



SCHOOL OF CLINICAL MEDICINE NEWSLETTER

EDITORIAL

Dear Colleagues

Welcome to our School of Clinical Medicine October 2021 Newsletter.

Our School recently held a very successful Biennial Research Day. Thank you to Prof Deirdré Kruger and the Organising committee, as well as to Mrs Rita Kruger for managing all the administration. Congratulations to all our prize winners—you make the School proud!



It is with sadness that we announce the passing of Prof David Blumsohn. He spent his entire career in Internal Medicine at Chris Hani Baragwanath Hospital. I remember him always making the point that he learned from his students as well. He was a gentle unassuming person but a great teacher who made an impression on many hundreds of young students and Doctors over the years. Sincere condolences to the Bara community, the Department of Internal Medicine and his family.

Welcome to our new Medical Students Council. The School looks forward to a close working relationship with you all in 2022.

Congratulations to Prof Jerome Loveland on the VC Academic Citizenship award.

Congratulation to Prof Smith and the Department of Surgery on the start of the new Bara Burns Unit funded by the McAlpine Foundation and the opening of the Surgical Skills lab under Prof Damon Bizo.

The end of the year is fast approaching us and I wish all our students success in their upcoming end of year assessments.

Prof Daynia Ballot (Head of School)

A LOOK AT OUR STAFF ACHIEVEMENTS

Congratulations to:

Prof Jerome Loveland who received the Vice-Chancellor's Academic Citizenship Award.

A warm welcome to the following staff:

Dr Evelyn Lumngwena (Researcher) and Dr Hlologelo Malatji (Associate Researcher) in Cluster C.



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Honorary Professor

Prof Cindy-Lee Dennis

Prof Aletta Schutte

Honorary Associate Professor

Dr Safia Mahomed

Honorary Researcher

Dr Andrea Kölkenbeck-Ruh

Honorary Senior Lecturer

Dr Mary O'Grady

Honorary Lecturer

Dr Khakhu Mathivha

Mr Prashan Maharaj

Dr Yusuf Dasoo

Dr Goolam Mohamed

Dr Mohamed Cassim

Mrs Magaretha Terblanche

PROF JEROME LOVELAND

Congratulations to Prof Jerome Loveland who received the Vice-Chancellor's Academic Citizenship Award.

The Department of Paediatric Surgery at Chris Hani Baragwanath Academic Hospital has been developed into a world class, internationally recognised paediatric surgical unit with respect to clinical service, teaching and research, this at an institution, "Bara", steeped in a history of prejudice and disadvantage, factors that persist to this day.

The absolute transformation of the department has been brought about by the dedication and commitment of Professor Jerome Loveland, who has worked co-operatively, both within the department and without, to uplift the community that his department serves, this through exceptional organisational citizenship, innovative design and implementation of numerous projects, assisted by the establishment of superb external partners.

Through his charity Surgeons for Little Lives, Prof Loveland has enabled the Department of Paediatric Surgery to perform far beyond the limits of normal expectation, with the end result of transforming clinical service, teaching, and research within Paediatric Surgery at Wits University, and has made an outstanding contribution to South African civil society. This has given Prof Loveland's unit the ability to



L to R: Prof Jerome Loveland & Prof Zebulon Vilakazi (Vice Chancellor)

lead the delivery of paediatric surgery in South Africa, as well as establishing a phenomenal international footprint.

"It is one thing to succeed in an established environment

Quite another to establish that environment, and thereby breed Success"

Personal Quote:

Professor Jerome Loveland



DR EVELYN LUMNGWENA



DR HLOLOGELO MALATJI

Dr Malatji recently joined the School of Clinical Medicine (Cluster C) as Associate Researcher.

Prior to joining the school, he was a full-time SARCHI PhD Fellow at the Centre for Health Policy located within the School of Public Health. In the Centre for Health Policy, he participated in health systems and policy research projects.

In the School of Clinical Medicine, his role is to support Registrar research in Cluster C (Department of Obstetrics & Gynaecology, Family Medicine & Primary Care, and Paediatrics and Child Health). Registrars interested to schedule appointments relating to their MMed research, can see him at room 431, PVT building, 3rd floor, Parktown.

Dr Evelyn Lumngwena joined the University of Witwatersrand as Researcher for the School of Clinical Medicine, Cluster C from October 2021.

She obtained a PhD in Molecular and Cellular biology, from the University of Cape Town (UCT).

Following her PhD, Dr Lumngwena worked as a post-doctoral researcher at the Cape Heart Institutes on a project aimed at understanding the Pathogenesis of Rheumatic valvular heart diseases (RHD) in a South Africa. Her interests, understanding basic mechanisms of RHD progression span from studying differential protein expression, profiling autoimmune proteins in heart valve

tissues and blood of RHD to understand epitopes that drive RHD progression and microbiome. Moreover, she is trying to identify different autoimmune molecules shuttled by blood derived vesicles to drive the progression of RHD.

Research engagement include:

Molecular and Cellular biology (Translational cardiovascular research including proteomic and other small molecules, correlation with clinical markers)

Autoimmune mechanisms in RHD (Extracellular vesicles in disease pathogenesis)

Also viral Immunity, Inflammation biology, Immune responses and vaccines is her first loves and remain very close to her heart.



OBITUARY: PROFESSOR DAVID BLUMSOHN



outstanding intellect, an ing in 1996. He was definitely one of the encyclopedic knowledge of students' heroes which is borne out by the medicine, and an ability to fact that he had been the guest speaker at inspire students. But above the final year medical students' ball for 5 all, he was an humanitarian, consecutive years. At one of these func- ever-sensitive to the predica- tions he said the following: "Never be indif- ferent. Never despair, but if you do, work He practiced what he on in despair. You will learn a lot from your preached: he treated all his patients: about Ubuntu (humanness/ humanity), isibindi (courage), hlonipha (respect/dignity), simple decency and un- available to them. Often conditional trust. Never let them down." This epitomizes his humanitarian ap- outpatients at his office door proach.

in search of solace or taxi fare. He wrote a moving Professor Blumsohn also had scholarly article for the medical stu- interests outside of medicine. He held a dents' journal, The Leech, doctorate in Semitic languages and was entitled "The Pathology of extremely widely read. Poverty" which has had a

Professor David Blumsohn passed away on Friday, 15th October 2021, after battling a series of illnesses. Sadly, the Covid-19 pandemic also impacted him in that he was, to a large extent, isolated from friends and family for long periods.

Professor David Blumsohn devoted more than 50 years of his life to the practice of medicine in South Africa, almost exclusively in the public sector serving the desperately poor and sick patients from Soweto who pour through the doors of Chris Hani Baragwanath Academic Hospital. He gave unswerving and loyal service to the Department of Medicine at this hospital for more than 4 decades: initially as Registrar, then as Physician, Senior Physician, Principal Physician and Head of one of the large medical units. After his retirement in 1997, he continued to work in the department as Honorary Professor, sharing his extensive knowledge, experience and wisdom with students, doctors and patients.

Professor Blumsohn possessed all the qualities of a great physician. He had an

major influence on the thinking of our students. He was at the forefront of a campaign at Chris Hani Baragwanath Hospital in 1987 in which doctors from the Department of Medicine protested at the deplorable conditions our patients had to endure. This protest action embarrassed the apartheid government sufficiently to allow the private sector to intervene and build ward extensions to enable our patients to be appropriately accommodated.

