

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

The Diabetic

All Monies
Collected is
spent on the Isle
of Man .
No monies are
sent
off Island

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

Issue number 16

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LEADING FROM THE FRONT

Caaryjn Laare Chingys-Shugyr Vannin

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

All monies collected from whatever source will be used exclusively on the Isle of Man for the benefit of diabetics and their medical carers.

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The New Minister for Health and Social Security Mr Eddie Teare talks to *The Diabetic*.

The Chronically Sick and Disabled Persons Committee and Dr Khan challenge Mr McGregor Edwards comments on what they actually said regarding the Prosthetic Audit.

The Quest to keep open the workshop of the Manx Foundation for Physically Disabled.

£5,480 the cost of going private at Noble's for two cataract operations in 2006

In 2007 it has gone up to £5,558

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The New Minister for the DHSS talks to The Diabetic

The Diabetic is very grateful to the new Minister for Health and Social Security Mr Eddie Teare, for taking time from his very busy schedule to talk with us, a gesture very much appreciated.

We met at his offices at Markwell House where we asked to do a profile of the Minister so that our readers would know who he was and how he ticked.



Mr Eddie Teare, Minister for Health and Social Security

The Editor, through a series of questions, obtained the following information regarding Mr Teare's life and times:-

**Feegans
Deli**

Food to eat in
Food to take away
Food for thought

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

Eddie was born at the Jane Crookall Maternity Home here in the Isle of Man.

The first six months of his life were spent on a farm at Cronk Ould, Ballaugh, then, the family moved to a farm at Andreas where they lived for 11 years.

Unfortunately his father contracted Weil's disease, which is a urinary tract disease that is caught from contact with vermin.

It was suspected that his Father may have cut his finger, and then put his hand in some hay that vermin may have been using as home, and become infected.

Eddie remembers his father, deep yellow in colour, being carried out of the farm on a stretcher and being told to say his goodbyes as his father was unlikely to return.

However, much to the Doctor's amazement, he survived.

In fact he was the first person in the United Kingdom to survive the disease.

Unfortunately his Father was left quite weakened by the disease and forced to give up farming.

The farm specialised in growing early potatoes and one of Eddie's earliest memories is picking blossom off the potato plants in readiness for the men to come in to pick them – this was in the days when all crop picking was done by hand.

He enjoyed farm life, in particular riding the farm shire horse and, on occasion, the bull that won the Supreme Champion award in the Manx Agricultural Show!

Eddie has one brother, Henry, who is three years his junior.

Henry was a teacher at Castle Rushen but is now retired and, together with his wife, farms sheep.

Eddie has been married to Irene for over 25 years.

They have two children, Steven who is 24 and who is currently studying to be a Quantity Surveyor in Liverpool, and Faye, 22, who is studying to be a Human Bio-scientist at Northumbria University.

When asked if Eddie would like his son or daughter to follow in his political footsteps, he was quick to respond that he didn't want his children to follow him anywhere.

Eddie credits Irene with not only being a great support over his time in politics, but also that without her encouragement and giving her wholehearted endorsement; he would never have entered into the political arena.

Eddie's early education was at Kirk Andreas Primary School followed by Ramsey Grammar School. Funding was not available for him to go to University and, in fact, at the time only 6% of students went on to University.

He did, however, study at home, in his own time, and obtained professional qualifications (A.C.I.B.) via a correspondence course.

Eddie joined the Isle of Man Bank on the 1st March 1965 in their Ramsey Branch.

As was the practice at the time, the Manager lived above the branch and it was usual for the manager to come down from his flat, with his dog in tow, pick up the post, and then return back upstairs for his breakfast and to read his post.

Eddie stayed with the Bank for 36 years until it was taken over by the Royal Bank of Scotland whereupon he took early retirement.

In December 2002 he received a telephone call from Larry Keenan, Advocate, offering him a job, which he accepted and stayed there for 18 months.

At this time Edgar Quine stood down as the Member for Ayre and Eddie received a few telephone calls from people suggesting that he stand. He gave the matter some serious thought, talked it over with his wife, and in June 2004 announced his decision to stand as Member for Ayre.

He then spent four months working on the doorstep - which he found a very interesting and challenging experience.

When asked why he stood for election, Eddie replied that he had enjoyed a super career, and that people tend to think that everything good about the Island will always be there, but he felt it wouldn't unless there is someone there to make sure it does.

Whilst financially secure, Eddie receives a pension, and could afford to do nothing, he wants to give something back – there is a drive within him to give something back to the people and something back to the Island that has been good to him.

When asked about his early days in politics, Eddie said he initially did not want to be a Member within a Department as he felt he had to “learn the ropes” first. And it was something of a baptism of fire in that he had not reckoned on the amount of constituency work he would have to do during those first few months – it was only when speaking to the then Chief Minister, that he found it was normal that when a new person was elected, everyone that had not received the answer they wanted from the previous incumbent would automatically contact the “new boy” to see if he would give a different answer.

Things, of course, did inevitably settle down, although he does still receive a good deal of constituency work to deal with on a day to day basis.

Eddie’s first Ministerial position is the one he currently holds as Minister of DHSS, although his first high profile role was as Chairman of the Manx Electricity Authority, a post he still holds.

As Chairman of the MEA Eddie’s main triumph was to stabilise the position of the MEA.

He has an excellent experienced team around him at the MEA and whilst the role of Chairman does not occupy as much time as it once did, he felt it probably was not sustainable long term to hold the two posts.

He feels that there are some negotiations that are delicate, but which are quite near to closure and he would wish to continue until these are completed.

It was impossible though to put a timescale on this.

Eddie was then asked what his remit was within the DHSS. He responded that it was to deliver a quality service to the population of the Isle of Man at a value for money price.

His primary immediate objective was to spend time assessing how everything fits together.

