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GMAFOCUS

GMA Focus Magazine is published quarterly by the Ghana Medical Associattion.

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Editorial

GMA FOCUS is back!

After an eight month break, the GMA's flagship newsmagazine Focus is back and it is just as well because its contents are nothing short of sizzling.

The commencement of local post graduate training years ago is believed to have stemmed a worrying brain drain trend. In August 2012, funding for post graduate medical training in Ghana appears to be undergoing an interesting change. Is it for the better or should doctors be worried?

Young doctors graduating in 2012 get an earful of a lifetime's worth of sound advice cutting across all dimensions of life - social, financial, psychological.

Are there any limits to the extent to which anyone can be emotionally expressive in sports - either as an active participant or an observer? Are there certain forms of emotional expression that may be injurious to one's health? How can one express oneself moderately?

What has a certain journey to the East got to do with renewed global focus on the increasing menace of Non Communicable Diseases and what are the implications for Ghana.

Focus is truly back in rich colour and style!

Starletter

PENSION ISSUES AND MATTERS ARISING

Dear Colleagues,
I hope that someone was listening to Joy FM Super Morning Show yesterday and today.

As I mentioned some time in June the issue of pensions have become very important that we cannot sweep under the carpet.

I would be very happy if GMA would take up the issue of our pensions and what was said on radio cos to me it sounds a lot like stories being peddled to silence the many.

In the same vein I would be grateful if GMA would take up the issue of health staff attitudes in hospitals in Accra especially. There is no sense of urgency anymore in health facilities. Emergency rooms are run by half hearted doctors, nurses and paramedics who have been 'numbed' by too many deaths and lack of facilities that every case is handled as a cold case. I recount a story I heard only yesterday where a Casualty Officer on duty in KBTH Accident Centre receives a young man involved in an RTA and upon examination concludes that the victim just had an asthmatic attack on account of crepitations heard in the lungs and writes a prescription for Aminophylline.

I leave the forum to make a judgement of this situation and come out with a verdict and if the Casualty Officer is on this forum I think he should please go back and review the case again!!

Lets be realistic that after 55 years of independence and several years of a health system we DO NOT have an emergency health system. Emergency lines do not work, ambulance services cannot be reached and hearses and corpses are given priority in heavy traffic. Are we sure that as professionals given the mandate to run the health system in this country we are doing the right thing??? Can we ALWAYS blame it on NO MONEY??

Please lets all sit up and wage the war against indiscipline, laxity, un-warranted deaths etc cos today it may be somebody's relative - father, mother, brother, sister, son, daughter - but tomorrow it could be anyone of us!! If we don't sit up and respond to these issues we would have ourselves to blame in the very near future!!!

And please if someone has an answer for me why did GMA back down on the issue of President Atta-Mills death inquest? Have we allowed the death of the Fist Gentleman of the land in whom is vested all the power and resources of the state to pass by as another statistic???? O Ghana????

Thanks for your indulgence to read my winding prose!!!!

Dr. Nii Nortey Hanson-Nortey
Deputy Programme Manager
National TB Control Programme

send your letters to

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Please include your name, address and phone number. Letters may be edited for clarity and length.

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2. Life Sciences Division, American Institute for Biosocial and Medical Research, Inc., 4117 South Meridian, Puyallup, WA 98373, 2 National "FJC" Research Institute for Radiobiology and Radiohygiene, National Institute for Health, Budapest, Hungary
3. Block, A., and Bettelheim, F.: Water Vapor Sorption of Hyaluronic Acid. Biochim Biophys Acta 201, 69, 1970

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THREE GHANAIAN NURSES **WIN INTERNATIONAL** AWARD FOR GREAT WORK

Somboro CHPS Zone, Sabuli Sub-district, Jirapa District, Upper West Region, Ghana

In September 2012, three Ghanaian nurses, Felix Dabuo, Bertinus Dery, and Mavis Ibkang won the inaugural REAL awards instituted to help raise awareness of the need for more support for frontline health workers around the world while celebrating the invaluable efforts of health workers.
The commitment, creativity, and local leadership of this trio of nurses have inspired all people within their region of Ghana. They perform their jobs admirably in spite of the many challenges they encounter in the rural, poor, and sparsely populated parts of the Upper West Region of Ghana.

