

The Newsletter of  
the Friends of the  
Manx Diabetes  
Centre.  
We are the  
support Group of  
the Centre

# The Diabetic

The Best and  
most  
informative  
Diabetic  
Newsletter on  
the Isle of Man

Issue number 12.

Date: March 2006



## LEADING FROM THE FRONT

*Caaryjn Laare Chingys-Shugyr Vannin*

A Charity registered in the Isle of Man. Charity number 894.

Web: [www.diabetes.org.im](http://www.diabetes.org.im)

e-mail: [editor@diabetes.org.im](mailto:editor@diabetes.org.im)

e-mail: [secretary@diabetes.org.im](mailto:secretary@diabetes.org.im)

**The Consultant Physician with special interest in Cardiovascular Disease resigns  
from Nobles Hospital**

**Presentation to the Manx Diabetes Centre of four Cameras and a  
Foetal Doppler machine.**

**Isle of Man Government and DisabledGo launch Website**

### *In this issue*

- \*Consultant Physician with special interest in cardiovascular disease resigns from Nobles Hospital
- \*Presentation to the Manx Diabetes Centre
- \*Disability Discrimination Bill 2006 has had the second reading
- \*Isle of Man Government and DisabledGo launch website
- \*Our Accountants Horwath Clark Whitehill discuss Zero Rate of Tax for Companies
- \*Updates
- \*Obituary
- \*UK Limb Loss Information Centre legal panel
- \*Launch of Crossroads Carers Information Centre
- \*More Church Parish Notice Boards
- \*The Budding Journalist
- \*Seen in a Magazine
- \*The Last Laugh

### *The Consultant Physician in cardiovascular medicine resigns from Nobles Hospital.*

We are losing one of the king pins of our medical top echelon at Nobles Hospital.



Dr Nigel Harrison

Dr Nigel Harrison the Consultant Physician with a special interest in Cardiovascular Disease has resigned.

**Feegans  
Deli**

Food to eat in  
Food to take away  
Food for thought

Are all available at  
Feegan's Internet Lounge  
8 Victoria Street

Dr Harrison was appointed Consultant Physician with special interest in cardiovascular disease to Nobles Hospital in 1996. He took up that position in April of that year having previously been consultant in the Royal Air Force where he had spent seventeen years in training and consultancy posts.

During that period he had training and had working periods in the National Health Service, one of which was as a senior registrar in the cardiology department at the John Radcliffe Hospital Oxford

When Dr Harrison came to the Isle of Man, it was with a remit to develop cardiac services, as well as being a general physician covering acute medical emergencies, these emergencies arise every day.

He told *The Diabetic* that the department of cardiovascular medicine at Nobles was in a fledgling state, with the cardio respiratory department having just two technicians and no real focus for cardiac patients to be seen. In addition to seeing all of the patients and outpatients with heart disease he was also involved with patients who were diabetic, as patients with diabetes were seen by a variety of consultants, none of whom had a special interest in diabetes.

In particular Dr Murray had seen a great number of patients as had Dr Bourdillion his predecessor, and in 1997 Dr Harrison organised a move so that the diabetes service took a more multidisciplinary approach using a special clinic in nobles hospital in Douglas. This with the hospital practitioner Dr Alison Blackman being the bedrock of the service, which had started in 1991, Dr Murray and himself did a weekly clinic, they did this on Fridays and the patients were able to see the dieticians and the chiroprapist all in

the same clinic. This clinic Dr Harrison pointed out worked reasonably well.

Dr Harrison then said that in 1999 they managed to identify a building which became the first Manx Diabetes Centre, and the building was finished in 2000.

It had become increasingly apparent that a diabetes Consultant was required to run what was an increasingly important service, and Dr Khan was then appointed and has taken over the reins.

From the time of his appointment Dr Murray and himself had relinquished their interest in Diabetes which allowed them to concentrate on other specialties.

In terms of cardiac services the numbers of patients being seen for cardiac problems progressively increased, and this required an increase in the number of cardiac technicians to allow them to deal with the increasing number of tests required, and over the last five years, he told *The Diabetic*, “the cardio respiratory department has increased by three fold and we can now provide the highly sophisticated and all encompassing investigation set up for patients with heart disease”.

