

# SUID-AFRIKAANSE MEDIËSE TYDSKRIF

# SOUTH AFRICAN MEDICAL JOURNAL

Kaapstad, 24 Julie 1971

Deel 45 No. 29 Volume 45

Cape Town, 24 July 1971

## VAN DIE REDAKSIE

## EDITORIAL

### Eina!

'Eina', sê die pasiënt, en met reg, want om 'n dik naald in jou arm ingestek te kry, is seer—maak nie saak hoe skerp hy is nie. As die pasiënt dan nog boonop lugtig is vir enige inspuit-gedoente, is die opstel van 'n binneaarse indruppeling geensins so 'n onbenullige operasie as wat ons soms wil voorgee nie.

'n Mens hoor so dikwels dat pasiënte steen en been kla oor die ongemak wat hulle moet verduur weens een of ander terapeutiese omstandigheid soos 'n intraveneuse indruppeling of 'n inblywende Foley-kateter. Dit klink amper asof daar so onderlangs voorgegee word dat die behandeling doelbewus, weens 'n sadistiese neiging by die mediese en verplegingspersoneel, so pynlik en ongerieflik as moontlik toegepas word. Die pasiënt wat 'n seer intramuskuläre inspuiting moet verduur, blameer die dokter vir die pyn, asof daar 'n hele lys alternatiewe behandelings beskikbaar is, maar die spesifieke een slegs gekies is om die arme sieke te treiter.

Dit is opvallend dat die klaery oor die ongemak wat verduur moet word heel dikwels die dankbaarheid vir die lewensreddende aard daarvan oorskud. 'n Pasiënt sal vierspore vassteek en weier om 'n minuut langer die binneaarse indruppeling te aanvaar omdat dit so moorddadig pynlik is, sonder om enigsins te wil toegee dat die alternatief bes moontlik sy eie dood is. Ná herstel en ontslag word daar by die familie en die bure met luisterryke byborduurdrye vertel van die marteling wat die arme publiek aan die hande van die medici moet verdra, sonder dat daar 'n woord gerep word oor die feit dat as dit nie vir die marteling was nie,

daar op daardie tydstip 'n vars hopie grond in die begraafplaas sou gewees het.

Tog eienaardig dat dit die nie-alte-siek pasiënt is wat so amper buitensporig dankbaar is en land en sand aanmekaar praat van die dokter wat sy lewe gered het, terwyl diegene wat werklik by die dood omgedraai het slegs die valerige hospitaalkos en die nie-werkende nagklokkie kan onthou. Trouens, soos iedere geneesheer uit ervaring weet, is dit alte dikwels die pasiënte waaroor mens half skaam is weens een of ander diagnostiese mistassing, wat so intens dankbaar is, en die terapeutiese triomfe bly maar half skifterig.

Aan die ander kant moet ons ook seker maak dat ons gewetens werklik skoon bly. Miskien gebeur dit tog 'n enkele keer dat 'n dik naald in 'n aar ingestek word sonder dat daar eers met 'n dunner een 'n plaaslike verdowing ingespuit word, bloot omdat die klein bietjie tyd en moeite wat dit verg om die nodige goed gereed te kry, ontsien word. Die gekla van die pasiënt kan moontlik aansienlik verminder word as daar presies aan hom verduidelik word waarom hy hierdie of daardie ongemaklike prosedure moet ondergaan. Ons moet darem keer dat ons nie nou en dan met 'n neus-optrekkerige houding die lumbaalpunksie doen sonder om enige poging aan te wend om die pasiënt op hoogte te hou van wat daar met sy liggaam aangevang word nie. Simpatieke troosgeluidjies is nie genoeg nie—die pasiënt, tensy hy bewusteloos of half moronies is, wil weet wat aangaan en hy het die volste reg om daarop aan te dring dat daardie inligting aan hom beskikbaar gestel word.

## Fluoride and Toothpaste

Even the most oblique reference to fluoridation raises a hullabaloo. There are few health matters that evoke such intense emotional reactions. The champions for fluoridation sound the battle-drums with such challenging slogans as: 'Every decaying tooth is a rotten shame!', while the anti-fluoridists mumble viciously about 'rat poison in our drinking water'. When any topic has reached the stage where these subjective utterances are the order of the day, it is extremely difficult not to become trapped in the labyrinth of emotional over-reaction.

Until such time as pure scientific facts will be finally acceptable and there is no more dispute, the obviously correct attitude is to regulate fluoridation in such a way that every individual has a choice in the matter. In the recent parliamentary session the necessary amendment in present legislation was brought about so that toothpaste with fluoride can be marketed in South Africa. The exact regulations controlling this procedure appeared in the Government Gazette of 9 July 1971, stipulating a period of 3 months' grace.

This is a sensible step that will be welcomed by everyone thinking objectively about this matter. Those who still maintain that fluoridation is detrimental to health and therefore undesirable, can simply see to it that they do not use this special toothpaste, while those in favour can easily obtain the fluoridized product.

More or less the same attitude was adopted in Britain with the establishment of a registered foundation to promote the use of fluoridized milk. In a press release the Borrow Dental Milk Foundation stresses the important point that this scheme has the major advantage over fluoridation of water supplies in that parents who disagree with any

compulsory form of medication can arrange for their children to opt out.

At the risk of getting the anti-fluoridists on our necks it is interesting to note that the Borrow Dental Milk Foundation is the brain-child of Mr Edgar Borrow of Cowplain, near Portsmouth. He has been a member of Hampshire County Council for the past 25 years and is so firmly convinced that the treatment of children's milk with fluoride would prevent dental decay, that he has set up and endowed a trust to stimulate interest in this matter.

Before launching his foundation, 68-year-old Mr Borrow, with experience as an engineer, businessman and farmer, designed and developed equipment for adding precisely measured quantities of fluoride to milk. World-wide interest was shown in the feasibility of this work.

The declared objects of this foundation are to promote study and research and to publish findings. With consultants such as Professor Louis L. Rusoff, Ph.D., nutritionist of Louisiana, USA, Professor Livio Leali of Milan, Dr Eugen Ziegler, a specialist in children's diseases of Switzerland and Dr Yoshitaka Imamura, Ph.D., D.D.S., of Yokohama, Japan, this organization may help to disperse the emotional cloud that enshrouds fluoridation.

However, with the new toothpaste coming onto the market, and with fluoride tablets available that can be added to milk or water or taken on their own, South Africans are now in the position to make their own decisions—those in favour add the 'flavour' and those who are not cannot say 'Ichabod'.