While they perform their duties on a daily basis to the admiration of many, one story in particular stands out. It all started when Stella Wullobong started getting labor pains at 4:00 AM on the morning of August 29, 2009. Although it was raining heavily at the time, Stella, age 35, knew she could not deliver the baby at home. She and her husband struggled through the rain to the Somboro health compound, only to meet an empty facility " Bertinus and Felix were in the middle of home visits. Bertinus and Felix received a phone call from Stella's husband, informing them his wife was in labor. "Upon receiving the message,"Felix explains, "we immediately rushed to attend to our client." Despite the heavy rain and extremely poor road conditions, Bertinus and Felix knew that they should not attempt to deliver the baby because of Stella's history of multiple deliveries; this was her twelfth pregnancy.

The usually waterlogged and impassable untarred road from Somboro to Sabuli was worse than usual. "We started on our journey," Stella recalls, "but the road was full of water. So we struggled." Fortunately for them, people from the community met them at the river to help them get across. They carried Stella and the motorbike, while wading across the bridge. Soon thereafter, they developed a flat tire. Bertinus had to call Felix and ask him to bring the other motorbike, because the weather made it impossible to repair the flat tire. "Thanks to our District Director, who provided us with two motorbikes," Bertinus said. "Otherwise, we would have sunk deep into trouble."Bertinus and Stella persevered, and finally managed to arrive at the health center. On arrival, they had another surprise: the midwife was absent. All that effort " and no midwife or doctor! By this time, Stella had entered the second stage of labor. The only person at Sabuli Health Center when they arrived was Mavis Ibkang, a Community Health Nurse. The team decided to proceed with the delivery notwithstanding the complications that might arise, as it was too late to call an ambulance from the hospital. They were able deliver a bouncing baby boy safely without complications. "I knew I was at high risk of complications in any subsequent

deliveries,"Stella said. "I was well aware of this because I received antenatal care from Felix and Bertinus, who also educated me that I must come to the compound at the first signs of labor." This knowledge saved Stella's life and the life of her baby.

"The REAL Awards is a first-of-its kind awards platform designed to develop greater respect for and appreciation of the life-saving care provided by health workers around the world. The REAL Awards was created by Save the Children and the Frontline Health Workers Coalition, with the help of presenting sponsors Medtronic Foundation and The Merck Company Foundation, and supporting partners Masimo Foundation, GlaxoSmithKline, Novartis, and Time Inc.

The Awards is also supported by a number of national health worker organizations including Association of Women's Health, Obstetrics and Neonatal Nurses (AWOHNN), American College of Nurse Midwives (ACNM), American Congress of Obstetricians and Gynecologists (ACOG), and National Physician's Alliance (NPA)' http://frontlinehealthworkers.org/the-real-awards/

PARASITES, INTELLIGENCE AND DOCTORS

It was the 14th day of July 2011 and the lecture hall was packed to capacity. People from all the various continents had gathered at Saint Catherine's College, Oxford in the United Kingdom for this important course. It was a conference on infection and immunity in children, a conference where the best brains in this field from all over the world discuss their research findings and new trends in this field of Medicine.

Of course I was fascinated, not with the various well maintained medieval structures in Oxford, but with the topic of the first lecture that was to be delivered. The topic was "..parasites and intelligence." I listened with rapt attention as Prof Randy Thornhill of Department of Biology, University of New Mexico, USA elaborated on a study done to ascertain the prevalence of parasites and the worldwide distribution of cognitive ability or intelligence. The study measured intelligence quotient (IQ), using three established standards, and compared with the parasite densities across nations and across all the 50 states of the United States of America.

Each of the three measures of IQ showed a strong negative relationship with infectious disease prevalence across the countries of the world.

The study also concluded that the negative relationship between parasites stress and IQ was also seen across the 50 states of the United States of America. What this basically meant was that the higher the parasites density and stress of infections, the lower the IQ. As I sat in there I wondered whether this was not another of the "Whiteman's neocolonialist strategy to deride those of us from less endowed countries." I started fuming with anger as I contemplated the implication of his words. Is he implying that my IQ was nowhere close to his because I came from a region highly populated with parasitic and infectious diseases?