In addition, in 2000 a one stop chest pain clinic had been inaugurated run by Dr Harrison, where they aimed to see patients with new onset chest pains within one to two weeks of seeing their General Practitioners and to date that has been a very successful clinic. This clinic has now expanded into an additional clinic on a Monday afternoon being serviced by the staff grade in medicine

In terms of Diabetes and heart disease, a lot of diabetics come through the chest pain clinics for obvious reasons, because diabetics are at a significantly increased risk of developing artery disease as part of their condition, in particular this is the case of patients with type 2 diabetes.

Dr Harrison insisted that the very fact that a person attracts a diagnosis of diabetes immediately increases their risk of heart attack by three to four times than the non diabetic risk.

In his opinion all diabetics required to be treated as if they have had a heart attack, in terms of trying to prevent deterioration of vascular disease that involves a lot of intervention with medication, which the patient may or may not like taking, but it seems to have a significant impact on reducing heart attacks and deaths from heart disease

The diabetes service and Dr Harrison work very closely together because as he puts it, Dr Khan is essentially working in a preventative role as far as heart disease with his diabetic patients. Such patients develop problems requiring the depluming of their hearts with angioplastic or bypass surgery that require cardiac input to that diagnosis, and that he said involves a lot of scanning, when this is necessary, they are then referred over to Liverpool

As mentioned before Dr Harrison will be relinquishing his post at Nobles on Friday 10<sup>th</sup> March 2006. As yet no one has been appointed to succeed him and the closing date for applications was the 27<sup>th</sup> February 2006. *The Diabetic* understands that the DHSS hopes to have someone in post by next July. In the meantime the DHSS has appointed a locum cardiologist to cover for 3 to 4 weeks as from the end of March.

The Friends of the Manx Diabetes Centre wish Dr Harrison well in his new appointment in New Zealand, and thank him for his dedicated work on behalf of the Manx patients,

The Chairman would also take this opportunity to personally and publicly thank Dr Harrison for all his work in the field of diabetes, for his help with

diabetic patients, in the setting up of the Diabetes Centre and for the invaluable help that Dr Harrison has given him personally over the years.

New Zealand, in head hunting Dr Harrison, is gaining an immense asset which the Island and the Manx patients will be sad to miss, and will be all the poorer for his departure. The Chairman asked Dr Harrison why he was leaving? He explained that "In New Zealand I will be joining a progressive medical service".

A big thank you, all the best, and every success

**Always appreciate what you  
have got,  
for when it has gone  
you will never get it back**

### *Presentation to the Manx Diabetes Centre.*

As explained in our last Newsletter the Friends of the Manx Diabetes Centre presented the Centre with four cameras and a Foetal Doppler machine. The Cameras are Polaroid Health Camera Kits. These cameras are instamatic image cameras, with light lock close-up non-contact lenses, and come complete with shoulder bags for easy transportation and use outside the Diabetes Centre.

We spoke with Mrs Julie Maddrell after the presentation and asked her why four cameras were needed in the Podiatry Department. She explained:

"The four cameras that have been donated by the Friends of the Manx Diabetes Centre to the Podiatry Department, will be used out in the community by the Podiatrists who are

dealing with patients that perhaps have active foot problems but cannot get to the Centre.



Dr Amutha Krishnan, Ms Janet Clark,  
Mrs Julie Maddrell and Mrs Jan  
Ramage

The idea, she said, is that if the patient is picked up in the community by one of my colleagues, they can take photographs of the problem straight away, and can then use the photographs at subsequent visits, to assess whether the condition is improving or whether it is deteriorating.

It will also be helpful in patient documentation because eventually", she told *the Diabetic*, "I am looking to have the patients hold their own records, so that if they are admitted into hospital they can bring their information and the pictures with them, so that the wards can at least see what has been happening out in the community".

Mrs Maddrell emphasised that "this", as she put it, "will hopefully improve care, because at the end of the day, patients sometimes come to the wards and the ward staff don't appreciate that the patient has been seen in the community for quite a long time prior to their admission.