Professor Blumsohn was a scholar of note. Not only had he published widely in the medical literature but he had also been invited to leading cardiological and other medical institutions in North and South America as visiting professor, researcher, or teacher. Our own students held him in the highest regard as teacher and mentor. He regularly received letters and gifts from the students expressing their gratitude for his teaching, philosophy, guidance and mentoring, and for showing them the importance of patient-centered medicine. He was the recipient of the PV Tobias and Convocation Award for distinguished teach-

In recognition of the abovementioned extraordinary contributions to the Faculty of Health Sciences and its students, and to the community of Soweto, he was awarded the Gold Medal of the University of the Witwatersrand in 2008.

On a personal note, it was a privilege to have him as my mentor, colleague, and friend. I will treasure the many stimulating and pleasurable interactions we had, stretching over more than 4 decades.

Emeritus Professor Ken Huddle



SCHOOL ANNUAL PRIZE GIVING AWARD – 31 AUGUST 2021

It gives us great pleasure to congratulate each one of our 2020 Prize Winners in the School of Clinical Medicine. Your achievements reflect the excellence of our School and University. Many of you will go on to become future leaders in Health Care and make significant contributions to the wellbeing of our nation. Congratulations!



Prize	Awarded to:
A E WILKINSON MEDAL FOR CLINICAL SURGERY	Gabriella Snoyman
CERTIFICATE OF MERIT FOR PHYSICS I (Jointly)	Muhammad Hira , Rafaela Halkas & Raihaan Bhyat
DALLAS McKENZIE PRIZE IN COMMUNITY PAEDIATRICS	Matthew Harvey
DAVID LURIE MEMORIAL MEDAL FOR SURGERY	Kirsten Harding
DENIS GOLDSTEIN MEMORIAL PRIZE IN FAMILY MEDICINE	Alexandra Bench
FACULTY OF HEALTH SCIENCES PRIZE OBSTETRICS	Falak Khan
GARY CUTLER MEMORIAL PRIZE	Tafadzwa Kufazvinei
GORDON GRANT MEDAL IN GYNAECOLOGY	Tayla Kassel
ISAAC KUSHLICK MEMORIAL PRIZE	Eleni Hajimarkos
JACK DISTILLER PRIZE IN COMMUNITY MEDICINE	Tafadzwa Kufazvinei
KURT GILLIS AWARD FOR PSYCHIATRY	Tayla Kassel
MONTY BARANOV MEMORIAL PRIZE FOR OPHTHALMOLOGY (Jointly)	Danielle Kruger, James Lewis & Travis Hall
NESTLÉ PRIZE IN PAEDIATRICS	Kirsten Jane Gerrand
SMITH & NEPHEW PRIZE IN ORTHOPAEDIC SURGERY	Christopher Huntley
THE WELCH ALLYN PRIZE	Tayla Kassel
JOCK GEAR MEMORIAL AWARD FOR REGISTRARS	Amirah Parak
LOUIS FRANKLIN FREED PRIZE FOR PSYCHIATRY	Yumna Minty
MANNIE LUNZ PRIZE FOR ORTHOPAEDIC REGISTRARS	Praval Dawadi
SOPLY LOPIS PRIZE IN INTERNAL MEDICINE (MMed)	Brett Mansfield
SYNTHES (PTY) LTD ORTHOPAEDIC PRIZE	Kao-Wei Fang
THE KEN HUDDLE CLINICAL ROLE MODEL AWARD	Merika Tsitsi
F J MILNE TEACHING AND SERVICE AWARD	Ismail Kalla
THE DEPARTMENT OF INTERNAL MEDICINE PROFESSIONAL & ADMINISTRATIVE SERVICE EXCELLENCE AWARD	Jani Erasmus

SCHOOL BIENNIAL RESEARCH DAY—

30 SEPTEMBER 2021



The 2021 SOCM Research Day Organizing Committee is very happy to announce the prize winning presenters of the 2021 School of Clinical Medicine's Biennial Research day. Well done to all presenters for their great contributions in making this day a huge success!

POSTER PRESENTATION PRIZE WINNERS

PRIZE	TOPIC & PRESENTER	POSTER No.
Category	<i>Undergraduate/Honours/Intern/Medical Officer.</i>	
1 st Prize	Two-Dimensional Echocardiographic and Strain Values of the Aorta in a Normal Sub-Saharan African Population Miss Kelly Blair. <i>Internal Medicine: Cardiology</i>	P5
2 nd Prize	Low infection rates in primary hip arthroscopy, revision hip arthroscopy, and converted Total Hip Arthroplasty. Dr Ashleigh Lewis. <i>Orthopaedic Surgery</i>	P19
Category	<i>MMed/Registrar.</i>	
1 st Prize	Maternal outcomes before and after new oxytocin protocol at Chris Hani Baragwanath Academic Hospital. Dr Adri Kotze. <i>Obstetrics & Gynaecology</i>	P13
2 nd Prize	The impact of diabetes and hypertension on renal allograft survival – a single centre study. Dr Sumesh Padayachee. <i>Surgery: Urology</i>	P39
Category	<i>MSc/Medical Scientist/Researcher.</i>	
1 st Prize	Hepatitis B Virus Vaccine Coverage and Prevalence of Seroconversion in Health Science Students at Wits. Dr Nisha Makan. <i>Hepatitis Virus Diversity Research Unit - Affiliation with Wits ALIVE</i>	P21
2 nd Prize	Prevalence and risk factors of retinopathy of prematurity at Charlotte Maxeke Johannesburg Academic Hospital. Dr Rehema Marando. <i>Paediatrics & Child Health: Neonatology</i>	P24
Category	<i>PhD/Postdoc/Academic staff/Consultant.</i>	
1 st Prize	Mental illness attitudes and knowledge in non-specialist medical doctors working in state and private sectors. Dr Yumna Minty. <i>Psychiatry</i>	P29
2 nd Prize	Development and internal validation of the HIV In-hospital Mortality Prediction (HIV-IMP) risk score. Prof Abdullah Laher. <i>Family Medicine & Primary Care: Emergency Medicine</i>	P17



ORAL PRESENTATION PRIZE WINNERS

PRIZE	TOPIC & PRESENTER	ABSTRACT No.
Category	<i>Undergraduate/Honours/Intern/Medical Officer.</i>	
1 st Prize	Chronic venous ulceration in a tertiary centre outpatient vascular clinic: Clinical characteristics and socio-economic impact Mr Nicholas Aikman, Ms Refiliwe Mathibe, Ms Khanyisile Sibiya, Mr Nishal Kalan, Ms Anam Azhar, Ms Mma-Mina Baloyi, Mr Abulilie Mgilane. <i>Surgery: General (Vascular).</i>	<u>SOCM7A- 02</u>
2 nd Prize	The 'ins and outs' of the magnetic ureteral stent: a novel innovation in Endourology Mr Brandon Els. <i>Surgery: Urology</i>	<u>SOCM3B- 06</u>
Category	<i>MMed/Registrar.</i>	
1 st Prize	A profile of cardiac surgery-related acute kidney injury in adults at an academic hospital Dr Gontse Leballo. <i>Anaesthesiology.</i>	<u>SOCM1B- 06</u>
2 nd Prize	Shock Index as a Prognosticator for Emergent Surgical Intervention and Mortality in Trauma Patients Dr Richard Crawford. <i>Surgery: General (Trauma)</i>	<u>SOCM7A- 04</u>
Category	<i>MSc/Medical Scientist/Researcher.</i>	
1 st Prize	Medium-Term Outcome Comparison between Index Total Hip Arthroplasty (THA) and Conversion THA after Hip Arthroscopy Miss Kelsi Greenwood. <i>Orthopaedic Surgery</i>	<u>SOCM5B- 01</u>
2 nd Prize	Helicobacter Pylori might work Synergistically with Other Gut Bacteria to Generate Carcinogenic Nitrosamine Compounds Miss Madaliso Phakathi. <i>Surgery: General</i>	<u>SOCM5A- 03</u>
Category	<i>PhD/Postdoc/Academic staff/Consultant.</i>	
1 st Prize	Johannesburg Identification Unit: Humanitarian efforts to identify deceased migrants and nationals at a medico-legal mortuary Dr Craig Keyes. <i>Forensic Medicine.</i>	<u>SOCM3A- 05</u>
2 nd Prize	PAM50 Intrinsic Subtypes in HIV Positive and HIV Negative Patients with Breast Cancer Dr Boitumelo Phakathi. <i>Surgery: General (Breast/Endocrine)</i>	<u>SOCM7A- 06</u>

A big thank you to: the SOCM RD Organizing & Scientific Committee; the Department of Surgery for the use of the Len Miller Hybrid Venue, Surgical Skills Laboratory and DJ Du Plessis room; Conference Partner staff; Session Chairs; Keynote Speakers; Adjudicators; Presenters, and to all the staff involved in making the day such a success. Well done!