But for a question from a Nigerian who obviously was irked by the lecture, I would have switched off. Who needed a lecture from a white supremist in this day and age? The question from the Nigerian colleague was artfully crafted to expose the "ignorance" of this man. With a dint of condescension; he commended him for a good work done and then asked what could possibly explain the observed differences in IQ.

The Professor ignored the obvious slur and delved into another hypothesis called the "trade off hypothesis." With a visual aid, he explained how expensive it is to build and maintain the human brain. As a matter of fact about 87% of the resting metabolic rate in energy terms is spent on developing the brain in the newborn. The energy expenditure goes down through three months of age at 65% to 44% at age 5years. From the brain apart, the immune system, probably the largest system is also very expensive to produce and maintain. This implies that the limited energy must be traded off.

In other words, if you need to build your immunity against a particular infectious disease, you do so at the expense of developing your cognitive function or intelligence. It therefore stands to reason that the more the infectious agents you are exposed to, the more the energy channeled to deal with it and the less the energy available to build up your intelligence.

Do you now understand why we don't seem to get anything right? As doctors belonging to the cr me de la cr me, one would have expected that at least the effects of these parasites would have been minimal. Do the facts really support the case?

Why is it that every bad policy that negatively affects doctors is pushed down by doctors? How could anybody, after reviewing the crucial role the Postgraduate training has played, in curtailing the brain drain in the medical profession turn around and ask for fees to be paid by these doctors who work their heads off? I will not mention the fact that even doctors who had their training free of charge tacitly supported and defended this policy!

Is it not doctors that man our public health facilities? What prevents us from brightening our corners where we find ourselves? Why do we sit down unconcerned when our hospitals are turning into graveyards. What real emergency medicine do we practice at our SME? Do the events surrounding the former president death not reflect the general state of our emergency preparedness? Why can't we say it the way it is to the powers that be even if it will cost us our managerial position? Afterall are we all not doctors first?

Has the position of Director-General of Ghana Health Service, the various CEO of the teaching hospitals not been the preserve of Medics until recently? How come there is still no condition of service for doctors? We still have doctors who after several years of service to the country retire as paupers and day in and day out, doctors are used by the politicians to thwart every attempt to get this?

Finally, doctors cannot ask questions about health policies anymore unless you belong. There is no truth anymore. You decide what the truth is depending on the colour of your cloth. Doctors cannot ask questions that will lead to improvement in health policies. Suddenly one is not justified to ask about mortalities, no! Not even the Ghana Medical Association! I even read doctors intimating that GMA is only for the welfare of doctors and not qualified to speak on health policies! I wonder who qualifies to speak on health policies in Ghana.

"Never let a 'good' tragedy go waste" Sir Al Aynsley-Green, a paediatric endocrinologist once said. In Ghana, don't ask any question about a tragedy whether "good" or "bad" irrespective of whether there is something to learn from it or not. Believe it or not doctors have been arguing about this in Ghana for some time with pros and cons determined by ones political affiliation.

So you see why we are where we are?...and probably will be there for a long time to come. It can all be explained by these parasites. Please if you have any opportunity to influence policy, channel it into eradicating these parasites. It will definitely shape the way your children's children behave.

Ah! These parasites!
Dr. Frank Owusu Sekyere

REPORT ON PUBLIC HEALTH AND ADVOCACY

INTRODUCTION

The Public Health and Advocacy Unit of the Ghana Medical Association was established to showcase and co-ordinate the public education, screening and medical outreach services carried out by the association among other things. It also serves as a platform for the organization to provide continues education for the general public as well as highlighting the tenants of GMA to the general public. To achieve this, the unit work with co-operate organization and civil society groups.

ACTIVITIES CARRIED OUT

During the year under review, the unit has been involved in major events in the Country including the JOY FM Easter Soap Kitchen where volunteered doctors took care of underprivileged individuals. Over 1,000 individuals were treated for various ailments and those that require chronic care were referred to either La-General Hospital or Korle-Bu Teaching Hospital. All individuals who were not insured had the opportunity to register with the National Health Insurance for free. The entire program was a success.

Ghana Medical Association collaboration with PZ Cussons dupped "GMA- CAMEL DOOR TO DOOR CLINIC". With increasing number of out-patients at most clinics and the availability of few doctors. It is virtually impossible for these few doctors to give excellent quality care to the overwhelming number of patients. The "GMA-CAMEL DOOR TO DOOR CLINIC" was meant to deliver health education as well as teach the populace basic infection prevention practices.