They are also going to be used for training purposes so that we can discuss case studies and obviously improve podiatry knowledge and training for future patients"

In explaining the workings of the cameras she said that "the cameras are instant, so the beauty of it is that we can take an instant photograph of a patient that lives out in the outback of Andreas, and one of my colleague can bring it in, and if they have concerns, we can discuss it by looking at the photograph and looking at the management of that patient.

If it is really urgent, I have done this in the past, I have taken photographs and taken them straight to the surgeon's office, with a little note saying can you please please see this patient ASAP".

Mrs Maddrell ended by saying, that "the Cameras will be invaluable to our department, as they will enable 'Mrs Jones' who cannot come to the Manx Diabetes Centre, to receive the same care in the community as 'Mr Jones' who has no problem with getting himself to the Centre, will get at the Centre".

Mrs Maddrell was of the opinion that a photograph tells a thousand words and this is something that they can now bring to their patients in the community

We wish the Podiatry Department at the Manx Diabetes Centre productive use of the Cameras in their quest to continue to offer the Manx people their superb and expert care.

### ***Presentation of the Foetal Doppler machine.***

The presentation of the Foetal Doppler machine was made to Ms Mandy Buchleitner the Primary Care Facilitator at the Manx Diabetes Centre.

This is a piece of equipment that the Centre did not have before, and with the Cameras fulfils the Mandate of the Friends of the Manx Diabetes Centre, to spend their monies in helping the Manx diabetes patient and their medical carers.



Mrs Anne Birtles, Mrs Janet Ramagge  
Ms Many Buchleitner, Mrs Pat Larkham

*The Diabetic* wanted to know what a Doppler did and why they wanted one? Mandy told us, “The foetal Doppler that the Group has bought, enables us to listen to a pregnant woman’s baby’s heart rate”.

She pointed out that all women with diabetes attend the Manx Diabetes Centre every two weeks during their pregnancy.

Mandy emphasised that many other women become diabetic during their pregnancy, this with the stress of pregnancy.

She said that during their pregnancy “they will be coming to our clinic every two weeks. The Foetal Doppler will make life easier, as we are now able to have, not just their diabetes monitored at the clinic, but we will be able to monitor the wellbeing of their baby by having our own piece of equipment”.

Mandy continued “A piece of equipment with which the mother and the midwife can listen to the baby’s heartbeat to establish how things are progressing, and that everything is going well”.

She told *The Diabetic*, that they also have a midwife that attends the clinic to cut down on the number of trips that women with diabetes have to make during their pregnancy, as traditionally what would have happened

is that the woman who is pregnant who either has diabetes or has developed diabetes, would be attending their clinics every two weeks, but they would also be attending separately another clinic, an obstetric clinic to have the wellbeing of their pregnancy monitored.

This Foetal Doppler machine will actually enable us to combine those two visits together”.

She went on to say that the mother still makes a lot of journeys to hospital during her pregnancy, as she has to attend scans etc.

Mandy continued, “from the seventh month into the pregnancy, they have ultra scans every two weeks and they attend the maternity unit once or twice a week from their six month of pregnancy”.

The Diabetic wanted to know why these women who do not have diabetes prior to pregnancy, develop diabetes during pregnancy.

Mandy explained “As I have already mentioned before, some women develop diabetes during pregnancy in response to the stresses of pregnancy.

They probably have a genetic predisposition to diabetes. Pregnancy just turns that switch on.

They may become diabetic whilst they are pregnant, and therefore they need exactly the same intensive care during pregnancy as someone who already has diabetes.

They may need to go onto insulin during their pregnancy.

From our services point of view, we know that of these women that develop diabetes in pregnancy, fifty percent of them will go on to develop diabetes later in life”

Mandy concluded by saying that “this is a wonderful opportunity for us to actually intervene at an early stage,

inform people of their risk factors, and advice them on making all important lifestyle changes, that will reduce their risk of developing diabetes in the future.

We also can then monitor them annually and pick up and monitor them for problems, even though they don't have diabetes after pregnancy"

We are grateful for Mandy taking time to explain how they will use the Foetal Doppler presented by the Friends of the Manx Diabetes Centre, and wish her and the midwives happy listening.

