA members attended a presentation by Dr Albie de Frey, an expert on the topic of Travel Health, who preface this talk with an overview of the main components of the subject:

*Travel Health in a Nutshell *Pre-Travel Advice *Post-Travel device

He defined Travel Medicine as a 'Multidisciplinary field, with a primary goal of prevention of illness and injury in all types of travellers through Education, and Vaccination and Prophylaxis: the secondary goal is to minimise the impact of illness, and teaching the principles of self-treatment; also important is concern for the impact of travellers on the host country.

The aspect of travel health Risks was neatly divided into:

- 'What you bite into' (Food and water-borne disease) – Traveller's diarrhoea, or Hepatitis A, or Typhoid, or Cholera, etc.
- 'What bites into you' (Vector-borne disease) – Malaria, or Yellow Fever, or Dengue, or Rabies, etc.
- 'It hits you' (Trauma) – Road traffic accidents, or injury on duty, or interpersonal violence.

In pre-travel preparation, education is most important, while vaccination protects against only 5% of travel related diseases, and Malaria is not covered; in many countries, Yellow Fever and and/or Meningococcal meningitis vaccination – with valid certificates of proof – are compulsory for visitors, and recommended

"Travel Vaccines" include Hepatitis A, Typhoid, Rabies, Japanese Encephalitis, etc., while childhood vaccinations should be up to date.

Dr de Frey expanded on the Yellow Fever and Malaria prevalence and risk for travellers, varying from international region to region, with recent statistics, and the "ABC" of prevention – Awareness of the risk, avoidance of mosquito Bites, Compliance with chemoprophylaxis when indicated, early Detection, and Effective treatment.

He then summarised prevention tactics with the "Rule of Three" – *Don't get bitten* Seek early treatment* Take the 'Pill'. This was followed by an illustration of the sites of action of various chemotherapeutic agents in the life cycle of the Malaria Parasite, and the dosage regimens of these agents in more detail, as well as any contra-indication and possible side effects.

Suspected malaria is a medical emergency, and requires immediate medical consultation, accurate diagnosis, and management, and 'standby' emergency treatment and alternative drugs were detailed; the danger of counterfeits and fakes was highlighted, as were complications of severe cases

Various test kits and their efficiency were illustrated, and travel insurance and other pre-travel risks were mentioned, and a concluding summary was presented by Dr de Frey, followed by questions from the audience, satisfactorily answered.

The evening and Prior snacks were sponsored by PSSA SG Branch



SAAPI What's Coming?

Workshop : "Introduction to GMP "
Date: 26 March 2020
Time: 09:00 – 16:00
Venue: Glenhove Events Hub
Presented by: Dale Gyure
(Farsight Skills Development)

Workshop : "Introduction to Pharmaceutical Development"
Date: 01 April 2020
Time: 09:00 – 16:00
Venue: Glenhove Events Hub
Presented by: Mbonisi Ncube
(Phed Pharma Solutions (PPS))

Workshop : "Part 1: Business Writing and Communications"
Date: 07 May 2020
Time: 09:00 – 16:00
Venue: Glenhove Events Hub
Presented by: Dale Gyure (Farsight Skills Development)





CORONAVIRUS DISEASE 2019 (COVID-19)

INFORMATION FOR THE PHARMACISTS

Amayeza Info Services

Jacky van Schoor

COVID-19 - A novel coronavirus

The name coronavirus is derived from the characteristic crown-like appearance of the virus when viewed under an electron microscope.¹ A novel coronavirus is a new strain of coronavirus that has not been previously identified in humans.²

The novel coronavirus, COVID-19 (previously called 2019-nCoV), was identified as the cause of a cluster of pneumonia cases in Wuhan, a city in the Hubei Province in China, at the end of 2019. The virus has spread throughout China and elsewhere, becoming a global health emergency.¹

More about coronaviruses

Coronaviruses are important human and animal pathogens.³ These viruses are widespread among birds and mammals, with bats being host to the largest variety of genotypes.¹ Coronaviruses are zoonotic, meaning that they can be transmitted between animals and humans.² However, several known coronaviruses circulate in animals, but have not yet infected humans.²