In so doing the clinic is brought to their door steps and at the same time they have the opportunity to learn how to prevent most of the diarrhea and skin infections related to personal hygiene, hand washing, contamination of food and water etc. This in effect will reduce the number of people visiting the hospital with preventable diseases and allow the few available doctors provide the best quality of care to those who fall sick.

In addition to the activations to be carried out before the end of the year. GMA CAMAL DOOR TO DOOR CLINIC has been to the various organizations:

1. Christ Presbyterian Church - Darkuman, Wednesday 20th June 2012.
2. Air Wives Organization (AWO) Junior Rank Mess Burma Camp, Saturday 13th October 2012.
3. Camel Clinic Activation Report Assemblies of God Church - Dansoman, Monday 26th June 2012.
4. Camel clinic activation with Ghana's most beautiful at Burma Camp.
5. Camel Health Screening report Gomoa Adzentem, Tuseday 9th October 2012.

Details of each activity report has been prepared by the Brand team and will be shared mother association.

DIAGELLATES ELIXIR

FOR STOMACH DISORDERS

INDICATIONS:
In intestinal flagellates, Giardia Lamblia, gastritis of non-specific origin, and stomach cramps in alcoholic poisoning.

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EFFICACY AND THERAPEUTIC PROFILE

DISEASE	NUMBER OF PATIENTS	NUMBER TREATED	NO. OF FAILURES	% SUCCESS	ADVERSE EFFECT
Colic	2645	ALL	0	100	NON
Flatulence	2051	"	410	80	"
Mucoid stools	1826	"	456	75	"
Int. Flagellates	1248	"	125	90	"
Giardia Lamblia	762	"	76	90	"
Gastritis of non-specific origin	3826	"	362	90	"
Stomach cramps after alcohol Spree	1928	"	578	70	"
Poisoning due to alkaloids	1251	"	625	50	"
Peptic ulcer	1728	"	1296	25	"
Entamoebic dysentery	2614	"	2090	20	"

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DIAGELLATES ELIXIR EFFICACY IN CHILDREN ASSURED

PERIOD: 1995 to 2007 Group A: 6 to 12 months

DISEASE STATE	NO. OF PATIENTS	NO. TREATED & DISCHARGED	NO. OF FAILURES	% SUCCESS	ADVERSE EFFECT
Abdominal Pains	3016	ALL	-	100	NON
Mucoid Stools	2618	"	-	"	"
Intestinal Flagellates	3560	"	-	"	"
Giardia Lamblia	1200	"	-	"	"
Gastritis of non-specific origin	4175	"	-	"	"
Entamoebic dysentery	3200	"	-	"	"

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PHARM. SOC. OF GHANA AWARD

GHANA MEDICAL ASSOC. AWARD

3.0 CAMEL HEALTH CLINIC WITH-GMA

Name of Association	Location	Date	Topic	Presenter
Gomoa Community	Gomoa Podin - Central Region	Tuesday 9th October	STDs and HIV	Drs Agbodeka and Paul Dzane
Labone Secondary School	Accra	Wednesday 17th Oct	ACNE	Drs Owusu Addae and Paul Dzane
Prison Officers- women and men	Cantoments -prisons headquarters	Friday 19th Oct	Stress Management	Dr Ernest Kenu
Accra Poly	Accra	Wednesday 24th Oct	Hepatitis B/STDs	Dr Nina
Teachers Hall - Mmaa Nkomo TV show with screening section	Accra central	Sunday 28th Oct	Complications of Uncontrolled Hypertension	Drs Mary/Nina/Mary Amoako-Coleman
Accra Girls	Nima	Saturday 17th Nov	Vaginal Discharge	Dr Nina Nettey
St Mary's Secondary School	Accra	Friday 23rd Nov	Vaginal Discharge	Dr Mary Adwoa Sarpong
Accra training College	Madina	Saturday 1st Dec	STDs/HIV/ Hepatitis B	Dr Duke Agbodeka

CHALLENGES:

1. It has become clear that most the doctors used were not fluent in the local dialect and this made some of the presentation difficult for the audience to comprehend
2. A number of the doctors are not committed to the program.






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"PAY ME MORE!"