The Committee of the Friends of the Manx Diabetes Centre would like to take this opportunity to thank all those that contribute to the funds of the Group, that makes possible the above presentation to the Manx Diabetes Centre

Your generosity enables our diabetic cares to better look after our Manx diabetic patients

Give yourselves a pat on the back.  
Many thanks

They say that there are nine million bicycles in Beijing  
**But only four Disabled parking spaces from The Court House to the end of Prospect Terrace with a Pole in the middle of the kerb.**

### ***Disability Discrimination Bill 2006 receives second reading in Tynwald.***

The avoidance of discrimination against disabled people in the Isle of Man has relied historically on a combination of voluntary and self regulation measures.

Since the early 1990's many first world economies have taken steps to provide statutory rights for their disabled people.

The Isle of Man Government in 2006 is now following in these first world economies footsteps.

However it is understood by *The Diabetic* that this Bill will not give overall protection for disabled people and will remain less regulated than in other first world economies.

But the purpose of the Bill is to provide a legal framework for people with disabilities.

Its objective is to render it unlawful to discriminate against disabled persons with the provision of goods, facilities and services and in the disposal or management of premises.

The Disability Discrimination Bill 2006 will give service providers, for the first time, a modern and coherent legal framework in keeping with the requirements of a dynamic economy.

The Bill will provide enhanced protection against discrimination for disabled people as they conduct daily transactions.

However this Bill does not address discrimination in relation to employment, which *The Diabetic* has been told will be dealt with by separate measures proposed by the Department of Trade and Industry.

The Bill recognises that it will have unquantifiable financial consequences for providers of goods, services and facilities in the public sector.

It will also place an additional financial burden on those providing public sector properties

Because of these extra financial burdens it is estimated the Bill will impose on the private and public sector of our community, it is the intention of the Isle of Man Government to introduce the Act over a number of years.

The Minister in charge of steering the Bill through the House and Tynwald is

the Minister for Health and Social Security Mr Steve Rodan

As at the time of going to press the Bill will not as yet have received its third and final reading, we shall be dealing in more detail with The Disability Discrimination Bill 2006 in our next quarterly issue, just in case there are any amendments.

In some of our previous newsletters we have raised the issue of a Disability Law for Disabled people in the Isle of Man, to bring this into line with other countries in particular that across the water.

We are pleased that at long last our Government is now on the verge of making the Disability Discrimination Bill 2006 law.

Democratic elections are always good for the soul, and of course all communities.

**(President George W. Bush)**

**“I want to thank my friend, Senator Bill Frist, for joining us today....**

**He married a Texas girl.**

**I want you to know, Karyn is with us, a West Texas girl, just like me”.**

### ***Isle of Man Government and DisabledGo launch Website.***

Monday 27<sup>th</sup> February saw the launch of the Island’s Website for DisabledGo sponsored by the Isle of Man Government.

The launch took place at the Hilton Hotel in Douglas.

DisabledGo is an award winning information service designed to help make life easier for anyone with hearing, vision or mobility related access concerns.

It is an exciting new on-line service which will make a positive difference to thousands of people’s lives, by providing information on accessibility to over 1,000 venues across the Island



Anna Borthwick, Mr Tony Brown SHK, Dr Gregory Burke, Linda McCauley

DisabledGo produces detailed Access Guides for all kinds of goods and services.

The purpose of the guide is to assist people to get out and do what they want to do by making it much easier to check which places are accessible to people with a disability.

DisabledGo is the brainchild of Dr Gregory Burke who is himself a wheelchair user.

In opening the proceedings Mr Tony Brown Speaker of the House of Keys, and Chairman of the Chronically Sick and Disabled Persons Committee, emphasised that it was an important day for the Isle of Man because, as he put it, today saw the result of great consideration and extensive research coupled with new technology, not to mention the positive response by the Government to bring the project to fruition.

Mr Brown took those present through the steps that had been taken to produce the extensive information for the website and thanked all those that had contributed to its outcome.

The project had been started in 2004 and in two years it was up and running, all through the hard work of the project team.

He took pride in the fact that the Isle of Man Government was the first body to work in partnership with DisabledGo outside the United Kingdom.