L to R: Prof Deirdré Kruger (Chair - Organizing Committee) &
Prof Daynia Ballot (Head of School)



L to R: Prof Daynia Ballot (Head of School) & Prof Martin Smith
(Head of Department—Surgery)



Surgical Skills Lab



Len Miller Hybrid Venue

NEW SURGICAL SKILLS LAB TO TRAIN SPECIALISTS AND SUB-SPECIALISTS

12 October 2021 - Wits University



Prof Damon Bizos

R22-million project to enhance the training of surgeons in South Africa.

There is a critical shortage of expert medical specialists in the country, including surgeons. It is estimated that there is a need to double the current number of surgeons to fully meet the country's needs. In addition, South Africa has been losing a number of surgical experts to the competitive overseas market due to the lack of sufficient highly specialised facilities, infrastructure, and advanced academic training programmes.

"Wits trains more doctors, surgeons, specialists and sub-specialists than any other university in southern Africa. The new R22-million Wits Advanced Surgical Skills Lab will help to enhance the training of surgeons, across disciplines, in a state-of-the-art environment, with the best equipment available," says Professor Damon Bizos, Head of Wits Surgical Gastroenterology, and the Clinical Head of Surgery at the Wits Donald Gordon Medical Centre. "We need to replenish these specialised skills and replicate them in adequate measure in order to deliver essential services to South Africans and Africans."

The Wits Advanced Surgical Skills Lab offi-

cially opened on Tuesday, 12 October 2021. It is located on the ninth floor of the Faculty of Health Sciences building in Parktown and is designed in line with international best standards. It includes the latest technologies and teaching facilities, putting the Wits surgical training programme on par with the best in the world.

"If we fail to replenish the pool of surgeons in South Africa, both the training of all South African doctors and the delivery of healthcare for all will be compromised. The loss of these skills will result in the loss of services in both the private and public sectors," says Professor Zebulon Vilakazi, Wits Vice-Chancellor and Principal. "South Africa needs to retain highly skilled and specialised surgeons. By creating opportunities for doctors to undergo highly specialised training locally, rather than abroad, the likelihood of losing these doctors to other countries is lessened."

The Wits Advanced Surgical Skills Lab will cater for the interdisciplinary training needs of surgical disciplines such as general surgery; orthopaedics; gynaecology; ear, nose and throat; cardiothoracic; urology; maxillofacial; ophthalmologic; neuro; and plastic surgery; and will include the training of specialists, doctors, nurses and other allied health practitioners.

"The basic and intermediate courses will help inculcate basic surgical competence and skills development, whilst advanced courses will ensure that experienced practitioners remain at the forefront of advances in the field," adds Bizos. "We will offer access to in-house training as well as in-

dustry-sponsored surgical training courses and symposia. Train-the-trainer programmes and research into skills training will also be integral."

The Wits Advanced Surgical Skills Laboratory includes a large 'wet lab' with eight stations; laparoscopic towers and endoscopy (upper endoscopy and colonoscopy); the availability of facilities for training on cadavers; lead-lined walls to accommodate imaging; a new lecture room for 35 participants; and full audiovisual and videoconferencing facilities.

"Access to safe, high-quality surgery care remains an ongoing challenge in South Africa and beyond. There is a well-defined unmet need, and the training of surgeons and surgical care providers is an essential component of the strategy to improve surgical care and address the unmet need. Modern day approaches to training require that we must address both the technical competency and non-technical skills of the surgeon. This must be achieved in a standardised and measurable way. To do so has meant that we, as the trainers of the next generation of practitioners, must embrace new technologies and training opportunities," says Professor Martin Smith, the Head of the Department of Surgery in the Faculty of Health Sciences at Wits University. "We are very grateful that through the support of the University and the contributions of a number of donors we have been able to establish a facility to enhance and improve this training."

He adds: "This multidisciplinary unit offers the most modern information technology in a versatile environment. It uses the latest skills training methodologies to ensure that when these surgeons and others provide care to patients, their ad-

vanced skills are appropriate and safe, ensuring the best outcomes for the patients and communities. It further offers us an opportunity to engage in research

into new *The new Wits Advanced Surgical Skills Laboratory is a **Wits100 Centenary Campaign project**. Wits celebrates 100 years of academic and research excel-*

lence, and the advancement of the public good in 2022. Details: [Wits Centenary](#)

RESEARCH ENTITIES IN THE SCHOOL



PRINCE is a research programme recognised by the Faculty of Health Sciences and headed by Prof Daynia Ballot, Head of the School of Clinical Medicine. Professor Ballot started PRINCE in 2012. She wanted a research programme that focused on newborn care in the South African context. The core purpose of PRINCE is to improve outcomes for neonates, reduce morbidity and mortality, and save lives.

We have taken part in national and international academic studies and clinical trials. Research is one of the core aspects of PRINCE, and we have a lot of experience, passion, and expertise. Over the last 9 years, academic members of the PRINCE team have supervised and co-supervised more than 30 Masters of Medicine (MMed) to completion for doctors special-

ising in Paediatrics and Child Health, and the team are currently supervising / co-supervising an additional 20 MMeds and Masters.

We are currently doing one clinical trial, one national multi-centre trial, and one pilot study (collaborating with Vanderbilt University in the USA), in addition to the student projects.

We submit anonymised, aggregated data on our very low birth weight (under 1500g) infants for the Vermont Oxford Network (VON) on behalf of Charlotte Maxeke Johannesburg Academic Hospital and are currently the only government funded hospital in Johannesburg to do so.

We love working with different units and organisations and do so frequently. We collaborate with our colleagues in the Department of Obstetrics and Gynaecology, and the Department of Microbiology, who are also affiliated with the NHLS, along with a number of other units and departments in Charlotte

Maxeke Johannesburg Hospital and the School of Clinical Medicine. We have worked with various syndicates within Wits Health Consortium, including extensively with Wits Clinical Research, but also HEICS, Wits RHI and RPMPRU / VIDA.

PRINCE runs a weekly follow-up clinic at Charlotte Maxeke Johannesburg Academic Hospital for infants that were either asphyxiated at birth, or born under 1000g. Infants are seen approximately every 3 months by qualified paediatricians, who perform physical exams and neurodevelopmental assessments and refer infants for rehabilitation to or more specialised consultation if required. Over the last 9 years our follow up clinic has seen more than 660 babies across more 2800 visits, and performed over 1600 neurodevelopmental assessments for high risk infants.

In 2007, Prof Ballot helped establish the South African Paediatric Association neonatal resuscitation training course, which continues to this day. This course is a half-day simulation based training, and Prof Ballot still edits and updates the accompa-



LtoR: Dr Robin Saggars, Dr Tanusha Ramdin, Prof Daynia Ballot, Dr Veronica Mphaphuli & Dr Yoliswa Magadla





nying resuscitation booklet. These training courses are still coordinated through the PRINCE programme, and most of our doctors participate in training rotation (which is voluntary and unpaid) and assist in training midwives, nurses and doctors in neonatal resuscitation. The neonatal resuscitation programme has hosted more than 250 courses, and trained more than 4400 people.