ANOTHER WAY OF LOOKING AT WHY WE'RE PAID HOW MUCH WE ARE!

"Every day I get up and look through the Forbes list of the richest people in America. If I'm not there, I go to work." --Robert Orben

If someone who worked for you asked you to "pay me more!" What will your likely response be? Would you ask "Why?" On a recent trip through one of my favourite airports in the world" and it's probably not the one you're thinking!" I found myself, as usual, drawn to the books/ newsstand. When I picked up the special 30th anniversary issue of Forbes magazine (which is to be on display until December 24, 2012); one could make no mistake about the faces on the cover. This edition featured The Forbes 400, the 400 richest people in America' and I don't need to tell you who made the list! But as I scanned those faces, especially that of the only black person on the front cover, Oprah Winfrey, I couldn't help but ask myself: what has given these folks the "right" to be on that list and on this cover page?

MONEY IS A REWARD

There are many answers to that question but one common thread, which most people may never attribute to the net worth of these billionaires, is this: PROBLEMS! Problems? Yes, problems. I heard my all-time favourite definition of money from the lips of one of the wisest speakers I've ever gone to listen to. I sat in a Mike Murdock seminar and heard him say, "Money is a reward you get for solving a problem." Now, that explains the Forbes 400 list! The more significant "problems" you solve; the more significant money you make. I'd like to think of myself as a good problem-solver but I'm kept humbled by the fact that if I really were solving I.T. problems at the level Bill Gates does, or easing investors" headaches to the Warren Buffet scale I would be making what they make!

In spite of our many industrial actions, strikes, sit-downs and what have you, doctors everywhere have to be honest in accepting that no matter how "bad" our pay is (and now it seems the single spine has eased a lot of it!), it has always been among the highest in the country.

Why? Doctors solve problems that only a privileged few have the education, technical know-how, hands-on skill and license to solve! Governments come, governments go, but none has been able to indefinitely ignore doctors" demand to "pay us more!"

BRAIN OR BRAWN; PAIN OR GAIN?

On the premise that money is a reward for solving a problem, this explains why the incomes of other workers, even in the same hospital environment, and that of doctors are worlds apart. Even among doctors, because the level of "problem-solving" is not the same, a House Officer gets less than a Resident, who can't wait to become a Specialist or Consultant and earn much more money (well" and other things outside my scope of discussion). You may argue that the House Officer works the hardest but in our current world order, it is not "hard work" that pays more but "smart work."

I've said in many places that brain work pays; muscle work pains! If compensation were just based on brawn and not brain, the hardest workers, thus the highest paid in our hospitals, would be our ward assistants, labourers and oh boy, "mortuary men"!

The story is told of a mechanic who charged GHC 100 for a nagging problem he fixed on one Consultant's Skoda saloon car (not as many still exist, uh?).

Anyway! Doc was so furious because he had waited to see exactly what this "fitter" would do since this particular challenge had eluded many, included some big-name workshops and the car's own certified dealership. Mr. "Fitter" listened to the knocking sound of the car, opened the bonnet and with a spanner knocked a particular steel part once. Once oo, only once! That was the end of the chronic noise.

In typical "doctor fashion," this Consultant began to argue: "Massa [Master], how could you charge GHC 100 for this small thing? All you did was knock that part once!"

To which the smart mechanic replied, "Chief, I agree. I'm charging only GHC 1 for the hit and GHC 99 for knowing where to hit!"

If you want more pay with less pain; by all means work, but work smarter; not just harder!

NO WORK, NO CHOP

One way to look at work is, "the process of solving problems." No wonder the Scriptures say, "he who does not work shall not eat." So in a sense, anyone who works solves problems (educational, military, medical, political etc.). In fact did May V. Smith not say, "the only place success comes before work is in the dictionary"? Tell that to the generation that wants something, no everything, for nothing!
However, take a look at the next highest paid people" list you see next time, Forbes" or any other (perhaps the GMA's list of the 40 wealthiest doctors in Ghana). You will notice that those who are ethical and legitimately make the list will mostly be on the RIGHT SIDE of Kiyosaki's quadrant below: Problem-solvers who do more than just exchange their time and skills for money. You can, and indeed you should, be in more than one quadrant, especially on the right side! The only financial limits you have are those you place on yourself! ***Solving problems on the left-side makes you a living; doing so on the right-side makes you a fortune.***

EMPLOYEE
You work for **OTHERS**; they pay you.