He pointed out that the facilities today for disabled people have come a long way from those that were available to the Manx disabled person 25 years ago, and he told those attending, that matters were still improving, now with the new Disability Act, and with other things to come.

He concluded by saying that the government hoped to be able to build on what had been started today.

Mr Brown then introduced Dr Gregory Burke the Chairman and Chief Executive of DisabledGo.

Dr Burke in welcoming those attending the launch, explained that DisabledGo guides were designed to answer the everyday questions of disabled people, their friends, families and carers.

He pointed out that older people and families with pushchairs would also find the information valuable.

He said that DisabledGo was a very comprehensive guide which can inform users if a shop had wheelchair access, or if a solicitor will come to your home.

Dr Burke pointed out that in the United Kingdom 1 in 6 of the population had a disability, so the potential buying power of disabled people run into billions, and it was in the interest of those providing services to realise this potential and in their interest to adapt accordingly.

The website was there for people to decide what they want to do, and to

provide them with the facility for all to enjoy the community.

Dr Burke thanked the Government for their involvement and he was proud that they had embraced the concept with vision and positive action.

He hoped that the system would change someone's life for the better.

Certificates were presented to those of the team that had helped to ensure that the project had become a reality.

Anna Borthwick, the Partnership Manager then gave a very informative slide presentation of what was available on the website.

In going through the different facets of what was involved, she presented a cross reference of its comprehensive pages with examples of some of the venues posted there and of the many functions of the website.

She invited those who so wished to make use of the many lap tops that had been placed in strategic places around the room, to access the website for themselves.

The Launch was a chance for DisabledGo to introduce the Guide, and it was hoped that those using the Guide will directly benefit from it.

The website is available free at [www.DisabledGo.info](http://www.DisabledGo.info) where a huge range of shops, pubs, restaurants and leisure facilities on the Island are featured.

Please remember that DisabledGo are able to effect any changes to the website at a moments notice, so your suggestion are valuable.

You can contact them as they would love to hear what your opinions. You can contact them by logging on to their website, (as above), and clicking on "Contact Us" or by calling 01438 842710.

DisabledGo guides are already available to 26 locations across the United Kingdom.

The launch was very well attended by leading local dignitaries and many of the prominent Groups on the Island.

The Chairman and the Friends of the Manx Diabetes Centre would like to place on record the Group's appreciation for their kind invitation to attend, and wish every success to this new venture for the Isle of Man..

### ***Our Accountants Horwath Clark Whitehill discuss Zero Rate of Tax for Companies.***

Horwath Clark Whitehill LLC have been the accountants for the Friends of the Manx Diabetes Centre since their formation.

They are an independent member of Horwath International with offices and associated firms throughout the United Kingdom and worldwide.

They are independent from, and legally separate, to any Horwath Clark Whitehill entity in the United Kingdom.

Here is another tax note prepared by our accountants, Horwath Clark Whitehill. This time on the topical subject of the introduction of a zero rate of tax for companies.

#### ***Zero Rate of Tax for Companies***

“Draft legislation is currently going through Tynwald to introduce a zero rate of tax for all companies from 6<sup>th</sup> April 2006.

However the zero rate of tax has already been introduced for certain types of companies from 6<sup>th</sup> April 2005, e.g. manufacturing, agricultural, film and TV production, fishing, e-gaming and provision of tourist accommodation, unless they choose to continue for one

year to be taxed under the previous taxing regime.

What do we mean by “from 6<sup>th</sup> April 2006”? It means the 2006/07 year of assessment.

For companies which have been in existence for some years, this will mean the accounting year ending (at any date) in the year to 5<sup>th</sup> April 2006.

New companies commencing to trade from 6<sup>th</sup> April 2006 onwards will be within the new regime from day one.

The zero rate of tax will apply to all companies except those involved in the following activities:

Licensed Banks—who pay tax at 10% or 2%

Property Developers and landowners where the property or land is in the Isle of Man—who will pay tax at 10%

Foreign owned businesses involved in selling goods imported into the Isle of Man—who will pay tax at 10%.

In addition any company can opt to pay tax at 10% if this suits their overall tax strategy”.