You can email Rose Bandini, the research coordinator:

rossella.bandini@wits.ac.za with any questions or to chat about collaborating with PRINCE.

PULMONARY INFECTIONS RESEARCH UNIT (PIRU)

History of the unit

The Unit was established as the “Human Ciliated Epithelium Research Unit” in 2001 and has been URC-accredited since then. A name change to “Pulmonary Infection Research Unit” was applied for, and approved, in 2007, due to a small change in the direction of the research in the Unit. The Unit’s last 5-year accreditation was in 2015/6.

Unit Director

Professor Charles Feldman, who is currently the Distinguished Professor of Pulmonology, School of Clinical Medicine, Faculty of Health Sciences, University of the Witwatersrand.

Main focus of the Unit

The main research focus of research of the Unit has been on respiratory infections, and in particular community-acquired pneumonia (CAP). Community-acquired pneumonia is one of the most important reasons for admission of both adults and children to hospital. It is the most common infectious disease cause of death worldwide and is among the top 10 causes of all deaths globally.

The main microorganism focussed upon in

research during all these years has been *Streptococcus pneumoniae* (the pneumococcus).

This bacterium was the most common cause of CAP in the pre-antibiotic era, and remains one of the most common bacterial causes of CAP in sub-Saharan Africa, in Asia, and in Europe. One of the major drivers of the substantial burden of pneumococcal CAP in South Africa is Human Immunodeficiency Virus (HIV) infection. Despite a stable prevalence of HIV infection in South Africa and a very effective ART rollout program, studies still indicate that invasive pneumococcal disease remains a common infection in South Africa.

The research has always been translational, with, on the one hand, clinical publications arising mainly from large, international, multicentre, studies on various aspects of CAP, and on the other hand laboratory-based research attempting to understand interactions with bacteria, particularly the pneumococcus, with both the host immune response and with antibiotics.



Prof Charles Feldman— Unit Director

Other infections that have also been studied include tuberculosis, opportunistic infections associated with HIV infection, HIV itself, and nosocomial and ventilator-associated pneumonia.

Collaborators over the past 5 years

Department of Internal Medicine, University of the Witwatersrand

Dr Raquel Duarte – Senior lecturer, Head of the Department of Internal Medicine Laboratory

Dr Theresa Dix-Peek – postdoctoral

Dr Caroline Dickens – postdoctoral

Collaborators in South Africa

Professor Ronald Anderson – Emeritus Professor, Department of Immunology, Faculty of Health Sciences, University of Pretoria, with whom Professor Feldman works most closely.

Doctor Helen Steel – Research Scientist in the Department of Immunology, UP.

Professor Annette Theron - Associate Professor in the Department of Immunology, UP.

Professor Theresa Rossouw, Principal Medical Officer, ARV Clinic, Tshwane District Hospital, and Consultant in Department of Family Medicine, University of Pretoria.

Professor Francois Venter and his team – University of the Witwatersrand/WRHI (now Ezintsha) -Johannesburg, South Africa.

International Collaborators

Professor Tim Mitchell PhD – Professor of Microbial Infection and Immunity, Deputy Head of School of Immunity and Infection, University of Birmingham, UK. This collaboration is related to the work on the pneumococcus, specifically studies on the pneumococcal toxin, pneumolysin.

Doctor Julio Ramirez – Professor of Medicine and Chief, Division of Infectious Diseases University of Louisville, Kentucky, USA.

This is a multicentre, international, collaborative, clinical study on the topic of community-acquired pneumonia, called: **Community-Acquired Pneumonia Organization (CAPO)**

Professor Charles Sprung – Department of Anesthesiology and Critical Care Medicine, Hadassah Hebrew University Medical Center, Jerusalem, Israel. This is a multicentre, international, collaborative, clinical collaboration on topics related to Ethics in the Intensive Care Unit.

Research highlights – recent and ongoing

i) Studies in *Streptococcus pneumoniae* – cigarette smoke condensate

Effects of tobacco smoke on pneumococcal characteristics, growth and gene expression.

Principal Investigator: Riana Cockeran

Additional Investigators: Ronald Anderson, Charles Feldman, Raquel Duarte, Theresa Dix-Peek, Caroline Dickens.

The first part of this study was completed and published in 2020.

Cockeran R, Dix-Peek T, Dickens C, Steel HC, Anderson R, Feldman C. Biofilm formation and induction of stress response genes is a common response of several serotypes of the pneumococcus to cigarette smoke condensate. *J Infect* 2020; 80 (2): 204 – 209. IF 6.072.

ii) Clinical studies on community-acquired pneumonia - ongoing.

Severe Community-acquired pneumonia in the HIV era

Principal Investigator: Jacqui Venturas

Additional Investigators: Charles Feldman

The data for this study has been collected, and the results analysed, and it is currently being written up for an MMed degree and for publication. It will arguably be the largest study of CAP patients in the ICU in the world.

CAP in a predominantly HIV-infected adult population

Principal investigator: Dr Murimisi Mukansi

Additional investigators: Charles Feldman, Colin Menezes, Ronald Anderson, Marta Nunes, Shabir Madhi

This study, which is currently underway, is being undertaken towards a PhD degree. It is investigating various aspects of CAP, with particular reference to pneumococcal infections.

One of the first clinical and laboratory sub-study analyses is being undertaken by the

post-graduate student at the current time, at the University of Pretoria, while ongoing recruitment of cases is occurring at the University of the Witwatersrand.

iii) Investigation into the proinflammatory/prothrombotic effects of e-cigarettes

Investigation of the platelet-driven pro-inflammatory/pro-thrombotic potential of extracts prepared from nicotine-containing and nicotine-free e-cigarettes, as well as effects thereon of pneumococcal biofilm formation in vitro.

Principal Investigator: Guy Richards

Additional Investigators: Charles Feldman, Ronald Anderson, Helen Steel Annette Theron, Richard van Zyl Smit

This is an investigation studying the potentially harmful effects of condensates from e-cigarettes, which is nearing completion.

iv) Investigations in HIV infection

Investigation of the correlation between markers of inflammatory, cardiac and immune activation and HIV-1 treatment failure and outcome

Principal Investigator: Theresa Rossouw

Additional Investigators: KG van Dyk, HC Steel, R Anderson, WDF Venter, C Feldman, M Mukansi

This is an ongoing study over several years now. A number of original manuscripts have already been published and a recent publication includes the following below.

Steel HC, Venter F, Theron AJ, Anderson R, Feldman C, Arullippan N, Rossouw TM, Differential responsiveness of the platelet biomarkers, systemic CD40 ligand, CD62P, and platelet-derived growth factor-BB to virally-suppressive anti-retroviral therapy. *Frontiers in Immunology* 2021; 11: 594110. IF 6.429.

The influence of human immunodeficiency virus infection and anti-retroviral therapy on pulmonary function in individuals in an

urban setting in sub-Saharan Africa

Principal Investigators: Oda van Den Berg, Vos A-G.

Other investigators: Shaddock E, Feldman C, Stacey S, Barth RE, Venter DWF, Grobbee DE, Klipstein-Grobusch K

*This publication is currently in press.

v) Ongoing Clinical International Multicentre Collaborative Studies

Principal Investigator: Julio Ramirez

An International Study of Community-acquired Pneumonia (CAPO Collaboration)

This is an international study of community-acquired pneumonia. Cases are recruited into a web-based CRF. A number of abstracts have been presented at Congresses and several publications are appearing in the scientific literature. Nothing new has emanated these past few years due to COVID-19.