BUSINESS OWNER
You get **PEOPLE AND SYSTEMS** to work; you make them pay you.

SELF-EMPLOYED
You work for **YOURSELF**; you pay yourself.

INVESTOR
You make **MONEY WORK** for you; it pays you back.

Adaptation of Kiyosaki's Cashflow Quadrant

CAN'T HAVE BOTH!

For years, everyone in Accra simply complained about the filth in the capital city; few could see the opportunity therein. So along comes Zoom Lion and solves the problem! [And by the way, the last time I was in Liberia I saw them there!] This is not the platform to discuss how much money they are raking in but I have first-hand information that they really are" big time!

Take a cursory look at any medic who earns so much more than his average colleague. What is (s)he doing differently? Rather than complain about how few CT/MRI Scanners there are in the country, the one who decides to solve this problem, gets "paid" more! One doctor-friend of mine simply decided to solve the "headaches" some of the embassies in Accra have when it comes to carrying out reliable clinical evaluation and lab-testing of would-be immigrants. The last time I checked, he had so-prospered to the point of further expanding his enterprise, and even opened newer state-of-the-art facilities, right beside a major embassy in bourgeoisie-Accra!

Think about the doctor who decides to add recreation and spa facilities to his practice; or the other one who creatively communicates confusing medical jargon in simple language for ordinary folks to understand through booklets. What about the doctor who takes on the risk of investing his reputation, time and money (and other peoples' as well) to solve the problem of infertility through ground-breaking in vitro technology? Would and should his "pay" be the same as the average employee?

Some have made more money (gotten "paid" more) by simply deciding to create a system in their clinic that will drastically

cut down patient waiting time, especially for busy business executives. There is even a service where lab samples are taken at clients" offices, so they don't have to take time off and endure the stress and sweat of heavy city traffic.

I could go on and on and on but the point is this: Entrepreneurship, my friend, is not a job; it's a mindset; a problem-solving mindset. And life rewards anyone who takes on such a disposition, big time! Would you open your eyes to see the many problems in our health sector as opportunities and do something concrete about them? That attitude will ensure that you get "paid" more!
Instead of making excuses why 'things don't work' and get paid nothing for that diagnosis!, why don't you start asking yourself as a problem-solver, "HOW can I make this work?" Now, that pays! Let me tell you a secret: in life you're either making excuses or making money; you're either complaining or churning currency. You can't do both!

WHAT'S YOUR WORK'S WORTH?

So if money is a reward; and a reward not just for hard work but smart work, another question is: are you worth more than you're paid? If you will increase in knowledge and sharpen your skills; if you will get a keener eye for and better attitude toward problem-solving, you will attract more financial reward. In economies where things are properly quantified it has been realized, for example, that "every additional year of schooling after high school will increase your annual income from 8 percent to 25 percent per year, depending upon the relevance of the courses that you take." (Brian Tracy)

If you change, Sir/Madam, everything else will change. Don't just work on your job; work on yourself. I learnt from Jim Rohn that if you work hard on your job you will make a living; but if you work hard on yourself you will make a fortune. I like the latter better; it pays more! You don't even have to cry, "pay me more!"Life just will!

The author is a medical doctor by training. He is currently the Global CEO of The HuD Group, a leadership consultant to many firms/institutions in several countries on both sides of the Atlantic and financial security advisor with Investors Group, Canada.

BROUGHT IN DEAD – WHAT ARE WE TO DO?

Every doctor has been faced with the situation where a patient is brought in dead. Different hospitals and even different wards in the same hospital sometimes handle the situation differently. Particularly when the body is that of a young child, the ward staff will often just ask the family to take the body away. If the patient was referred from another hospital, the family will sometimes be asked to take the body back to the referring hospital. Where the patient is an adult, they may be asked to take the body to the hospital mortuary.What guidance does the law give about how to handle patients who are brought in dead? The relevant provision is Section 2 of the Coroner's Act of 1960 is. It says:

Coroners Act Section 2

1. When any dead body is found, or when a person has died a violent or other unnatural death or a death of which the cause is unknown, it shall be the duty of any person finding the body or becoming aware of the death to give forthwith notice thereof to the officer in charge of the nearest police station.