One thing he had already learnt was that there was a need to think carefully about the ramifications of everything that you do and, basically, he was at the information gathering stage and he anticipated this would take two to three months.

When questioned further about how much he would be governed by the cost rather than the best interest of patients, Eddie replied that there were many competing demands on the budget

and reiterated that he was still at the information gathering stage and that any decisions that were taken would only be done so after consultation with, the health service, clinicians, or, in the case of Social Security professional advice.

When asked about his holidays, Eddie said when he gets a chance he and his wife go to visit long standing friends in California.

Eddie explained that when he used to have time to read books he enjoyed reading about the ancient South American Cultures (Aztecs, Mayans, and Incas) and found the whole subject fascinating.

However, these days, he seldom got a chance to read, particularly when the papers for October Tynwald consisted of nearly 1,000 pages to read.

Eddie stated that his favourite hobby was running – something he had enjoyed for the past 30-40 years. His favourite run goes from Sulby Claddagh to Ginger Hall to Narrowdale through Ohio Plantation and then back down to Sulby Claddagh.

He finds that the one good thing about running is that no one can stop him and ask questions.

When asked what he would like his legacy to be Eddie answered “To leave things better than I found them”.

Eddie was then asked for a quote for the readership of the *The Diabetic*, to which he replied:-

“I look forward to working with the Friends of the Manx Diabetes Centre and indeed all our partners to deliver a high standard of service in a cost effective manner to the Island’s residents.”

We are most grateful to Mr Teare for giving us such an interesting insight of his life from a young lad on his father’s farm to the Head of the biggest department both in expenditure and staff of the Government of the Isle of Man.

The Friends of the Manx Diabetes Centre would like to wish him luck and every success in his new endeavour.

We would also like to take this opportunity to thank Mrs Lynda Lane for being so patient during the three quarter hour interview we had with Mr Teare, efficiently taking such wonderful notes to our questions and his answers, and for producing such an accurate and informative account of the proceedings, which we print with gratitude, admiration and thanks.

We shall have to offer Lynda a job as one of our permanent independent correspondents.

**I SOLD MY HOUSE AND MOVED INTO A
PANDEMONIUM
Toronto mayor Allan Lamport**

The Prosthetic Audit

The prosthetic Audit arguments are still very much alive.

So it is incumbent on us to bring our members up to date.

As you may recollect the Audit was done from 34 patients without any medical input.

Also the questionnaire was from the UK without the relevant questions required for the Isle of Man, like “Do you want the service to be on the Island on a weekly basis and not once every three weeks?” etc etc.

Our friends of the Chronically Sick and Disabled Persons Committee under the Chairmanship of the now Chief Minister, are still trying to resolve the issue on our behalf for all disabled persons on the Island.

As you were informed in our last Newsletter they wrote to Mr Killip the Chief Executive Officer of the Department of Health and Social Security asking for another Audit, this time by professionals from across the water, as they were not happy with how the audit had been done.

It now transpires that following the letter to the Chairman of the Friends of the Manx Diabetes Centre by Mr Norman McGregor Edwards, Director of Health, Strategy and Performance, Department of Health and Social Security, in which he claims that: -

And we quote verbatim “The CSDP Committee has visited both Noble’s Rehabilitation Department on 15th March 2006 and the Prosthetic Clinic at Westmorland Road Health Care Centre on 21st July. Their questions were answered in full and **the Committee expressed support for the existing service**” Unquote; The bold is *The Diabetic*.

However the Chronically Sick and Disabled Persons Committee in an effort to put things in their true and proper perspective point out in a letter to Mr Killip, dated 21st December 2006,

and referring to the letter we had received from Mr McGregor Edwards that: -

Again we quote verbatim, “The members wish to clarify that whilst their questions were answered in full and they did express support of the service, **this does not mean however that the Committee expressed support for the existing service**, as the Committee is aware of ongoing concerns.” Unquote: The bold is *The Diabetic*.

No comment at this stage as it is self explanatory. Mr McGregor Edwards claims the CSDPC “**expressed support for the existing service**”

They on their part make it abundantly clear that they did not “**expressed support for the existing service**”.

The Chronically Sick and Disabled Persons Committee has also asked Mr Killip in the same letter, that they would appreciate if he could please also clarify the “remit and the membership of the Clinical Audit Team”.

We now come to Dr Khan, as in the same letter to the Chairman of the Friends of the Manx Diabetes Centre Mr McGregor Edwards also claims that, again we quote verbatim:

“**Dr Khan, in his role as Chair of the Ethics Committee, had sight of the Audit prior to its dissemination to the Public**” Unquote. The bold is *The Diabetic*.

As Mr McGregor Edwards says Dr Khan had sight of the audit “**prior to its dissemination to the Public**”. one would assume from this statement that Dr Khan saw it “**prior to its dissemination to the Public**”, and therefore by implication Dr Khan agreed with the final Audit prior to its release to the public.

Yet Dr Khan in a letter to the Chairman of the Friends of the Manx Diabetes Centre, in reponse to the above comments, categorically says;

“I had been asked about the prosthetic audit in my capacity as Chairman of the Ethics committee. This was to find out if there were any “ethical issues” needed to be presented to the committee for review, **prior to it being started**. I looked at the document, with that “hat” on and did not find it necessary for the matter to be brought to the ethics committee as it was an “audit project” The bold is *The Diabetic*.

So we have Mr McGregor Edwards claiming that Dr Khan saw it “**Prior to its dissemination to the Public**” and Dr Khan saying that he saw the proposal to conduct the Audit “**Prior to it being started**”.

Since we appear to have the same problem with Dr Khan as we have with the Chronically Sick and Disabled Persons Committee *The Diabetic* will not offer any comment, on anyone’s interpretation of events.

We leave that to you.