Coronaviruses are the cause of 5 to 10 percent of community-acquired upper respiratory tract infections in adults, occurring sporadically or in outbreaks, during which 25 to 35 percent of respiratory infections can be attributed to a single species.¹ Coronaviruses are important causes of influenza-like illness, acute exacerbations of chronic bronchitis and pneumonia among older adult patients and also probably cause pneumonia in immunocompromised hosts, including adults with HIV infection.¹

Coronaviruses may cause illness in humans ranging from the common cold to more severe diseases such as Middle East Respiratory Syndrome (MERS) and Severe Acute Respiratory Syndrome (SARS).² Detailed investigations have found that the SARS coronavirus was transmitted from civet cats to humans and the MERS coronavirus from dromedary camels to humans.²

Transmission

Respiratory coronaviruses are probably spread in a manner similar to rhinoviruses, via direct contact with infected secretions or large aerosol droplets.¹

The animal source of COVID-19 has not yet been identified.² While it is likely that an animal source from the live animal and seafood market in Wuhan was responsible for some of the first reported human infections, person-to-person spread is thought to occur mainly via respiratory droplets.^{2,3}

Understanding of the transmission risk, however, is still incomplete and given the uncertainty regarding transmission mechanisms, airborne precautions have been recommended for all healthcare providers investigating potential COVID-19 cases.⁴

The question of whether asymptomatic individuals with COVID-19 or individuals in the incubation period can transmit the virus to others remains controversial.³

Symptoms of COVID-19

The incubation period for COVID-19 is thought to be within 14 days following exposure, with most cases occurring after approximately 5 days of exposure.³ Infection with COVID-19 can cause mild symptoms including a runny nose, sore throat, cough, muscle pain, difficulty breathing and fever.^{2,4} In some cases, gastrointestinal symptoms (e.g. nausea and diarrhoea) have been reported, but this is uncommon.³

COVID-19 infection can be more severe in some cases and can lead to pneumonia, respiratory failure, organ failure and septic shock.^{2,3} Rarely, the disease can be fatal.² The overall case fatality rate is uncertain but appears to be around 3 percent.³ Older people, and people with pre-existing medical conditions (such as, diabetes and heart disease) appear to be more vulnerable to becoming severely ill with the virus.^{2,3}



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Preventing infection – Advice for the public

The basic principles to reduce the general risk of transmission of acute respiratory infections include the following^{2,5}:

- Avoid close contact with people suffering from acute respiratory infections.
- Frequent and diligent hand-washing, especially after direct contact with ill people or their environment.
- Avoid touching eyes, nose and mouth – hands touch many surfaces which can be contaminated with viruses; by touching the eyes, nose or mouth, viruses can be transferred from the hands to the person.
- People with symptoms of acute respiratory infection should practice cough etiquette (maintain 1m distance, cover coughs and sneezes with disposable tissues or clothing and wash hands or clean the hands with an alcohol-based hand-rub).

When visiting live animal markets, wet markets or animal product markets²:

- Ensure regular hand washing with soap and water after touching animals and animal products, avoid touching eyes, nose or mouth with hands and avoid contact with sick animals or spoiled animal products.
- Avoid any contact with other animals in the market (e.g. stray cats and dogs, rodents, birds, bats).
- Avoid contact with potentially contaminated animal waste or fluids on the soil or structures of shops and market facilities

Infection control for suspected or confirmed cases of COVID-19

Infection control to limit transmission is an essential component of care in patients with suspected or documented COVID-19.³ Individuals with suspected infection in the community should be advised to wear a medical mask to contain their respiratory secretions and seek medical attention.³

In the healthcare setting, the United States Centers for Disease Control and Prevention (CDC) recommendations include standard contact and airborne precautions with eye protection.³ If an airborne infection isolation room is not available, the patient should wear a mask and be placed in a private room with the door closed.³ Any personnel entering the room should wear the appropriate personal protection equipment (disposable face mask, gown and gloves).³

How to put on, take off and dispose of a medical mask²

1. Before putting on a mask, wash hands with alcohol-based hand rub or soap and water.
2. Cover mouth and nose with mask and make sure there are no gaps between your face and the mask.
3. Avoid touching the mask while using it; if you do, clean your hands with alcohol-based hand rub or soap and water.
4. Replace the mask with a new one as soon as it is damp and do not re-use single-use masks.
5. To remove the mask: remove it from behind (do not touch the front of mask); discard immediately in a closed bin; wash hands with alcohol-based hand rub or soap and water.