Principal Investigator: Charles Sprung

Additional Investigators: Charles Feldman, Guy Richards, multiple others

ETHICUS II

This is a multicenter, international, collaborative study investigating ethical issues with regard to end of life decisions in the intensive care unit.

The data has been collected and several aspects are being analysed, some published and others at consideration for publication at Journals. Recent publications include the following below which is currently in press.

Ramirez JA, Musher DM, Evans SE, Dela Alexander Avidan, Charles L Sprung, Joerg C Schefold, Bara Ricou, Christiane S Hartog, Joseph L Nates, Ulrich Jaschinski, Suzana M Lobo, Gavin M Joynt, Olivier Lesieur, Manfred Weiss, Massimo Antonelli, Hans-Henrik Bülow, Maria G Bocci, Annette Robertsen, Matthew H Anstey, Belén Estébanez-Montiel, Alexandre Lautrette, Anastasiia Gruber, Angel Estella, Su-

dakshina Mullick, Roshni Sreedharan, Andrej Michalsen, Charles Feldman, Kai Tisljar, Martin Posch, Steven Ovu, Barbara Tamowicz, Alexandre Demoule, Freda DeKeyser Ganz, Hans Pargger, Alberto Noto, Philipp Metnitz, Laszlo Zubek, Verónica de la Guardia, Christopher M Danbury,

Orsolya Szűcs, Alessandro Protti, Mario Filipe, Steven Q Simpson, Cameron Green, Alberto M Giannini, Ivo W Soliman, Claudio Piras, Eliana B Caser, Manuel Hache-Marliere, Spyros D Mentzelopoulos. Variations in end-of-life practices in intensive care units worldwide (Ethicus-2): a prospective observational study. *Lancet Respiratory Medicine* 2021 (in press). IF 30.00

Additional highlighted publications for 2020/2021

Feldman C, Anderson R. Platelets and their role in the pathogenesis of cardiovascular events in patients with community acquired pneumonia. *Frontiers in Immunology* 2020; 11: 577303. IF 6.429.

Pletz MW, Blasi F, Chalmers JD, Dela Cruz C, Feldman C, Luna CM, et al. International perspective on the new 2019 ATS/IDSA CAP guideline-acritical appraisal by a global expert panel. *Chest* 2020; 158(5): 1912-1918. IF 9.657.

Nethathe GD, Cohen J, Lipman J, Anderson R, Feldman C. Mineralocorticoid dysfunction during critical illness. A review of the evidence. *Anesthesiology* 2020; 133(2): 439-457. IF 7.067.

Ramirez JA, Musher DM, Evans SE, Dela Cruz C, Crothers KA, Hage CA, Aliberti S, Anzueto A, Arancibia F, Arnold F, Azoulay E, Blasi F, Bordon J, Burdette S, Cao B, Cavalazi R, Chalmers J, Charles P, Chastre J, Claessens Y-E, Dean N, Duval X, Fartoukh M, Feldman C, et al. Treatment of community-acquired pneumonia in immunocompromised adults. *Chest* 2020; 158(5): 1896-1911. IF 9.657.

Metersky ML, Aliberti S, Feldman C, Luna CM, Shindo Y, S, Shindo Y, Sotgiu G, Waterer G. Never let a good crisis go to waste. *Chest* 2020 (in press) IF 9.657.

Aliberti MS, Goeminne PC, O'Donnell AE, Aksamit TR, al-Jahdali H, Barker AF, Blasi F, Boersma WG, De Soyza a, Dimakou KE, Elborn SJ, Feldman C, Tiddens H, Haworth CS, Hill AT, Loebinger MR, Martinez-Garcia MA, Menendez R, Morgan LC, Murris MS, Polverino E, Ringshausen FC, Steinberg M, Sverzellati N, Tino G, Torres A, Vandendriessche T, Vendrell M, Welte T, Wilson R, Wong CA, Chalmers JD. Consensus definitions of bronchiectasis for use in clinical trials – a Joint Working Group of EMBARC and the United States BR. *Lancet Respir Med* (in press). IF 30.00.

Details of recent postgraduate students PhD Students

Professor WDF Venter. Thesis entitled “Safety and efficacy of antiretroviral first line regimens in adults” (graduated in 2019). He received a “Prestigious Postgraduate Degree Award” in 2020.

Dr Nontombi Mbelle. Thesis entitled “Cassette arrays associated with quinolone and extended spectrum beta-lactamase co-resistance in Enterobacteriaceae isolated from selected hospitals in South Africa” (graduated in 2020).

Professor Rajen Morar. Thesis entitled “Clinical and Immunopathogenetic aspects of sarcoidosis” (completed in 2021).

Ongoing PhDs

- Dr Gladness Nethathe
- Dr Murimisi Mukansi
- Dr Sarah Stacey.

MD Students

Dr Lara Goldstein. Thesis entitled “Point of care testing in the emergency department” (completed in 2020).

Masters Students (ongoing)

Dr Lamla Nqwata. Research report on “Non tuberculous mycobacteria” (Registered 2018 and ongoing).

Dr Jacqui Venturas. Research report on “Evaluation of Severe CAP at Charlotte Maxeke Johannesburg Academic Hospital, 2007-2019. (Registered 2019 – ongoing).

Additional leadership activities of Professor Feldman**Journal Editing**

Professor Feldman is Editor-in-Chief of the Southern African Journal of Infectious Diseases.

Professor Feldman is Deputy Editor (now Associate Editor) of the indexed Journal, “Pneumonia”, playing an active role in the Journal affairs.

Professor Feldman remains active as an

Associate Editor for Respiratory Case Reports, taking several submitted articles a year through the review process.

International

Professor Feldman is an active member of the Pneumonia Working Group of the Pulmonary Infection – Tuberculosis (PI-TB) Assembly of the American Thoracic Society. The purpose of this Committee is to raise the voice of ATS and PI-TB Assembly as advocates for improved research and clinical outcomes for patients with Acute Pneumonia.

Professor Feldman acts on the Assembly Scientific Program Committee of the PI-TB Assembly of the American Thoracic Society since 2019, and continued into 2021.

Professor Feldman is an active member of the Vaccines and Immunization Working Group of the PI-TB Assembly of the American Thoracic Society since 2020, which

aims to deal with advocacy, policy makers and unmet vaccine needs. He is co-chair of one of this Working Groups sub-groups on guidelines, and a member of all the other subgroups.

Recent achievements, honours and awards

Professor Feldman received the Platinum Scientific Achievement Award of the Medical Research Council of South Africa in 2018, in recognition of excellence in research.

Professor Feldman is the Editor-in-Chief of the DHE T Accredited Journal “Southern African Journal of Infectious Disease”, which in 2021 was indexed in PubMed Central.

Professor Feldman was presented with the degree of Doctor of Medicine (D. Med.) (honoris causa) by the University of Pretoria in recognition of his “significant contributions to research and clinical management of pneumococcal lung infections” in June 2021 at a virtual ceremony.

SCHOOL GSRC NEWS

Dear Colleagues & Students

On behalf of the GSRC Committee, Professors Ballot and Dangor we would like to send a heartfelt thank you to Prof Susan Williams for serving as co-chair of the committee from 2019 to 2021. Her leadership and the valuable guidance she provided is much appreciated!

We welcome Prof Deirdré Kruger as new co-chair for the GSRC committee.

We are pleased to inform you that there are two new options for the examination of the MMED research report.

Submission by Publication

DHET approved journal publications no longer require further examination at University Level. If the article has been published, then a candidate may submit in the Format approved by the Faculty of Health Sciences Registrars' office. (See details on

the next page).