We will continue to keep this alive and will keep you informed on the problematic issue for the Manx disabled patient, which the Chairman initially started fighting for in his original letter to Mrs Christian on **28th January 2004**, with the support of Dr Khan, three years ago, well before Mr McGregor Edwards was appointed to his post or his expositions as to what is said by whom to whom.

We shall continue to fight for the well-being of the Manx disabled patient and will press for the wonderful personnel of the Prosthetic and Orthotic departments to be on the Island on a weekly basis and not once every three weeks.

Failing that, we must then have our own personnel on the Island full time.

There is no excuse for the DHSS not to agree this as the monies are in place for these two services.

According to answers in the House the DHSS is currently paying £332,750 for these two services to come to the Island from Dublin every three weeks.

We have a new Minister, an ex-banker who knows how to use monies, and make the best use of monies, and who will hopefully not be swayed by the civil service grand designs, from the true interest of his Manx patients.

Enough said for the time being.

Notice in a church bulletin
**THE PASTOR WILL PREACH HIS
FAREWELL MESSAGE, AFTER
WHICH THE CHOIR WILL SING
“BREAK FORTH INTO JOY”**

The Quest to keep open the Workshop for the Physically Disabled

Bureaucracy in all its glory, and at the height of excellence, is very much alive and mad on the Isle of Man.

The saga in trying to keep open the workshop of the Physically Disabled reads like a work of fiction.

However it is actually true, and we are sure you have all been following its convoluting progress.

The Herculean task before Deemster Corrin and his committee in trying to procure funding from Government to effect a transfer of their present dilapidated premises to another suitable venue culminated in Tynwald, when Mr John Houghton MHK put forward a resolution for a select committee to look into the delays in providing this funding. which was unanimously adopted.

An amendment by Mr Bill Malarkey MHK, for the Government to fund the project with £15,000 per annum over each of the next 4 years was defeated by 22 votes to 9.

The Charity has already secured £50,000 from local Charities but needed the other £50,000 from Government to proceed with the work and transfer.

Our workshop for the disabled is of paramount importance to our disabled community and to the Isle of Man and must be kept running.

At the time of going to press the Council of Ministers were looking into the possibility of providing funding for Deemster Corrin and his Committee.

We sincerely trust that our “compassionate” government will step up to the plate and come up with the funding, as otherwise the workshop will have to close and its disabled employees will be on the dole with the government inevitably paying the price.

Let us all canvass our MHK’s so that our elected members are left in now doubt as to what their constituents want.

Incidentally the Government funding for Overseas Aid has gone up from £300,000 in

2001-2002 to the £1,400,000 it received in the 2006-2007 Isle of Man Budget.

Maybe Deemster Corrin and his Committee should have asked **them** for the funding of the £15,000 a year for four years,

After all it would have been a grain of sand on the beach of the One million four hundred thousand pounds, allocated to the Overseas Aid Committee, and charity does really begin at home.

Oh by the way *The Diabetic* will be putting up the whole sorry epic for an OSCAR nomination next year.

(A full account of this epic saga is available from *The Diabetic* which would be sent on request by e-mail).

Newspaper Headlines
ASTRONAUT TAKES BLAME FOR
GAS IN SPACESHIP

The Cost of Private Cataract Operations at Noble's

A life member of the "Friends" had the Cataracts on both his eyes operated at Noble's Hospital.

He was told the waiting list was between 18 months and 2 years, which made it impossible for him to wait that long due to his family commitments abroad and more important the fact that he was not seeing all that well.

He was informed that he could jump the queue and do it whenever he pleased if he was prepared to go private, to which he agreed.

Without further ado he was operated to his satisfaction, and the dissatisfaction of someone else on the waiting list, and he now sees properly, well done.

How much did all this cost you might ask?
Well?

The hospital demanded £1,540, which had to be paid to the hospital in advance, as he was told the operation would not proceed without the deposit being paid to the hospital.

Invoiced separately; the Surgeon's fee came to £850.

The Anaesthetist fee was £350.

A total of £2,740.

Since he had both eyes done on two separate occasions his total bill eventually came to **£5,480**

By the way as the Group member put it, on each occasion, these amounts included half a day in a private room where he was given a sandwich and told that the sandwich and cup of tea was on the house. Which comments insulted him no end.

In its endeavour to ensure fairness but not doubting our member's accurate accounts (*receipts seen by The Diabetic*), *The Diabetic* approached the acting head of the Hospital Administration on the 12th January 2007 with the following questions quote: -

"Will you please be so kind as to indicate: -

- a) Cost of the Theatre
- b) Cost of the Surgeon
- c) Cost of the Anaesthetist
- d) Cost of the Nurses
- e) Cost of the private room for half a day.
- f) Cost of any refreshments for the patient
- g) Any other costs that may be relevant
- h) Total overall costs per cataract operation done privately.

If you are unable to provide this can you please point me in the right direction" unquote

All we wanted to do was put the hospital side of the story.

However in a letter dated 16th January 2007 we got a one sentence reply saying "I will contact you in the near future with a detailed breakdown of costs for cataract operations carried out at Noble's Hospital under Private Healthcare" unquote.

True to her word on the 12 February we were informed in a letter that quote

"I confirm that the Hospital fee for a cataract operation is a set procedural price of £1,624. This covers the patient's hospital accommodation. nursing fees, refreshments, drugs and dressings, theatre charge and the lens implant. Additionally, the anaesthetist fee is £305 and the consultant's fee is £850." Unquote.

This represents a cost per eye of **£2,779**, a total for two eyes of **£5,558**.

It appears that the total cost per eye operation since last year has gone up by £39.

In any event *The Diabetic* was under the impression that the Heath Act claimed that

DHSS treatment for the Manx people at Noble's was free.

If this is the case how can the DHSS charge the patient directly for the use of its facilities £1,540/£1,624 in advance, for a private cataract operation that runs roughshod over its 18 months to 2 year waiting lists?