IMPORTANT POINTS ABOUT MEDICAL MASKS AND COVID-19

- **Ill patients with respiratory symptoms should wear a medical mask** to help prevent transmission of the infection to other people.
- For people **without respiratory symptoms, wearing a medical mask in the community is not required**, even if COVID-19 is prevalent in the area.³ Wearing a mask does not decrease the importance of the general measures to prevent infection, and it may result in unnecessary cost and supply problems.³
- Individuals caring for patients with suspected or documented COVID-19, however, should wear a tightly fitting medical mask when in the same room as the patient.

To help reduce the spread of COVID-19 virus, environmental infection control procedures should also be implemented.³ The CDC states that routine cleaning and disinfection procedures are appropriate for COVID-19 virus.³

Management of COVID-19

Management of patients with suspected or documented COVID-19 consists of ensuring appropriate infection control (as outlined above) and supportive care.³ Investigational agents e.g. remdesivir are being explored for antiviral treatment of COVID-19.³

COVID-19 in South Africa

The National Institute for Communicable Diseases (NICD), a division of the National Health Laboratory Service, as of

.../continued on page 11



14 February 2020 has tested 71 individuals under investigation for COVID-19, and all results have come back negative.⁶

For further information on COVID-19, refer to the NICD website <http://www.nicd.ac.za/covid-19-update/>

References:

1. McIntosh K. Coronaviruses. C2020. Available from <https://www.uptodate.com/contents/coronaviruses> Accessed 18 Feb. 20.
2. <https://www.who.int/emergencies/diseases/novel-coronavirus-2019> Accessed 18 Feb. 20.
3. McIntosh K. Coronavirus disease 2019 (COVID-19). Available from <https://www.uptodate.com/contents/coronavirus-disease-2019-covid-19> Accessed 18 Feb. 20.
4. <https://www.mdbriefcase.net/resources/coronavirus/content> Accessed 18 Feb. 20.
5. WHO. Novel Coronavirus (2019-nCoV). Situation Report – 22. 11 Feb. 2020.
6. <http://www.nicd.ac.za/covid-19-update/> Accessed 18 Feb. 2020.



SAAPI Conference 2020

“2020 and Beyond – Beyond All Limits and Into the New Decade”

11-12 June 2020

Altron Conference Centre, Midrand

SAVE THE DATE

The South African Association of Pharmacists in Industry (SAAPI) is hosting its Annual Conference on 11th and 12th June 2020, at the Altron Conference Centre, Midrand.

Full Conference Fee – SAAPI Members	R 4 500
Full Conference Fee – Non-Members	R 5 300
One Day Registration Fee – SAAPI Members	R 3 200
One Day Registration Fee – Non-Members	R 3 700

- * Early Bird discount of R 500 for early registration and payment.
Deadline for Early Bird Payments: 30 April 2020
- * A discounted fee of 5 % will be offered to every 3rd delegate from one company registering for the conference.

Please Save the Date. Registration details and programme to follow shortly.

If your company would like to be part of this conference as an Exhibitor/Sponsor, please contact Karina Nel.
Email: knel@confpro.co.za





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Home of the SA National Pharmacy Museum