Oral Defense

The internal examination process remains unchanged. An oral defense is an oral examination in which a student defends his/her research work to an audience as part of the requirement for his/her degree. The oral defense provides students with an

opportunity to discuss their research directly with the external examiners. This will also ensure that the turnaround around time of the examination period is reduced. The external examiner functions as a moderator.

The candidate will present a ten-minute PowerPoint presentation, similar to a conference or research day. This will be fol-



Prof Ziyaad Dangor (Co-Chair)



Prof Deirdré Kruger (Co-Chair)

lowed by 5 minutes of questions. The main purpose of your defense is for the committee to make sure that you understand your field and focus area as well as research

methodology.

This examination process is compulsory for students that registered from January

2020. The first process will be trialed on the 16th November 2021. The faculty will then finalize the process that will be adopted from 2022.

FORMAT TO BE FOLLOWED FOR THE SUBMISSION OF A PUBLICATION IN LIEU OF A RESEARCH REPORT

Format of the submission:

- Title page (the title recorded on the student system must be the same as that in the publication. If it is not, then a change of title form must be submitted. It is important that the final record on our student system reflects accurately the title of research submitted for examination. In this case, the publication.)
- Declaration
- Dedication/acknowledgements
- PDF copy of the publication

Annexures to the submission:

- Approved protocol – the published article must concur with the protocol (must be on the same research). Another publication cannot be submitted.
- Ethics clearance certificate / waiver
- Turn-it-in report

Additional documents:

- Letter signed by co-authors – there is a description of the form that is usually completed in the Faculty of Health Sciences ' Style Guide for Thesis, Dissertations and research Reports (Pages 57/58)

- A Pdf of the published article
- Confirmation that this is a DoHET accredited journal
- Confirmation that candidate is the first author
- Certificate of final submission by candidate
- Certificate of final submission signed by supervisor

Approval of submission

*To note that all final submissions are approved by the **Assistant Dean (Research and Postgraduate Support)***

PROTECTING COVID POSITIVE PREGNANT WOMEN

25 August 2021 - Wits University



Dr Shastra Bhoora, Lecturer in Obstetrics and Gynaecology

Pregnant women who have tested positive for Covid-19 require a different approach.

The ability to foresee a brewing health disaster and actively work towards finding solutions to these disasters is valuable for the preservation of life. For Dr Shastra Bhoora, Lecturer in Obstetrics and Gynaecology at Wits University, identifying potential problems and finding solutions to minimise devastation comes with ease.

Before the coronavirus reached South African shores at the end of March 2020, Bhoora had started thinking about how the virus could affect the pregnant

population. She was concerned with how hospitals would offer medical assistance to pregnant women who had tested positive for the virus. Realising that there was no plan in place, Bhoora worked to change that.

As early as February 2020, Bhoora, the Head of the Covid-19 team for Obstetrics and Gynaecology at Charlotte Maxeke Johannesburg Academic Hospital, began developing a Standard Operating Procedure (SOP) that would guide and support medical staff with treating expectant mothers.

According to Bhoora, the SOP is a collation of extensive research on standard global medical practices in treating Covid-19 patients. These give directives on how to

handle Covid-19 patients in order to keep both staff and patients safe, what type of treatments or therapies to initiate, the management of Covid wards, when to refer patients and who to consult about cases of severe illness. Other academic hospitals that work in partnership with Wits University, later adopted these SOP.

The agility displayed by Bhoora under difficult conditions is due to a path that she set for herself. Bhoora knew early in her career that she wanted to work in an emergency medical environment. This ambition motivated her to pursue subspecialty training in intensive care and critical care. The coronavirus, along with several variables, provided her an opportunity to extend her expertise in an unpredictable environment.

Managing two lives at once

"It was very new to get pregnant patients with lung issues, breathing problems due to covid. The targets were different in this cohort of patients because not only did

they have a new disease, but they were pregnant at the same instance. So, we were looking after two patients at the same time, the mother as well as the unborn child," says Bhoora.

"I loved it because this is what I do, I do damage control, I do disaster management. I can see things that other people can't see. That for me has been a huge strength in terms of looking at something and saying - yes, it looks like that now, but in an hour or two, it's going to get worse," she adds.

Bhoora is determined to transfer her valuable skills to colleagues and the younger generation of doctors. She believes that the pandemic flagged the need to offer critical care training to obstetricians.

"Covid exposed the fact that intensive care unit facilities in our country were ill equipped to cater to patients needing that intensity of medical care. So, this is where the pandemic imposed the opportunity on

me to teach."

"It is not taught widely at the moment, but that is why I came back to Wits with this speciality degree in order to be able to drive this. The hope is that ultimately it will empower clinicians, and more importantly it will reduce maternal morbidity, mortality," she adds.

Fighting to keep pregnant women and their babies safe from the virus has meant that Bhoora spent less time with her family. She acknowledges her family for supporting her through this tumultuous yet professionally rewarding time of her life.

"I am extremely blessed and lucky to have the family that I do. I have a supportive husband who understood that I have the skill to do this, and he never complained. I have a very forgiving son. Knowing that my home life was such a safe and happy place for me meant that I could give my all to work".

SOUTH AFRICA URGENTLY NEEDS TO UPDATE ITS MENTAL HEALTH POLICY

5 October 2021 - Lesley Robertson

Mental Health: How are we doing? What do we need to do?

As a proud South African, I am always conscious of our resilience, our ingenuity, and how we come together in adversity. But things are falling apart. Plagued by bereavement and job losses, betrayed by politicians and heads of institutions, and an ever-present fear of crime, trauma, and violence; our centre cannot hold.

Mental health awareness fills our radio talk shows and magazines. However, ignorance, discrimination, and outright abuse of people with mental illness prevail.

Think of the "Tembisa 10" story.

Only Social Development staff protected Ms Sithole's right to privacy and referred her for mental healthcare. Healthcare providers were seemingly unaware of her need. Nando's continues the abuse, with a mocking advert inferring she deliberately scammed others. That she has mental health issues is public knowledge. How lacking are we in insight and judgment?

Gross inhumanity towards people with mental illness occurs in our country at the institutional and individual levels. At institutional level, the most obvious is the "Life Esidimeni Tragedy". At individual level,

remember Jostina Sangweni, accused of witchcraft and brutally murdered earlier this year. Our mental health awareness clearly fails to protect people with psychosocial disability (psychosocial disability is used here to include people with mental and/or intellectual disability).

Population wellbeing and psychosocial disability

In 2020, South Africa ranked 103 out of 149 countries on the [happiness index](#), a measure of population wellbeing derived from six factors: GDP per capita, social support, healthy life expectancy, personal freedom, the good will of others, and trust in government.

While demographic and other inequities are not reflected, it is likely that people with psychosocial disability fare the worst. Mental health conditions negatively impact wellbeing; they increase the risk of unemployment, social exclusion, poor physical health, shortened life expectancy, loss of autonomy and liberty, being a victim of violence, and government neglect.

Globally, the COVID-19 pandemic has taken its toll on mental health and the happiness index of many countries worsened. High-risk groups are those with greater mental health problems, including women, youth, and poorer people. While social cohesion is protective, people with pre-existing mental health conditions are the loneliest, and at highest risk for severe symptoms and poor recovery.

In their concluding [observations](#) on South Africa of 2018, the UN Committee on the Rights of Persons with Disabilities (UNCRPD) expressed grave concern regarding the rights of people with psychosocial disabilities. Our medical model of disability and mental health legislation were criticised. The needs of women and children were emphasised. We need to change the way we live so that people with psychosocial disability may also experience wellbeing.

Societal change

Every citizen contributes to an environment that enables others to flourish.