2. The person in charge of any prison, lock-up, lunatic asylum or public institution other than a hospital shall forthwith give notice to the Coroner for the district of

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Dosage: - Adults- 1 teaspoonful 3 times a day
Children 2 to 6 years 1 teaspoonful 3 times a day
6 to 12 years 1 to 2 teaspoonful 3 times a day

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the death from any cause whatsoever of any person detained therein.

3. The person in charge of any hospital in which a person has died an unnatural death shall forthwith give notice thereof to the Coroner for the district.

Section 2 (1) applies where a body is "found", or where the cause of death is unnatural or unknown. Clearly, therefore, if a patient is brought in having died of gunshot wounds, for example, there is a duty to report to the police. Also if I wake up in the morning and stumble over a corpse lying in my backyard, I have clearly "found" a dead body and the cause of death will be unknown. If his head is swollen to double its size and there are injuries all over his body, I may suspect he was the victim of "instant justice" but he may very well have been a victim of a hit and run accident, dumped in my yard to look like a massacred thief. As the finder of the dead body, I clearly have a duty to report to the police.

However, if I rush this person to the hospital where the death is confirmed, does the duty to report to the police rest with the me, finder of the body or with the hospital staff who have also become aware of a suspicious death? Presumably, the hospital staff at the very least have a duty to enquire whether a report has been made and if it has not, to make sure that it is reported.

The next difficulty is the meaning of "unnatural death" or death of which the cause is "unknown". On the surface these words both may sound pretty obvious but there may be scenarios where it is difficult to decide whether a particular death falls into any of these categories.

The Segen's Medical Dictionary defines unnatural death as "a death caused by external causes" e.g., injury or poisoning" which includes death due to intentional injury, such as homicide or suicide, and death caused by unintentional injury in an accidental manner."

The difficulty here may be that whereas sometimes a death may clearly be due to external causes, such as a knife wound, it is sometimes not clear whether a death can be classified as unnatural or not. For example, if a patient dies after anaesthesia, it might be difficult to classify it as an unnatural death, particularly where the patient was in poor shape before the anaesthesia was administered. This can only be done on a case by case basis and still there will be cases where it is difficult to determine.

Section 2(2) refers to deaths in prison, lock-up, lunatic asylum or public institution and would seem quite straight forward. These are to be reported to the Coroner as, of course, persons are not expected to die in such places (although it does happen) and such deaths should always be investigated to be sure that there was no foul play or mistreatment. (One may wonder why public institutions

are singled out here, but that is another discussion altogether).

Section 2 (3) refers to unnatural deaths which occur in the hospital. The difficulty in determining whether a death is unnatural or not, has already been mentioned. That said, it is clear that this provision applies to deaths that occur in the hospital and would not necessarily be applicable to persons who are brought in dead, who presumably died elsewhere. (Here also, difficulty may exist in determining if the patient did indeed die outside the hospital. He may have actually died on the hospital premises but before he was given a card or seen by any hospital staff and a determination will have to made if he died in the hospital or not.)

It is would appear from the above that there is no clear legal provision that completely and adequately covers the situation of a person who is brought

in dead to a hospital and in the absence of a specific law, hospitals must develop clear policies that are not inconsistent with the existing law. There are several scenarios.

If a 1 kilogram 28 week old preterm baby is brought in dead, having been referred after delivery on account of prematurity from a far away centre, few would consider this an unnatural death. If a patient with advanced terminal illness who had been discharged from the same hospital is brought in dead a few days later, a doctor who knew the patient is likely to be willing to sign a death certificate, stating the established diagnosis as the cause of death, rather than report it as a Coroner's case. (Even though it is theoretically possible that a member of the family might have hastened the patient's death). Sometimes there are referral notes accompanying persons brought in dead and sometimes there are not. Sometimes there are credible witnesses that can help unravel the cause of death, sometimes there are none.

Whatever the case, as stated earlier, health institutions must develop clear procedures for handling persons who are brought in dead. These procedures must include certification of death by a health worker qualified to do so, usually a doctor and a provision for complete documentation of the circumstances under which the patient was brought in dead. Clear guidelines must be stated as to who should be informed (police or coroner), who is responsible for doing this report and what should be done with the body. Where there is any doubt, a report should be made to the Coroner. In this way, the health institution will be protected from later accusations of improper handling of the patient.