Tribute to Jacob van Reenen

Pharmacy Stalwart

- Jacob ("Jaap") William van Reenen was born on 29 April 1945 in Ficksburg in the (Orange) Free State, where his father practiced as a General Practitioner.
- Although he completed most of high school in Potgietersrus (now Mokopane), the family moved to Pretoria and he completed his Matric at Afrikaans Hoër Seunsskool.
- He initially started to study medicine at Tuks, but changed his mind. In those years pharmacy students had to do a 2 year apprenticeship after their first year of study and then go back to University to complete their studies. His studies at Tuks had provided him with the requirements of a 1st year in Pharmacy, and thus he proceeded with an apprenticeship in Pretoria.
- He then proceeded to complete his B.Sc Pharm. at Potchefstroom University, where he met his wife, a class mate, Elizabeth Bond (Liz van Reenen). and they got married at the end of their final year.
- He started his career at Fred Steyn Pharmacy in Vereeniging.
- Approximately a year later he opened Jaap van Reenen Pharmacy in Meyerton, where he practiced until he retired on 30 June 2004.
- Over his years of practice he tutored 15 interns, the last of which was his eldest daughter, Estelle.
- Jaap and Liz had 3 children - Estelle Victor (a pharmacist), Ricus van Reenen (a Chemical Engineer) & Mia van Reenen (A marketing manager); all three children got married and had a total of 8 grandchildren in 8 years!
- He served on the Committees of the local (Vaal Triangle) as well as National level of the Pharmaceutical Society of South Africa, of which he was also nominated a Fellow, as well as on the SA Association of Community Pharmacists, both local and National.
- He was an inspector for the SA Pharmacy Council for several years.
- He served as a Director on the board of Kemco Wholesale, later Alpha Pharm, until after his retirement.
- He served on the parent bodies of the nursery, primary and high schools his kids attended in Meyerton.
- He was an elder in the NGK Meyertonpark until his death.
- He played golf the largest part of his adult life, until bowls became the preferred choice due to joints giving in.
- He was a lover, not a fighter and hardly ever bragged about himself - about his kids, yes, but not about himself, thus I am not familiar with any awards bestowed. He always claimed that his children, children-in-law and grandchildren were his biggest award.

[Information kindly supplied by Estelle van Reenen Victor]

On a personal note, I remember "Jaap" as a kind, dignified, popular, quiet "gentle giant", always with a smile and a great sense of humour, for whom we always had much respect, and I will cherish pleasant memories of him - we shared many years of service on the National Community Pharmacy Committees.

We wish his family condolences on his passing, and all good wishes.

Dave Sieff, for the PSSA SG Branch





Pat Smith

1820 marks the bi-centenary anniversary of the departure of the 1820 settlers from the shores of merry England and their subsequent arrival in the Eastern Cape.

The settlers were dispersed, in some instances, to very remote localities with very little or no access to hospitalisation, medical facilities or medicine. As a result they had to make do with what medicine they had brought with them to the Cape, and they presumably replenished their stocks on their rare visits to the towns.

The photograph below is of an eighteenth century medicine chest donated to the museum by Nelson Tuck, the managing director of Wyeth. It originally belonged to a certain M. Gilbert and bears an engraved brass plaque confirming this, he presumably brought it with him to the Cape. The Gilbert family and friends were better off with this item than many of the other settlers, although a fair number of them utilised Lennon's Huis Apotheek kits



Lennon's Huis Apotheek Kit

In addition to the difficulty of acquiring medicines, some of the medicines were of dubious quality and their efficacy was of some considerable doubt. Advertising was a no-holds-barred affair with wild and extensive claims being made with regard to cures, lack of side-effects and claims of complete safety. Laws, rules and regulations were a thing of the future.

The Museum has been fortunate enough to acquire a number of historic newspaper cuttings of medicine adverts, assembled by a researcher and donated to Ray Pogir. These cuttings bear dates from the early to mid-eighties. The contents of a few of them are used here as examples.

The first cutting advertises "Dr Warburg's Vegetable Fever Drops" (1839). The claims made by the advertiser, Parker and Co, would probably land them in jail nowadays and one has some sympathy for the 1820 settlers who may have been gullible enough to believe the medicine "has never been known to fail". It can be assumed that the settlers could take comfort from the fact that in the second advert Mt Tredgold "begged to inform" them that he had just taken delivery of a considerable supply of very superior Indian leeches. They were for sale at his dispensary No 93 Long Street, alongside with a variety of English Patent Medicines and some "superior" Medical and Chemical Preparations.

.../continued on page 14



SPECIFIC FOR FEVER.

Dr. WARBURG'S VEGETABLE FEVER DROPS.

THIS Medicine has been proved by experience in many thousand Cases to be far more efficacious than any febrifuge hitherto known, and totally free from the unpleasant effects which sometimes follow the use of Bark and Quinine. It is purely vegetable; the product of Plants discovered by Dr. WARBURG in Central America, under the same parallel in which Peruvian Bark is found. It has been extensively used in the West Indies, British Guiana, America, &c. and has never been known to fail, even in the most malignant Fevers. Its operation is uniform, and its effects immediate and certain.