#### ***New Tax for Manx Owned Companies***

“In order to maintain government revenues a new tax is being introduced know as the Distributable Profits Charge (DPC).

This only applies to companies with Manx resident shareholders. This new tax will apply to:

Trading companies which do not distribute at least 55% of their taxable profits.

Investment companies which do not distribute at least 100% of their taxable income or net accounting profit whichever is lower.

The intention of this tax is to make sure that no advantage is gained by Manx companies from the zero rate of Tax. Enough said!!”

*The Diabetic* is most grateful for the above contribution from Evelyn Corrin a Director of Horwath Clark Whitehill, and for her clear and succinct exposition of the new zero rated tax laws.

Further information on the Distributable Profits Charge is available on request from Horwath Clark Whitehill telephone (01624) 627335

Their Website is at [www.horwathcw.com](http://www.horwathcw.com)

## ***Updates***

Facts collated for the Healthcare Commission from a survey of more than 250,000 people.

The largest such study conducted in Europe, involved one fifth of Primary Care Trusts, 1,700 GP practices, 47 Hospital Trusts and 58 Specialist Paediatric units.

\*More than half a million people, nearly all of whom are women are suffering from diabetes in the United Kingdom.

\*Research has shown that there are at least 2.3 million diabetics in England of whom 900,000 are male and 1.4 million are female.

\*More than 40% of females who have diabetes are unaware that they have the condition.

\*In the United Kingdom estimates suggest that 65% of men and 55% of women are overweight.

\*Diabetes related problems costs the UK NHS £35 billion a year about 5% of their total health service budget.

\*Less than 50% of diabetes diagnosed patients are receiving eye examinations, leaving thousands at risk from retinopathy. The UK Government has set a screening target of 80% for the present year.

\*Less than half of diabetics are managing their blood glucose level within the guidelines as set out by the National Institute of Health and Clinical Excellence.

\*From this year all primary care trusts will have to contribute to the study to comply with their annual assessment by the Health Care Commission.

\*On another front, scientists have identified a gene carried by more than a third of northern Europeans that puts them at greater risk of developing type 2 diabetes.

The Icelandic researchers hailed their discovery as a milestone, saying that it could help to establish a test for diabetes and lead to better drugs for the disease.

Our thanks go to Terry for his contribution to our Updates.

*Road sign in Namibia*  
**DANGER AHEAD**  
**FASTEN SAFETY BELTS**  
**AND REMOVE DENTURES**

## ***Obituary***

Today we mourn the passing of a beloved old friend, Mr Common Sense.

Mr Sense had been with us for many years.

No one knows for sure how old he was since his birth records were long ago lost in bureaucratic red tape.

He will be remembered as having cultivated such value lessons as knowing when to come in out of the rain; why the early bird gets the worm; and that life isn't always fair.

Common Sense lived by simple, sound financial policies (don't spend more than you earn), and reliable parenting strategies, (adults, not kids, are in charge)

His health began to rapidly deteriorate as well intentioned but overbearing regulations were set in place.-

Reports of a six-year-old boy charged with sexual harassment for kissing a classmate. A Teenager suspended from school for using mouthwash after lunch; and a teacher fired for reprimanding an unruly student, only worsened his condition,

Mr Sense declined even further when schools were required to get parental consent to administer aspirin to a student; but, could not inform the parents when a student became pregnant and wanted to have an abortion.

Finally, Common Sense could no longer prevail, and the many complications created by Mr Politically Correct and Mr Human Rights, lead to Mr Common Sense loosing the will to live, as the Ten Commandments became contraband: Christmas lights were dimmed and hot cross buns were threatened with the loss of their cross, but criminals received better treatment than their victims.

Common Sense finally gave up the ghost after a woman failed to realise that a steaming cup of coffee was hot, she spilled a bit on her lap, and was awarded a huge financial settlement.

Mr Common Sense was preceded in death by his parents, Truth and Trust; his wife, Discretion; his daughter, Responsibility; and his son, Reason.

He was however survived by his two stepbrothers; My Rights and I'm a Whinger.

Not many attended his funeral because so few realized, he was gone.

If you still remember him, please pass this on; if not, join the majority, and do nothing, transfer your allegiance to Mr Complacency.