What really should happen is that the surgeon using the hospital facilities should hire and pay for these facilities himself and then charge the patients for renting the Theatre, the Nurses, the private room, his fees etc.

As the initial reply to our request says this is under "Private Healthcare", it should be the DHSS that charges the surgeon, and the surgeon then charges the patient, not the DHSS charging the patient and telling them that if they do not pay the £1,540 to the hospital 7 days prior to the operation, the operation will not take place.

But the DHSS should not charge any Manx patient for treatment directly or indirectly because we believe that this practice is against the Health Act.

We don't know whether this is true or not, but we are informed that UK charities are asking for donations of £17.50, as the cost of a one eye cataract operation in Africa, and for £3.50 as the cost of a one eye cataract operation in India.

If this is so, with what is paid for two cataract operations at Nobles you could do 1,565 or at this years rate 1,588 cataract operations in India.

I wonder who is living in Legoland?

Incidentally *The Diabetic* is also informed that you can get cataract operations cheaper in France, even in Rumania now that it has joined the EU, rather than at Noble's.

If you have had a cataract operation done privately and know where it can be done cheaper than at Noble's, please write in and let us know.

We would need to see receipts or quotations.

Post Script.

According to the Manx Radio Website there was a question in the House regarding private cataract operations.

In its report posted on their website on 7th February last it claims that the Minister for Health and Social Security had said in the House "that the waiting lists were now reducing. That there were 1,168 patients twelve months ago and

now there were only 814. The longest waiting time, he said was five months".

Creative information? Now where have we heard this type of statements before?

An Eleven Plus Question.

If 354 cataract operations are done in twelve months, i.e. the equivalent done in one year (1,168 - 814 = 354) how many years will it take a hospital to do 814 cataracts operations?

Answer: At the rate they cleared the first twelve months, and not taking into account any new additions or an increase in surgeon compliment, the 814th patient will have to wait **2.299435** years to have one cataract operation done.

Who does not know their Eleven Plus Question?

Who does not know their mathematics?

Who does not know how to count, divide, multiply or subtract at the DHSS?

No wonder the DHSS is running out of money.

Who has failed their Eleven Plus?

Write in and tell us who you think has failed their Eleven Plus.

We do not, and we must not blame the New Minister for what he said in the house, for he just says it as it is given to him.

International Diabetes Federation **Conference** **December 2006, Cape Town**

Account submitted by Dr Alison Blackman.

The recent conference of the International Diabetes Federation (IDF) in Capetown delivered some landmark statements of interest to all involved in Diabetes Care.



Dr Alison Blackman

The IDF is the Global advocate for more than 240 million people with diabetes world wide.

It represents almost 200 diabetes associations in almost 160 countries.

The mission of IDF is to promote diabetes care, prevention and cure worldwide.

The IDF is a non-governmental organization in official relations with the World Health Organisation.

United Nations Resolution on Diabetes.

The General Assembly of the United Nations has passed a land mark resolution recognising the global threat of the diabetes epidemic.

This marks the achievement of the main objective of the IDF-led Unite for Diabetes campaign, which has brought together the largest ever diabetes coalition, including patient organizations from over 150 countries, the majority of the worlds scientific and professional diabetes societies, many charitable foundations, service organizations and industry.

Thanks to this enthusiastic support, a key battle has been won in the fight against diabetes.

Help celebrate and support the Resolution at www.unitefordiabetes.org

Diabetes epidemic out of control.

A press release on 4th December 2006 stated...

“The International Diabetes Federation (IDF) has published new data indicating the enormity of the diabetes epidemic.

Data published today in the Federation’s Diabetes Atlas show that **the disease now affects a staggering 246 million people worldwide, with 46% of all those affected in the 40-59 age group.**

Previous figures underestimated the scope of the problem, while even the most pessimistic predictions fell short of the current figure.

The new data predicts that the total number of people living with diabetes will skyrocket to 380 million within twenty years if nothing is done”.

IDF President Pierre Lefebvre told reporters, “Just twenty years ago, the best information available suggested that 30 million people had diabetes. A bleaker picture has now emerged.

Diabetes is fast becoming the epidemic of the 21st century”.

Facts and Figures.

Diabetes mostly type 2 diabetes, now affects 5.9% of the world’s adult population with almost 80% of the total in developing countries.

9.2% of the adult population in the Eastern Mediterranean, and Middle East were 8.4%.

In North America highest numbers are found in the western pacific with 67 million people.

Europe is estimated at 57 million, with India 40.9 million.

They lead the global top ten in terms of the highest number of people with diabetes.

Developing countries account for seven of the top ten countries.

ADOPT trial results likely to change treatment of Type 2 Diabetes.

The ADOPT (A Diabetes Outcome Progression Trial) has shown that metformin and glitazones (in trials rosiglitazone) are more effective as single agents in reducing complications when used early in the treatment of patients with Type 2 diabetes.

ADOPT is an international, multi-centre, randomised, double-blind study involving 4,360 patients on no other treatments who had been recently diagnosed with Type 2 diabetes (in the last three years) at over 400 sites throughout North America and Europe.

People included in the study were randomised to be given rosiglitazone, a sulphonylurea (glyburide), or metformin.

ADOPT provides evidence supporting earlier treatment with rosiglitazone in the management of type 2 diabetes.

This is the first long-term study to demonstrate that the progressive loss of blood sugar control can be delayed and target blood sugar levels can be maintained for a longer period with rosiglitazone than with metformin and sulphonyureas – the two most frequently prescribed oral antidiabetic agents.

ADOPT provides an important update to findings from the United Kingdom Prospective Diabetes Study (UKPDS) released in 1998,

which preceded availability of the glitazones and included only two of the three oral agents evaluated in ADOPT – metformin and sulphonylurea.

This adds to the increasing body of evidence that early and more aggressive treatment of patients with Type 2 diabetes significantly reduces the longterm complications.