It is exhibited in the form of a Tincture, two doses of two drachms and a half each, being sufficient in any case. The effects of the Medicine are slightly narcotic and chiefly sudorific; pains in the head, back, and limbs, are immediately relieved, and Fevers eradicated in from three to twenty-four hours.

PARKER & Co., Sole Proprietors, 27, King William-street, Charing Cross, London.

Agents at the Cape, **TREDGOLD & POCKOCK**, 96, Long and 14, Shortmarket-streets.

TO THE Medical Profession.

MR. TREDGOLD begs to inform his Medical Friends and the Public, that he has just received a considerably supply of very superior INDIA LEECHES, which are now for sale at his Dispensary, No. 93, Long-street.

Mr. T. avails himself of this opportunity of notifying that with Investments lately from England he has received a variety of English Patent Medicines, some superior Medical and Chemical Preparations, &c.

The third advert boasts that in the case of cancer, scrofulous and indolent tumours, and ulcers, scurvy, ringworm, scaled head (sic), chilblains, chapped hands and all cutaneous diseases the settlers could fall back on "Dr Wright's Celebrated pearl Ointment (1831)". It was also an infallible remedy for "Soreness and Diseases of the Eyes". Also stated in their advert was the fact that it was impossible to enumerate, in the limits of the Advertisement, the numerous cures the ointment effected, many of which were pronounced incurable by the "Faculty" (?) every other application having failed. However, it was claimed to be a mild safe remedy and from the harmless nature of the ingredients (not listed) could, with safety, be applied to children "of the most tender age".

Very similar to some of the Cannabis claims made by some of the companies today!

They were tough, those 1820 settlers – surviving the rigours of the Easter Cape, armed with medicines such as those advertised.

Dr. WRIGHT'S
Celebrated
PEARL OINTMENT,

For the Cure of Cancerous, Scrofulous, and Indolent Tumours, and Ulcers; Scurvy, Evil, Ring Worm, Scald Head, Chilblains, Chapped Hands, and all Cutaneous Diseases;

ALSO,

An Infallible Remedy for Soreness and Diseases of the Eyes.

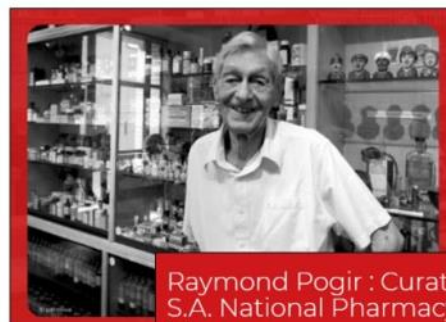
THIS invaluable Remedy was the discovery of the late Dr. WRIGHT, an eminent Physician at Stafford, who, during his long and extensive practice, found it a certain cure for the above obstinate and alarming complaints. The extraordinary efficacy of this Ointment has been fully proved in the most inveterate tumours which were pronounced Cancerous, and deemed incurable, by most eminent Medical Gentlemen; and it has effectually cured those who were recommended to submit to Surgical Operations.

The high estimation in which it is held by the Public, the great demand for it in all parts of the Globe, and the reputation it has already acquired, are, it is presumed, the strongest proofs of its beneficial influence and peculiar efficacy in such Cases. It is impossible to enumerate in the limits of an Advertisement the numerous Cures it has effected, many of which were pronounced incurable by the Faculty, every other application having failed. In confirmation of this fact, a slight reference to the Testimonials and Affidavits which will be found in the Bill of Directions around the Pots, will prove most satisfactory. It is a mild and safe Remedy, and from the harmless nature of the Ingredients, may with safety be applied to Children of the most tender age.

Sold by Messrs. PALLIS & POLEMAN; Messrs. LINCOLN and Co.; Mr. TREDGOLD and Mr. GREEN.



National Pharmacy Museum Website is now live!



Raymond Pogir : Curator
S.A. National Pharmacy
Museum

BOOK A TOUR TODAY !

<http://pharmacymuseum.co.za/book-tour/>

.....

Tour Availability

Opening Hours : Weekdays 8:30 – 16:00

Tours outside the above can be made by special arrangement.

Please fill in the **Book A Tour** form or alternatively **call us**.