We thank Petunia for her kind thoughts in remembering with affection the unfortunate demise of Mr Common Sense.

### ***UK Limb Loss Information Centre, Legal Panel***

A Limb Loss Legal Panel has been launched to inform new amputees about their rights regarding a legal claim for compensation for their injuries.

There is now a dedicated area on Legal Advice for individuals with limb loss. This section of the website is worth looking at if you, or a family member has recently undergone an amputation.

Legal claims relating to a loss of limb fall into two areas.

#### **Personal Liability:**

Personal injury is when you have suffered and endured both physical or emotional injuries due to somebody else's actions.

That somebody else may be another person, a major corporation or an organisation.

#### **Medical Negligence:**

To succeed in a claim alleging medical negligence (also known as clinical negligence) against a medical practitioner on the NHS (DHSS), the patient (who became a claimant) must prove that the practitioner, or Hospital, did something wrong or failed to do something which they should have done—a Breach of Duty.

If proved, the claimant must then be able to show that they have come to some harm as a result—causation.

For other information and the latest feature on Compensating the Victims of crime please visit.:

<http://www.limblossinformationcentre.com/content/LLIC/legal/LegalMain.html>

The Legal Panel Helpline Number is: 020 7650 1305.

The above news item has been supplied to *The Diabetic* by the Limbless Association of Great Britain, and any further information can be acquired from:

[Kiera@limblossinformationcentre.com](mailto:Kiera@limblossinformationcentre.com)

### ***Launch of Crossroads Carers information Centre.***

On the afternoon of Wednesday 15<sup>th</sup> February, *The Diabetic* attended the launch of the new facilities of the Crossroads Carers new Information Centre

This facility will enable carers to source information on a wide range of subjects of interest and help to themselves, and the person they care for.

Carers will also be able to experience various therapies chosen to help with relaxation, or simply enjoy a chat and a cup of tea or coffee.

In time Crossroads also intend to enable carers to form their own support groups, and they will offer training aimed specifically at carers, facilitated by other local agencies.

Crossroads intends to work as closely as possible with all local agencies.

The Friends of the Manx Diabetes Centre had been invited to the launch and *The Diabetic* spoke with Paulene Tortasso, the Project Coordinator who told us that:

“Today we open the information centre for carers on the Isle of Man” this she emphasises “was a facility for all carers on the Island”. “We are going to provide information, we are providing therapy, relaxation support, whatever a

carer needs we are hoping to try and fill that need”.

Paulene’s message was that if anyone feels that she can help them, please phone her up on Telephone 673580.

The new facility centre is open on a Wednesday and a Friday between 10 am and 3 pm.

She ended by saying, “I am aware that people might not be able to get here on those times, but I am very flexible, I would come out and see them if I can, or I shall try and open at different times for them, whatever suits the carer.

We are here to help them, so I hope to hear from any carer on the Isle of Man”

The Friends of the Manx Diabetes Centre wish crossroads every success in their new venture.

Crossroads is a network member of the Princess Royal Trust for Carers.

This new facility is located within their Carer’s Centre at 35/36 Derby Square Douglas.

The launch was very well attended

### ***More Church Parish Notice Boards Not on the Island***

Following our first instalment of what appears on some Parish notice boards in issue 4 of our Newsletter of March 2004, we now have pleasure in bringing you another batch of these howlers.

**The** Fasting and Prayer Conference includes meals.

**Our** youth basketball team is back in action on Wednesday at 8 pm in the recreation hall. Come out and watch us kill Christ the King.

**Ladies**, don’t forget the rummage sale. It’s a chance to get rid of those things not worth keeping around the house. Bring your husbands.

**The** peacemaking meeting scheduled for today has been cancelled due to a conflict.

**Next** Thursday there will be tryouts for the choir. They need all the help they can get.

**Scouts** are saving aluminium cans, bottles and other items to be recycled . Proceeds will be used to cripple children.

**Please** place your donation in the envelope along with the deceased person your want remembered.

**This** evening at 7pm there will be a hymn singing in the park across from the church. Bring a blanket and come prepared to sin.