Treatment choices are still favouring metformin first line but glitazones (rosiglitazone and pioglitazone) are likely to be used more, the downside being they take several months to be effective and tend to cause weight gain.

The target for treatment in most patients should be to achieve normal blood sugar levels and this would mean a target HbA1c of <6.5 with a change in treatment being offered whenever HbA1c climbs >7.

Dr Alison Blackman -- 20th February 2007.

Sources are all available on the Internet and on request.

If you are over 65, you are eligible for a Pneumovac, which is a once only vaccination. If you are interested please seek information from your GP surgery.

The Library and Information Service at Keyll Darree

On the 5th December 2006 the staff at the Library and Information Services at Keyll Darree, held their third annual Open Day.

In the evening they invited representatives from Charities and self-help groups on the Island to attend the presentation and demonstration.



This presentation was by Christine Sugden, (the Library and Information Manager), Anita

Gould, (Librarian) and Teresa Grainger (the Cancer Information Officer).

In the main the presentation centred on the library facilities and website evaluation such as, what can the URL tell us? For example what was. org.uk; ac.uk; and gov.im and how to make use of them.

Who has produced them and is the organisation well known.

The author credibility, qualifications and expertise.

Currency? Is the information dated or current and do the links still work.

Its content? Is there a bias in what you are being told and of course is the information relevant to your needs, and last but not least, finding out the quality indicators, namely what is the stamp of approval that the information you are getting is in fact authentic.

This was followed by a look at websites that can be searched for your requirements on patient information including details of different diseases and illnesses, tests and investigations, addresses of national charities and self-help groups.

The Staff at the Library and Information Service also produces a Patient Information Resource List for visitors that includes the websites that were demonstrated at the presentation.

If you would like a copy of this leaflet please contact the library on telephone 642993 or 6422974.

There was also an address by Teresa Grainger the Cancer Information and Support Officer who brought to the notice of those present the information that could be acquired at the main reception area at the hospital.

There was, she explained, a place to talk about the issues that affected the patient and their families.

When the Library opened at Keyll Darree in 2003 it was for the use of the DHSS staff only.

However, within the last year they have altered the access policy so that anybody on the Island who has a legitimate need for health and social care information can use it, though not all services are available to the public.

In practical terms, this means that any member of the public, at the library manager's discretion,

who need information on health and social care topics, can make use of the following library services and facilities.

*Use of the Library during normal staffed opening hours.

*Use of reference and study facilities generally.

*Use of computer facilities

*Look at books and journals.

*Photocopying facilities (5p per copy)

*Inter-library loans (initially any costs incurred by obtaining items from other libraries would be borne by the library)

*Assistance of library staff.

As far as charities and self-help groups on the island are concerned, what they are proposing to do is to allow those of you who are “official” members of groups to register to join the library and to borrow books.

Don't forget the telephone number given above and if you want to make use of the facilities, please take your membership card with you.

The Friends of the Manx Diabetes Centre would like to thank the Library staff for their kind invitation to attend the presentation, for the information display and the seasonal buffet served with punch, which in all proved to be a most enjoyable evening.

We would like to wish the staff, good luck in their efforts to bring to us all, the use of their splendid and comprehensive facilities.

Out of hours dental services.

The DHSS Primary Care Service is now responsible for Out-of-Hours Dental Care that cannot wait until your dentist is next open.

For Out-of-Hours Dental Care during weekdays between 6.00 pm to 8.00 am please ring telephone **480365** for advice.

For Out-of-Hours Dental Care during Weekends and Bank Holidays, please telephone **480365** during the hours of 9.00 am and 11.00 am.

Your dental requirements will be assessed and appropriate treatment provided during this time.

If you do not see a dentist regularly but wish to register with a dentist, you may contact the Salaried Primary Care Dental Service on the following telephone numbers during normal working hours.

Hillside Dental Practice -642389

Isle of Man Clinic – 667724

Carnane Dental Practice – 642785

Ramsey NHS Dental Practice – 811885

The Pneumococcal vaccine is now being introduced in the routine immunisation programme at two, four and thirteen months of age to protect from Pneumococcal infection.

There is a large group of children under two who will be unprotected as they will already have had their primary immunisations without this vaccine.

A catch up programme is being provided to protect these children.

Interested? Please contact your GP surgery.

Breastfeeding Support Groups

Health visitors are continuing to raise breastfeeding awareness on the Isle of Man.

There are now three breastfeeding support groups on the Island.

Each group is run by a team of health professionals – Health Visitors, Community Staff Nurses and Community Nursery Nurses.

All staff have attended specific training courses to help, assist and advise mothers with breastfeeding their infants.

The aim of the Breastfeeding Support Groups are to provide a friendly, welcoming environment where mothers feel comfortable to breastfeed, and to provide information around infant feeding practices.

The support groups are open to anyone, whether you're pregnant or breastfeeding, whether it's your first or second baby (or third or fourth!), or whether you have successfully breastfed in the past or not.

The Breastfeeding Support Group can also be invaluable for mothers who wish to meet other

breastfeeding mothers socially. They also provide support for women breastfeeding an older baby. Help and advice are available should there be any breastfeeding problems.

The government recommends that mothers should breastfeed exclusively for the first six months of a baby's life, and Health Visitors want to encourage mothers to achieve this. Health Visitors advise that current research states that the benefits of breastfeeding for both mum and baby are not just measured in health terms, but in the bonding between a mother and her infant.

The longer the duration of breastfeeding the greater the health benefits for both the mother and her infant.

Health visitors realise that family and public attitude can affect a woman's confidence in breastfeeding and they also want to positively raise public awareness towards mother's breastfeeding their infant in public.

Breastfeeding can be done discreetly.

The groups are held at:

The Salvation Army Citadel, Douglas on Mondays 10.30-12.00 pm.

Laxey Health Centre, on Wednesdays 1.30-3.00pm.