Tour Group Size: 5-25 (maximum) for a guided tour

Price : R40.00 per **Adult** / R20.00 per **Student**

Secure parking available, arrival refreshments included in the above charge.





Series: An introduction to Bioethics Principles Principle of Non-Maleficence

Candice De Carvalho
MSc (Med) Human Genetics
MSc (Med) Bioethics and Health Law

When operating in a diverse, pluralistic and multicultural society, healthcare providers (HCPs) are confronted by ethical choices regularly. With so many competing ideas, bioethical principles provide moral action-guides.

In this series, we have already explored two of four bioethics principles, the Principle of Respect for Autonomy and the Principle of Justice. In this article, we will briefly look at the principle of Non-Maleficence (the Harm Principle). When there are principles, these confer duties, and the health provider has a duty to uphold each of the principles. However, in practice, one will often be challenged by competing principles and this can be a weakness of this approach. Medical practice is replete with opportunities to exercise and ponder competing principles. Therefore, a strong philosophical knowledge of these is helpful.

Do no harm. This medical ethics principle holds that no practitioner should intentionally cause harm or inflict the risk of harm. This is recognized as one of the cornerstone principles of the practice of medicine – *primum non nocere* – ‘first do no harm’.

‘Harm’ generally speaking, implies that the victim has been intentionally injured or treated unjustly. However, harms seem to exist on a spectrum where some are ‘trivial’ such as annoying behaviours, insults, offenses or humiliations. On the other end of the spectrum, harm may include more detrimental effects – where peoples’ privacy, property, reputation and so forth are affected.

Interestingly, in the practice of medicine, HCPs may intentionally, but justifiably, harm patients and in so doing, not be guilty of any wrongdoing. For example, cutting a patient in surgery will certainly hurt! Many times the patient endures harm and understands that is part of the process. Harming is a part of the healing, and doctors must be ready to weigh up the benefits of any medical intervention, with its corresponding harms, in order to provide positive outcomes for the patient.

At the very least, the HCP must see to it that harm is minimized, when it cannot be totally avoided. Although the principle states ‘first do no harm’ the principle does not supersede the other principles of autonomy, justice and beneficence.

It is often difficult for medical staff to apply the principle of non-maleficence simply because it is often challenging to assess all of the potential harms faced by the patient, their family and their community as well as potentially see any harms to society at large. Since no one can fully know all possible eventualities, this arithmetic of harm can be very perplexing indeed. Add to this the possible emotional and mental harms of certain procedures, over and above the physical harms, and the picture only increases in complexity.

The ‘reasonable’ practitioner must then act to minimize as much harm as possible while applying appropriate care, because she simultaneously has the duty to care and offer benefit to the patient.

In the next and last article of this series, we will be looking at the Principle of Beneficence.





Professional Indemnity Insurance

You should be aware that pharmacists in all spheres of Practice require Personal Indemnity Insurance. Not to have it is simply not an option – it is a requirement of the South African Pharmacy Council.

PSSA offers its members access to the essential cover at very competitive rates through the Professional Provident Society.



For further details please contact Nikita at the PSSA National Office on (012) 470-9557 or at Nikita@pharmail.co.za

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Showcasing the latest in Local & International
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9h00 - 17h00

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NOTHING NEW UNDER THE SUN

*"What has been will be again"
"What has been done will be done again"*

**THERE IS NOTHING NEW
UNDER THE SUN
(ECCLESIASTES 1:9)**

CANNABIS INDICA, BPC, 1923.



The photograph with this article is from the collection in the museum and appears to have been produced according to the formula for preparations in the British Pharmacopoeia for Tincture Cannabis Indica in the early 1920's.

The British Pharmaceutical Codex (BPC) 1923 also has a description of the Actions and Uses of Cannabis. In summary it states that the action is chiefly on the central nervous system.

"It first produces excitement with hallucinations, a feeling of happiness and indifference to surroundings, this stage being followed by deep sleep. The hallucinations include inability to estimate time and space."

Clinical studies and published reports have found almost the identical effects as those listed in the 1923 BPC. The effects are mainly from the action of Tetrahydrocannabinol (THC) and vary from person to person and according to the potency of the material from the plant. Some as low as 1% and as high as 30%. THC is absorbed into the bloodstream through the lungs. Various methods of smoking have been used. Vaping is also currently one of the methods.