**The** Low Self Esteem Support Group will meet Thursday at 7pm. Please use the back door.

**The** Eighth-graders will be presenting Shakespeare's Hamlet at the Church basement Friday 7pm. The congregation is invited to attend this tragedy.

**The** sermon this morning will be "Jesus Walks on the Water". The sermon tonight will be "Searching for Jesus"

Our thanks go to Matthew for his contribution, keep them coming.

If you have anything you think is of interest to our readers, or might amuse them, please don't hesitate to e-mail your contribution to us. Our e-mails are at the top of our Newsletter. Thank you.

## ***The Budding Journalist***

Hello again.

It is that time of the month for my little informative piece for your delectation.

I sincerely trust that you did not overdo it over the festive period, and that you are now back in full flow, pursuing your normal activities.

I did say in my last exposition that we would talk a little about Obesity and diet in this issue.

It is interesting to note that in screaming headlines the UK press claims that "Nearly half the country's women are now size 16 or over".

So what causes obesity?

The causes of Obesity are sedentary lifestyles, too much sitting around watching telly or playing on the computer no exercise and going everywhere by car.

Food intake is often wrong with too many snacks, particularly those high in fats and sugar.

Fast foods can be a problem, alright occasionally, but you need more good wholesome food like your mother used to make.

Of course our genes also play a part, which are the cause of hereditary problems.

So what to do? We have to eat properly.

Just imagine a normal plate, and we divide this into portions.

One third of which should be taken up by fruit and vegetables, and during the course of the day we should have the equivalent of five portions of fruit and vegetables

The next third of the plate should be taken up by carbohydrates.

You know what they are, so I shall not enumerate them, but please remember that potatoes, for this exercise, are **NOT** classified as fruit and vegetables.

The other third of the plate should be divided into protein and dairy foods, with only a tiny portion for foods such as biscuits, puddings, crisps and fatty foods.

All protein and dairy foods should be low in fat as the saturated fat which is.

found in these will raise blood cholesterol.

Oily fish such as salmon is good, as it contains omega 3 fats which help to prevent heart disease.

For example a packet of potato crisps contain 165 calories as compared to an apple which has 50.

So the calorie count in what you eat is very important if you don't want to become overweight.

Oh yes, also remember that when you see a packet of anything that says 25% less fat, it probably still contains the other 75% fat, as the other 75% fat must be somewhere..

So read carefully what the packet says as now-a-days the manufacturers are quite good with their information.

Now that you know what your normal daily plate should look like, stick to it.

I shall now leave you as my allocated space has been used up.

Look after yourselves, and as I always say the best people are diabetic.

T.T.F.N.

### *Seen in a Magazine*

Whilst across the water, The Chairman picked up a free magazine entitled "The Local Magazine for the over 50's, RETIRED and Living in Oxfordshire"

One of its prominent articles was on the "Banbury Crematorium", extolling the virtues of its facilities, its Chapel, The Book of Remembrance, The Memorial Gardens and what to do with the Cremated Remains,

It invites the elderly and retired to visit their 15 acres of professionally landscaped gardens.

Is there a sublime message hidden somewhere here, or is the Chairman missing the point?

May it wait for him a long time, but one thing is sure, he is adamant he is certainly not going on any fact finding missions.

### *The Last Laugh*

It is said that someone gave a guy two female parrots.

Once he took them home all the parrots would say was "We are the naughty girls, come and join us" "We are the naughty girls, come and join us"

He was a bit upset at this, and he went to talk to his friend the Priest.

After he had explained his problem, the priest said. "You know I have two parrots myself, and they are very well behaved, all they do is say the rosary all day long. Why don't you bring yours over to the vestry and maybe they will learn to tone down".

So he took his parrots to the vestry and the priest set them up opposite each other.

The priest's two parrots were holding onto the perch with one claw. On their other claw they were holding a rosary and they were mumbling under their breath.

The two female parrots looked at them and said in unison:

"We are the naughty girls, come and join us. We are the naughty girls, come and join us"

And the priest's parrots murmured under their breath.

"Our prayers have been answered.. Our prayers have been answered. Our prayers have been answered"

If you have any unused/new gifts you want to get rid of, please e-mail us as we can use them on our stalls at fairs.