Thie Rosien, (formerly Old Southlands), Port Erin, on Wednesdays 11.00-12.00pm.

Health Visitors are also available for one to one consultations at child health clinics or at home.

If you require any further information please contact Health Visitors **Sue Craine** on **642378** or **Anna Turco** on **656030**.

The above article was supplied by courtesy of "In Touch" Magazine a DHSS newsletter publication.

The Good Old Days

The Diabetic has had tremendous response from our readers with material being sent in.

However some that are hilarious are unfortunately unprintable.

Nonetheless many thanks for thinking of us, keep them coming.

Here is one from Michael which is to the point and food for thought.

CONGRATULATIONS !!!

To all the Kids who were born in the 1930's 40's, 50's, 60's and 70's !!

First we survived being born to mothers who smoked and/or drank while they carried us. They took aspirin, ate blue cheese dressing, tuna from a can, and didn't get tested for diabetes.

Then after that trauma, our baby cribs were covered with bright coloured lead-based paints.

We had no childproof lids on medicine bottles, doors or cabinets and when we rode our bikes, we had no helmets, not to mention, the risks we took hitchhiking.

As children, we would ride in cars with no seat belts or air bags.

Riding in the back of a pick up on a warm day was always a special treat.

We drank water from the garden hose and NOT from a bottle.

We shared one soft drink with four friends, from one bottle and NO ONE actually died from this.

We ate cupcakes, white bread and real butter and drank soda pop with sugar in it, but we weren't overweight because.....

WE WERE ALWAYS OUTSIDE PLAYING!!

We would leave home in the morning and play all day, as long as we were back when the streetlights came on.

No one was able to reach us all day. And we were O.K.

We would spend hours building our go-carts out of scraps and then ride down the hill, only to find we forgot the brakes. After running into the bushes a few times, we learned to solve the problem.

We did not have Playstations, Nintendo's, X-boxes, no video games at all, no 99 channels on cable, no video tape movies, no surround sound, no mobile phones, no personal computers, no Internet, or Internet chat rooms.....

WE HAD FRIENDS and we went outside and found them!

We fell out of trees, played conkers without having to dress in space suits and goggles, got cut, broke bones and teeth and there were no lawsuits from these accidents.

We even entered sack races on school sports days, fell and laughed our heads off.

We ate worms and mud pies made from dirt, and the worms did not live in us for ever.

We made up games with sticks and tennis balls and although we were told it would happen we did not put out any eyes.

We rode bikes or walked to a friend's house and knocked on the door or rang the bell, or just yelled for them!

Football teams had tryouts and not everyone made the team. Those who didn't had to learn to deal with disappointment,

**AND NO COUNSELLING
IMAGINE THAT!!**

The idea of a parent bailing us out if we were punished at school or if we broke the law was unheard of, because education began at home.

They actually sided with the Teachers and with the law!

We respected our parents and our teachers and everyone and lived life to the full.

We did not require an army of do gooders. or the brigade from the elf'n safety department dictating our every move and making every kid unhappy.

THAT IS WHY.....

This generation has produced some of the best risk-takers, problem solvers and inventors ever!

The past 60 years have been an explosion of innovation and new ideas.

We had freedom, failure, success and responsibility, and we learned HOW TO DEAL WITH IT ALL!

YOU ARE ONE OF THEM!

CONGRATULATIONS

You might want to share this with others who have had the luck to grow up as kids, before the Lawyers and the

Government and the EU destroyed our youth and our lives for our own good. And whilst you are at it, forward it to your kids so they will know how

BRAVE

their parents were.

Kind of makes you want to run amok through the house with scissors, doesn't it?!

Its Crazy but its True

The elf'n safety brigade have insisted that Reading Football club have signs facing the crowd behind the goals warning them:

“Please be aware of flying footballs”



We wonder how many people died being hit by footballs behind the goals since the 1870's or is it that footballers then were more accurate and it is only now that footballers tend to miss the goal.

What next, anything is possible now; since the above deals with football let's see, how about if someone complained that the crowd noise at big clubs is now above accepted legal decibel levels.

So, would the elf'n safety brigade be going to insist that the players and the crowd be issued with headphones or earmuffs to obviate the noise, or alternately are they going to restrict the crowd to ten spectators per match to keep the decibels down?

As we said before, anything is possible in these ridiculous times we live in. It only takes one person to complain about the noise at

football matches and the elf n safety brigade would be in there like a shot. Good luck.

Manx Emergency Doctor Service (M.E.D.S.)

This service will be available when your doctor's surgery is closed.

If you have a medical condition that isn't life-threatening but cannot wait until the surgery opens, you should telephone your usual doctor's surgery and a recorded message will inform you of the number to call to speak to the doctor on duty.

The duty doctor will:

- offer you medical advice over the telephone or
- advice you to attend a consultation at the out-of-hours surgery.
- In exceptional circumstances, the doctor may arrange a home visit.

It is not a drop-in service and patients should note that they **will not** be seen by the duty doctor without an appointment.

The service is available from 6pm to 8am Monday to Friday, with 24-hour cover over weekends and bank holidays.

If you have chest pain or a life-threatening emergency you should always call 999.

The above notice has been supplied by "In Touch" Magazine a DHSS newsletter publication.

News Updates

Stressed Workers at risk of Diabetes.

Too much stress at work can give you diabetes.

Dr Samuel Malamed of the Tel Aviv University in Israel had led a five year study and the results were published in the journal Psychosomatic Medicine.

He explained that "It has been suggested that stress plays a significant role in the development of type 2 diabetes as emotional "burn out" poses a risk to health".

Therefore he claims that stressed workers facing career "burn out" could be at a higher risk of developing diabetes.

Monster Spit could be an answer for diabetics.

European regulators have approved a drug developed from the saliva of a rare poisonous lizard for the treatment of diabetes.