The addictive center in the brain is the same as for cocaine, heroin and alcohol. The current move towards liberation of the sale has resulted in commercial entities and entrepreneurs designing a host of products such as cookies, sweets, beverages, sprays and oils.

[A study published the Northwestern Medical Journal in 2014, of teen users, found that memory related brain structures appeared to shrink, possible related to a decrease in neurons. A study at the University of Montreal in 2016 found that two years after stopping use the brain still looked similar to the brains of schizophrenics.]

"those who do not learn from history are doomed to repeat it"



A pharmacy perspective that has resulted from National Health Policy implementation and supported legislation that could be seen as an unexpected and possibly a successful change by some.

The change of ownership of pharmacy came into effect in May of 2003, before and after the implementation of the change implementation of the change in ownership enabled by changes in the Pharmacy Act and the then Medicines and Substance Control Act there were concerns that the loss of ownership by independent pharmacist owners would result in the closure and the demise of independently owned pharmacies.

Part of the then expectation was that lay owner corporate pharmacies would also be opened in rural underserved areas and the expectation of the National Health Plan through legislation would make medicine more accessible and affordable to the consumer every person requiring health services.

Other factors were the implementation of SEP and Medical schemes implementing preferred service providers in most instances giving preference to the corporates and implementing surcharges to non service providers affecting their patients. Although amendments to the Medical Schemes Act rectifies this, the legislation has not been gazetted by the Minister.

The intention of implementing SEP was also to support transparency and remove additional benefits and incentives that was not given through to the patients as a result of the payment of unequal and not quantifiable marketing fees from purchasing benefits that are not passed on to the consumers as was the original intention of the SEP legislation.

Since the change of ownership there had been a tremendous growth in cooperative owned pharmacies by putting a successful model together in busy trading areas, including a very well stocked front shop and dispensary staffed with Pharmacists and Pharmacy assistants, adhering to the legislation to the letter and delivering successful patient service. These corporate owned pharmacies not owned by pharmacist must still be under the continuous personal supervision of the Responsible pharmacist.

The other positive change is the transformation of the pharmacy personnel front shop and dispensary reflect the population mix in the country. I have found the pharmacy personnel friendly well trained and professional.

Notwithstanding concerns by independently owned pharmacies of which some have closed and experienced change, they still exist and deliver a very effective service through pharmaceutical care and PCDT addressing consumers and patient needs.

Giving up my pharmacy of nearly 35 years it has given me an opportunity to do locums in corporate pharmacies and have found the experience pleasant and I am deriving a great deal of professional satisfaction serving patients and using my profession experience in the service delivery to patients.

The true effect that the National Health insurance will have on the medical schemes and the switch from fee for service to capitation model for reimbursement will not be clear until implemented.



The Southern Gauteng Branch of PSSA cordially invites you to attend our March CPD

Date: Tuesday 17 March 2020
Time: 19h00 for 19h30
Venue: Glenhove Events Hub
52 Glenhove Rd, Melrose Estate

Diabetic Patients during Ramadhan

Sponsor - tbc

Presenter: Dr Leila Mayet (CDE)

Cost:
PSSA Members - Free
Non-members - R160
Students - Free (Please produce your Student Card)

Refreshments will be provided

RSVP Cecile at 011 442 3615 or
ceciler@pssasg.co.za



The Chairman of the Editorial Board is David Sieff and the members are Tabassum Chicktay, Stephanie De Rapper, Deanne Johnston, Gary Kohn, Tammy Maitland-Stuart, Ray Pogir and Cecile Ramonyane - Branch Secretary. All articles and information contained in The Golden Mortar of whatsoever nature do not necessarily reflect the views or imply endorsement of the Editorial Board, the Branch Committee, the PSSA, its Branches or Sectors. The Editorial Board and the aforesaid cannot therefore be held liable. Every effort is made to ensure accurate reproduction and The Golden Mortar is not responsible for any errors, omissions or inaccuracies which may occur in the production process.

The Editor reserves the right to amend punctuation or text for correctness, and to summarise where necessary.

We welcome all contributions and as space permits, these will be published.

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