Mental health literacy is imperative, not only awareness of emotional pain, post-traumatic stress, anxiety, and depression, but understanding the range of conditions.

We need to comprehend what life is like for people with intellectual disability, autism, attention deficit hyperactivity disorder, bipolar, and psychotic disorders. We need to learn about personality (as in how we perceive ourselves and the world around us) and inter-generational trauma. Our

knowledge of substance use disorders is particularly poor; people with harmful or dependent substance use are so often shunned, even as we advertise alcohol and some of us extol the virtues of cannabis.

Social cohesion strengthens psychological resilience. Conscious, positive social interactions with inclusion of those with psychosocial disability are needed. To mitigate stress, safety and security are fundamental. Trustworthy government is pivotal. Abusiveness, crime, illicit substance trade, and violence thrive on the back of corruption and mismanagement. While we all suffer, those with psychosocial disabilities are often rendered helpless and homeless.

To prevent disability, early recognition of mental health conditions, support in accessing care, and assistance in recovery are essential. Family, neighbours, employers, colleagues, educators, police, lawyers, prison wardens, religious, healthcare providers – everyone in contact with the person must play their part. For those with severe psychosocial disability, structured support is often required. Protected employment and supported living are two ways of enabling their participation in society.

Throughout all, kindness, empathy, compassion, and altruism pervade. This does not mean self-pity is indulged or harmful behaviour excused. It means we stand by those who struggle as they experience the consequences of their choices and actions, practice prosocial behaviour, and gain self-efficacy.

Health system change

While society supports the person with psychosocial disability in utilising healthcare, quality care must be accessible. Quality care implies that it impacts positively on the person's life. Accessible implies that the services are known to the user, acceptable, available, affordable, and

appropriate to their need.

Our current system is inaccessible, even in provinces that use more than 5% of public health expenditure on mental healthcare. Around 90% of people who need care do not access it. Of those who do receive care, most are male, many access it through involuntary admissions (a process at odds with the UNCRPD), and almost a quarter are re-hospitalised within three months of discharge, implying therapeutic failure. We have no idea how many are better off for accessing care.

What must we do? We need to see major shifts in mindset and structure at micro (individual), meso (system), and macro (national) levels. None of them are novel.

Items to consider include:

1. *At micro-level:* a shift from disorder- to person-centred mental healthcare, with

- shared decision making in the therapeutic process;
- patient satisfaction;
- meaningful outcome measures which reflect improvement in social and occupational functioning, mental health symptoms and distress, physical health, and wellbeing.

2. *At meso-level:* a shift in treatment setting from psychiatric hospital to community, with

- a focus on rehabilitation, recovery, and prevention of disability. Infrastructure at community level is needed to facilitate effective therapeutic assessment and process;
- every healthcare practitioner, from lay health workers to sub-specialists, to understand their patients' mental health and be able to intervene appropriately;
- collaboration between mental health,

general health, social care, and non-health stakeholders. Infrastructure which facilitates collaborative care is required, including internet and data availability, confidentiality agreements, and the physical space for face-to-face group meetings at district or community level; and

- access to general hospital psychiatric care before symptoms or behaviour is unmanageable; hospitals to see themselves as serving the community.

3. At macro-level: a shift towards prioritisation of mental health, with

- a change in mindset in health system planners and funders to facilitate employment of specialists at district level, i.e., to allow for community psychiatry. While primary care practitioners must be trained and capacitated to provide primary mental healthcare to people with any mental health condition, there is no evidence that they can assess and effectively manage severe mental illness. Expecting them to do so will increase healthcare provider stress, as responsibility and patient need outweigh expertise;
- recognition of psychosocial therapeutic interventions as health technologies. Health technology assessments

of specific occupational therapy, psychotherapy, physiotherapy, counselling, and social work interventions to allow incorporation into healthcare packages and insurance funding;

- feasible, detailed implementation plans, with appropriate budgetary allocation to enable equitable, accessible services at each level of care, and
- good governance, with transparent, rigorous monitoring and evaluation of the system, its financing, and its effectiveness in achieving wellbeing among people with mental health conditions. Finally, our mental health policy needs updating, and the UNCRPD has recommended our mental health legislation is repealed as it allows for substitute decision-making (when others decide on behalf of a person deemed to lack mental capacity, such as with involuntary or assisted hospital admissions). Legislation which endorses supported decision-making (whereby a person nominated by the individual with psychosocial disability supports them in coming to their own decision) is recommended by the UNCRPD.

While this recommendation is controversial globally, we have not yet begun to discuss it in South Africa.

Nevertheless, our national mental health policy was not implemented, and our legislation has not resulted in accessible, person-centred care close to people's homes. The UNCRPD and the WHO have outlined a way forward, adaptable to local conditions. We need to have the right conversations and a willingness to learn and change.

Professor Lesley Robertson is an Adjunct Professor in the Department of Psychiatry, University of Witwatersrand and leads the Sedibeng District Specialist Mental Health Team in Gauteng. She writes in her personal capacity. This [article](#) was first published in [Spotlight](#) - A print and online publication monitoring South Africa's response to TB and HIV, the state of our health systems and the people that use it and keep it going.

NOTE: This is the first instalment in *Spotlight's* new month-long series on mental health.

**** Read [Curiosity 10: Mood](#) for the latest research from Wits University into mental health and emotional wellbeing.**

R70M TO TRANSFORM THE 'BARA BURNS UNIT' INTO A WORLD-CLASS FACILITY—29 September 2021 Wits University

New specialised Wits Roy McAlpine Burns Unit will treat burn survivors and will create a high-tech skin bank and tissue engineering laboratory in Soweto.

More than 250 adults and 500 children with severe burns are admitted to the Chris Hani Baragwanath Academic Hospital (CHBAH) annually, from Soweto, surrounding areas and the continent, due to the highly specialised service offered by the Burns Unit. However, due to the in-

creasing number of critically ill burn patients who are unable to access essential care, an extension of the facilities and services is urgently required.

To address this problem, a new wing of the Burns Unit, a partnership between Wits University and the CHBAH, will be built thanks to a donation of R70 million from the Roy McAlpine Foundation. This generous contribution will dramatically increase

the Unit's ability to provide quality healthcare to patients, and will advance training and innovation in this particular area of healthcare, for the public good.

The Burns Unit is the only public health, specialised, burns unit located in Gauteng that serves all patients who cannot afford treatment at private facilities. The new building was officially announced at a sod-turning ceremony on 29 September 2021, where ground was bro-

ken on the building site in the CHBAH precinct. The Unit will be named the Wits Roy McAlpine Burns Unit after its benefactor.

Professor Martin Smith, the Head of the Department of Surgery in the Faculty of Health Sciences at Wits University, says that the CHBAH plays a vital role in the healthcare of communities in Gauteng

and its neighbouring provinces, and explains why the new facility is essential: "Burns are unfortunately a common component of our epidemic of trauma.

The Burns Unit is a unique facility that serves as a referral centre for the treatment of severely burned patients. It also provides essential training for all healthcare professionals involved in the complex care of severely burned patients and important evidence to assist in advancing the modern management of patients. This donation will greatly enhance each of these activities and improve access for many more patients. This donation is hugely appreciated by the Department of Surgery and all who work with burn patients."

Founded in 1991, the Unit is regarded as the pre-eminent burns treatment facility in Africa and is jointly managed by Wits University and the Gauteng Department of Health, which oversees public hospitals in the province.