The European Medicines Agency has agreed to allow Eli Lilly, the American pharmaceuticals group to market the drug, Byetta for diabetics in Europe of whom there are an estimated 57 million.

Exenatide the active component in Byetta works in diabetic patients, by mimicking natural hormones that stimulate the production of insulin, which breaks down sugar in the Blood.



The saliva of the lizard in question is the Gila Monster.

The Gila Monster named after the Gila River in Arizona eats only rarely and the exenatide helps to regulate glucose levels in its blood on the rare occasions that it eats.

Obesity will have adverse impact on economy.

Researchers have warned that the obesity epidemic crisis now sweeping Britain could damage the economy.

They claim that Britain became one of the most powerful Nations because of the good health of its people.

However this could all change if talented professionals die early because of sickness.

Professor Martin McKee has pointed out that "The Treasury has identified the cost of obesity to the NHS as a major problem, but our research shows how much healthy people contribute to the health of the economy.

It is a waste of money investing in training people if they die at 35 or retire in their 50s because of ill health.

The over-whelming conclusion is that good health has benefits beyond the individual", he said.

The study is published in the British Medical Journal.

So what are we doing on the Island? Are we just going to sit and wait until the Obesity epidemic completely engulfs us.

Go ahead for risky surgery in desperate efforts to slim teenagers.

Surgeons in the UK have been given the go ahead to perform weight loss operations and plastic surgery on children to tackle rising levels of obesity.

Guidelines now allow procedures such as stomach stapling and gastric binding which carry life threatening risks on teenagers

They will also be able to give plastic surgery to these children to repair the unsightly consequences of the operation.

Weight loss drugs Xenical and Reductil could also be prescribed for children under the age of 12.

Although not licensed for use in children, doctors are permitted to do so if it will benefit the patients.

The guidelines issued by the National Institute for Health and Clinical Excellence cover ways of preventing and treating obesity in children and adults.

Instead of all this, do we not think that the Government and parents must work harder to improve the children's diets? Preventative care must always be the watchword.

A Nasal spray in the battle on obesity.

It has always been maintained that the smell of freshly baked bread, fragrant curry or sizzling fish and chips can send a dieter off the rails.

For those who find themselves powerless to avoid such temptations, scientists have developed a nasal spray they believe could

dampen a dieter's sense of smell reducing the power of the most appetising aromas.

Trials are expected to start next year.

Scanner that Melts away the fat.

Don't laugh because it is serious, but published in the Medical Journal there are claims that to reduce the flab, instead of dieting, all you will have to do in the future is walk through an airport-style X-Ray scanner which "fries" excess fatty tissue.

Three days later and 5lbs will have melted away through the body's normal purging processes.

Repeat the procedure every two weeks until you have reached your desired target weight.

You must however be very careful and must be able to count as otherwise you might just disappear altogether.

The fat-reducing X-ray machine is just one of the developments predicted by Professor Donald Combs of Eastern Virginia Medical School in the US.

Recent discoveries on wave technology have shown that laser pulses of certain types of light wave destroy fat but do not harm any other types of cells.

So in future all you will have to do is get yourself zapped, and bingo spend all the money you can on a new wardrobe every two weeks.

Good News for Chocolate Addicts

A trial will be starting soon at the Michael White Diabetes Centre in Hull in which patients will be prescribed 45g of dark chocolate a day, or a placebo during the eight week test period.

Doctors believe that the dark chocolate may help have a beneficial effect on insulin for patients with diabetes.

The trial comes in the wake of increasing evidence of the health benefits of dark chocolate, largely through the antioxidant effects of polyphenols and other components found in cocoa beans.

Polyphenols and flavonoids have also been linked to a reduced risk of death from heart disease cancer and stroke.

Dark chocolate is also known to increase brain chemical serotonin, which is associated with mood and sleep.

The professor in charge of the trials, Professor Stephen Atkin says "we know that dark chocolate can lower blood pressure, and we want to see if it will improve diabetes".

Good luck to them and the patients not on the placebo.

We know we all like chocolate but please do not go berserk eating dark chocolate.

Consult your Doctor. Take care.

Please remember that if you book last minute holidays, you should be aware that some immunisations need to be administered 3 to 4 weeks prior to the date of departure for full cover to be effective.

So consult your Doctor, or the Liverpool School of Tropical Medicine on telephone 01517089393 or The Hospital of Tropical Diseases on Telephone 09061337733

Dropped Kerbs

We have a problem with some of our dropped kerbs on the Island and *The Diabetic* has highlighted this issue in the past.

It now transpires that a council in the UK is spending £250,000 to repair some of its traffic crossings because the kerbs are two millimetres too high.

The UK Government insists that kerbs should be no higher than 9mm to make them safe for wheelchairs, mobility scooters and pushchairs.

An Audit Commission investigation found some kerbs in Hampshire were a fraction too high and now the county council has sent out engineers to test every one of their 374 crossing.

We ourselves do not have to send out engineers to test how high our kerbs are.

We know that some of them are as high as a small step that brings the wheelchair to a shuddering halt and tends to propel the occupant into the air.

So what are we going to do about them?

Why don't we just put the head of departments or Ministers into wheelchairs and crash them

into these kerbs, so that they too can enjoy what and how the disabled person in a wheelchair feels as they themselves are tossed into the air.

The AGM

Please note that the next AGM of the Friends of the Manx Diabetes Centre will be held on Thursday 3rd May 2007 at Keyll Darree at 7.30 in the evening, and every one is welcomed.

The Speaker this year will be announced to our members when we send out notification of the meeting.

The Chairman and Committee look forward to welcoming you all at the Annual General Meeting.

As usual refreshments will be served following the proceedings.

Please note all donations to the
Treasurer Mr J. Ludford-Brooks
3 Scarlet Close
Castletown
Tel: (01624) 822936

Are you one of these.