Director of the Wits Roy McAlpine Burns Unit, Professor Adelin Muganza, whose research interests include skin substitutes for burn injuries and new technologies, explains the importance of the donation: "The Wits Roy McAlpine



From L to R: Roy McAlpine (he Roy McAlpine Charitable foundation) & Prof Zebulon Vilakazi (Vice Chancellor)

Burns Unit is the start of realising our dream to establish a Centre of Excellence that will treat more patients and enhance research and training. One of our goals is to have a skin bank and a tissue engineering laboratory where synthetic and skin tissue for wound cover can be developed. This will greatly enhance the Unit's capacity and also allow for research to be performed to enhance the science and treatment of burns."

Architectural representation of the new Wits Roy McAlpine Burns Unit

The donation is the largest ever made by the Roy McAlpine Charitable Foundation, which also bestowed a substantial amount to the Charlotte Maxeke Johannesburg Academic Hospital in 2019. The Foundation is invested in health and education and deems these important aspects in promoting equality. "This project is the largest project undertaken to date by the Roy McAlpine Charitable Foundation. The project fulfills one of the stated objectives of its founder, Roy McAlpine, namely the expansion and improvement of health facilities available to the South African public and the training of medical professionals. It also represents an expression of faith by the Foundation in the future of the

country during these trying times," says Jamie Ingils, Chairman of the Foundation.

Professor Zebulon Vilakazi, Wits Vice-Chancellor and Principal, says: "We are grateful to Mr Roy McAlpine and the Charitable Foundation for this contribution that will undoubtedly save lives, advance healthcare and innovation on the continent, and benefit humanity. This is a major project for Wits in the lead up to our centenary in 2022, which demonstrates the value of public-private partnerships with academia, and we look forward to opening it in the near future."

The Acting CEO of the CHBAH, Dr Stephen Mankupane adds his gratitude to the Foundation: "The CHBAH again expresses its gratitude for the massive support from the Roy McAlpine Foundation. This will help the hospital in its mission to consolidate excellence in the clinical care of patients. This donation helps the hospital in our ambition to remain one of the best in the world."

Professor Shabir Madhi, Dean of the Faculty of Health Sciences and Professor of Vaccinology at Wits also welcomed the donation.

"We are delighted to embark on this partnership with the Roy McAlpine Charitable Foundation and the Gauteng Department of Health. This donation represents a substantial commitment to furthering the cause of quality healthcare for all, and will provide the much needed access to resources that so many of the Province's most vulnerable citizens deserve," said

Madhi.

The Roy McAlpine Burns Unit at CHBAH demonstrates the importance of goodwill and philanthropy in improving society. Wits University as an institution with a history steeped in advancing the public good is working on a number of public-private partnerships in health that has

the potential to transform the lives of South Africans. The trajectory of Wits University, which celebrates its [Centenary in 2022](#), is tied to the success of South Africa, the continent and her people.

DEPARTMENT OF INTERNAL MEDICINE

Call for the Joe Veriava Bioethics Medal 2021

Nominations are hereby invited for the Joe Veriava Bioethics Medal 2020 to be awarded at the Faculty Prize-Giving function in 2022.

Establishment and Purpose of the Award:

Professor Joe Veriava has made major contributions to the advancement of bioethics and human rights in health care. The Faculty of Health Science has therefore established the Joe Veriava Bioethics Medal to recognize academic staff members and postgraduate students who have contributed substantially in this area.

The award is open to all members of academic staff and postgraduate students in the Faculty of Health Sciences.

Procedure:

Nominations may be made by staff or students and must be submitted to the Department of Internal Medicine. Each nomination form must be accompanied by a motivation of not more than 500 – 700 words, giving a brief background picture of the nominee and the reasons for the nomination. (The form has been shared via email.)

Criteria:

The following activities could be considered

as contributions to bioethics and human rights in health care.

Involvement in projects and/or initiatives for the upliftment of communities including community-based research/participatory community service projects/community-based teaching initiatives, projects or work. Functioning as a change agent within the Faculty through involvement in key projects, work or initiatives linked to the broader transformation vision of the University.

Participation in committee work, policy making and organizational development processes at Faculty, Community and Provincial and/or National Government level that advances ethical health care practice and human rights.

Driving of major restructuring or transformation projects, work or initiatives in the field of bioethics and human rights in health care.

Playing a significant role in promoting the field of bioethics and human rights in health care into the wider community through serving as an acknowledged expert and/or substantially contributing to the public profile of the University.

Playing a significant role in promoting the field of bioethics and human rights in healthcare through clinical teaching and service.

Closing Date:

Completed nomination forms must reach the Department of Internal Medicine, Fac-

ulty of Health Sciences no later than **22nd October 2021**

Screening of Nominations:

Nominations will be directed by a selection committee consisting of two members of the Department of Internal Medicine, the Director of the Steve Biko Centre for Bioethics or her nominee and the Head of School of Clinical Medicine of the Faculty. The selection committee will be chaired by the Head of the Department of Internal Medicine.

Enquiries:

Mrs Marlese Blom, Department of Internal Medicine

Tel: 011 717-2687

Marlese.blom@wits.ac.za

MSC 2021/2022

Thank you to the outgoing 2020/2021 MSC members for their contribution and commitment!

A warm welcome and congratulations to the new MSC office bearers 2021/2022. We wish you all the best for your term!

President	Onthatile Zikhali
Deputy-President	Daniel Nel
Secretary	Tanushri Pillay
Treasurer	Mandlenkosi Boltina
Academic Officer	Mokotjo Sematlane
Transformation Officer	Gift Smith
Student Affairs Officer	Lethabo Maphopha
Projects and Events Officer	Juanita Mazuba

WITS JOURNAL OF CLINICAL MEDICINE

The Wits Journal of Clinical Medicine is a provides a space where the various peer-reviewed, Open Access scientific research journal published triennially, and was established to provide a forum to showcase scientific research from the School of Clinical Medicine at the University of Witwatersrand, Johannesburg as well as from other institutions nationally and internationally. Please note that Volume 3, Issue 2, July 2021 is now available online.

The Wits Journal of Clinical Medicine is now PUBMED Central accredited!

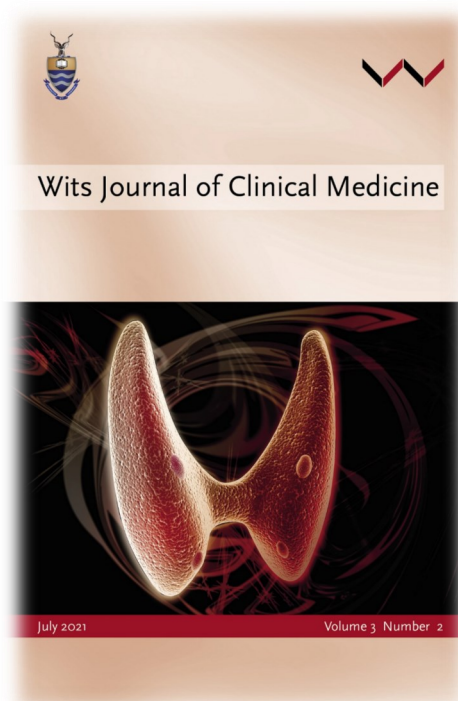
Submissions are welcomed and the journal has a particular focus to encourage clinical and translational research especially from new academics, including students, registrars, fellows and junior consultants.

For more information, visit the official website of the journal: <https://journals.co.za/content/journal/wjcm>

Please click here to sign up for direct alerts on new articles and issues:

<https://journals.co.za/registration/personal>

The Wits Journal of Clinical Medicine also Prof Pravin Manga (Editor)



SUBMISSION OF CONTENT

The newsletter will be published bimonthly and we welcome all content, staff (academic & professional) achievements, profiles, and student events and achievements. Photos are always welcome. Should you wish to submit any content for publication, kindly send it to: Rita.Kruger@wits.ac.za by 15 November 2021. (Please note that due to space restrictions content may be edited)