Someone posed the following question:

"I always take a suitcase of Pot Noodles on my yearly holiday to Spain. What is the most common food people take on holiday"?

The poor lad.

Anyway it appears that one third of holidaymakers take tea bags, more than one quarter take sweets and chocolates on their travels, and as many as 13% take Marmite.

Expedia.com recently estimated that Brits take 22,610,000 packets of tea bags on their holidays.

17,622,500 items of sweets and chocolates.

8,645,000 jars of Marmite.

6,650,000 packets of biscuits, and

2,793,000 tins of baked beans on their travels

every year.

In what category do you fall?

Please remember that there is the most fantastic food available in the country where you may be holidaying in.

If you think you are going to have food problems on your holiday destination, consult you dietician prior to departure.

Menu item in a Restaurant in Alicante Spain

“Legs of squid stewed in one’s own dark juices”

Maybe that is why he takes a suitcase full of Pot Noodles, he doesn’t want to give up his dark juices.

Notes for the DHSS

The Save Money Now and Pay later

Brigade

Maternity Services:

We have decided that as the DHSS continues to imitate the UK, irrespective of whether it works here or not, is beneficial for the Manx patient or not, we will highlight some of the problems *The Diabetic* would envisage the DHSS will encounter if they try to implement changes under the guise of saving monies.

Because we are a Nation and an Island, and we must be independent and consequently self sufficient, we thought that it might be an idea to respectfully and humbly offer advice for which we will not charge, and point in the right direction those that may be in need of help just in case they persist in following the United Kingdom over the edge of a flat Earth.

The UK is trying to close Maternity Units and get pregnant women to travel miles, or have the babies at home.

Any problems they say, they will be taken by ambulance to their nearest Maternity Unit miles away from their local area hospital.

Some cartoons in the UK press have been most amusing.

Now where have we heard this line of patter before?

WE SINCERELY HOPE THAT OUR DHSS DON’T EVEN CONTEMPLATE A

RECIPROCAL IDEA FOR THE ISLE OF MAN.

WHY?

1) This would be totally impractical for an Island community.

2) We would be doing away with the local experts and our maternity Unit.

3) Whenever there were problems with pregnant ladies they would have to be sent across, and there would then come a stage when the expectant mothers, because of their advanced pregnancies would be unable to fly.

4) If the mothers needed care and attention months before the baby was due does the DHSS,

a) Send them across, as due to the closure of the unit here there would be no gynaecologist to look after them here.

b) If the mother would need to be away for long periods, would the husband or a member of the family be with her during her long periods in hospital across?

c) What would happen to her other children if she was away for long periods? Would the children be taken across also, maybe put into schools across during her long hospital stay periods, or would the DHSS look after her children here for them?

5) How much money would this eventually cost the DHSS? Flights, taxis, stays in UK hospitals, cost of medical personnel looking after them, drugs, overnight stays, hotel bills etc etc

We would presume a tremendous saving for those who do not know their Eleven Plus.

As usual the old DHSS maxim of “Save money now pay later” springs to mind.

Please take a hint from *The Diabetic*, think tank, common sense dictates that the above does not compute, does not bear thinking about, not even contemplating a variation on the theme.

We must be self sufficient and self supporting if we really want to save money.

Remember we are an Island and a Nation and must look after ourselves.

Leave well alone, or you will have to send

your Minister cap in hand to Tynwald again for more money.

SLOGAN COMPETITION

Patricia Hewitt the Health Secretary of the UK has been quoted in the Press as saying: -

- a) **“Closing NHS beds is a sign of success”**
- b) **“NHS losses are good news”**

We await with avid interest any dogmatic pronouncements that those at the DHSS may like to regale us with, and that would surmount Patricia’s cloud nine sound bites.

We would be delighted to publish them, who knows, we might even run to a prize.

Over to you.

The Save Money Now and Pay later Brigade Podiatrist Department.

Not content with trying to close wards, beds and getting the outgoing Minister a vote of no confidence from the hospital clinicians, a little bird has been twittering in our ear that the DHSS might be contemplating a reduction in the complement of our Podiatry Staff and services.

This again to save monies, as this would mean that people would have to go privately to get their feet done at their own expense.

I hope my little bird is totally wrong and has got the wrong end of the stick.

If however they have not, once again please do not even contemplate it, as people who can’t afford to go privately would find themselves with feet problems that will eventually cost the DHSS massive monies in complications in the future.

Who thinks of all these supposedly cost saving schemes?

For God’s sakes are we here to look after our own Manx people or not?

The Last Laugh

An old couple died at the same time and went to heaven.

At the Pearly Gates St Peter who was waiting for them said “Please go with the Angel Gabriel who will show you to your quarters”.

The Angel Gabriel took them under each arm and flew them to a beautiful mansion sumptuously furnished, surrounded by extensive gardens with manicured lawns, swimming pool, mini golf and tennis courts.

He said unto them, “This will be your home for eternity. The fridge is full, but as it empties or you need anything else just ring and a servant will bring it to you. I shall return tomorrow to see what else you may require and that everything is going well with you”.

When Gabriel left, the old man became extremely angry and agitated.

“What’s the matter dear?” his wife asked.

“What’s the matter? You and your bleeding dieticians,

Do you realise woman, that if we hadn’t been taking your stupid Omega 3 pills, your Garlic pills, all your idiotic diets and the five portions of fruit and veg a day, we would have been here twenty years ago”.

**To Join the Friends of the Manx
Diabetes Centre
Ring 613702**

or

e-mail

secretary@diabetes.org.im

**Diabetes is a pernicious condition that
if not treated properly will develop
complications.**

**It is in everyone’s interest to support
the Manx Diabetes Centre.**

**The Group guarantees that
all monies collected from whatever
source will be spent on the Island for
the benefit of diabetics and their
medical carers.**

**Join us now and help contribute to your
community.**