Jokes!

INSOMNIA

A man went to the doctor complaining of longstanding sleeplessness. The doctor, after a thorough examination found nothing physically wrong with him.
"Listen," the doctor said, "If you ever expect to cure your insomnia once and for all, you need to stop taking your troubles to bed with you."

"Ei Doc, how can I?" asked the patient, "How can I when my wife refuses to sleep alone?"

BEST INFERTILITY TREATMENT

A couple, desperate to conceive a child, went to their priest and asked him to pray for them. "I'm going on a sabbatical to Rome," he replied, "and while I'm there, I'll light a candle for you."

When the priest returned three years later, he went to the couple's house and found the wife heavily pregnant, and busily attending to two sets of twins. Elated, the priest asked her where her husband was so that he could congratulate him.

"He sold our car and used the money to buy plane ticket to Rome. Father, he has to blow that candle you lit for us out" came the reply from the distraught pregnant woman.

FROM LAGOS TO BANGKOK THROUGH **CHENNAI – TIME TO REVIEW OUR TRANSPORT SYSTEM.**

When Okada was transported to Accra, Ghana, I read an article from one of our friends from Nigeria warning us about the dangers of "Okada" - the road traffic crashes /accidents and maybe" the thieving. Then I went to Chennai, India to see and patronize "Moto" - a tricycle taxi. The following week I had the chance to go to Bangkok, Thailand to also see and patronize from their form of tricycle taxi called "Tuktuk" including its upgraded brother.

What amazed me was the respect the other big cars/brothers gave to these tricycles. Truly I did not observe any road traffic crashes/accidents involving these miniature cars. My conclusion was very simple "Tuktuk" and "moto" appear to be far safer, comfortable and cheaper than Okada.

Honourable Minister for Transport over to you.

Jokes! Jokes!

LABOUR PAINS

A woman goes to her doctor who verifies that she is pregnant. This is her first pregnancy. The doctor asks her if she has any questions. She replies, "Well, I'm a little worried about the labour pain. How much will that hurt?"
The doctor answered, "Well, that varies from woman to woman and pregnancy to pregnancy and besides, it's difficult to describe pain."
"I know, but can't you give me some idea?" she asks.
"Grab your upper lip and pull it out a little.."
"Like this?"
"A little more..."
"Like this?"
"No. A little more..."
"Like this?"
"Yes. Does that hurt?""A little bit."
"Now try to stretch it over your head!"

STAGES OF PARENTHOOD

Being a parent changes everything. But being a parent also changes with each baby. Here are some of the ways having a second and third child is different from having your first.

Your Clothes
1st baby: You begin wearing maternity clothes as soon as your doctor confirms your pregnancy.
2nd baby: You wear your regular clothes for as long as possible.
3rd baby: Your maternity clothes ARE your regular clothes.

Preparing for the Birth
1st baby: You practise your breathing religiously.
2nd baby: You don't bother practising because you remember that last time, breathing didn't do a thing.
3rd baby: You ask for an elective Caesarean Section after all what is there to prove.

Baby's Clothes
1st baby: You pre-wash your newborn's clothes, colour-coordinate them, and fold them neatly in the baby's little closet.
2nd baby: You check to make sure that the clothes are clean and discard only the ones with the darkest stains.
3rd baby: Boys can wear pink, can't they?

Worries
1st baby: At the first sign of distress - a whimper, a frown-you pick up the baby.
2nd baby: You pick the baby up only when her wails threaten to wake your firstborn.
3rd baby: You teach your 3-year-old what to do to make that baby shut up.

Pacifier
1st baby: If the pacifier falls on the floor, you put it away until you can go home and wash and boil it.
2nd baby: When the pacifier falls on the floor, you squirt it off with some juice from the baby□s bottle.
3rd baby: You wipe it off on your shirt and pop it back in.

Diapers
1st baby: You change your baby's diapers every hour, whether they need it or not.
2nd baby: You change their diaper every 2 to 3 hours, if needed.
3rd baby: You try to change their diaper before others start to complain about the smell or you see it sagging to their knees.

Going Out
1st baby: The first time you leave your baby with a sitter, you call home 5 times.
2nd baby: Just before you walk out the door, you remember to leave a number where you can be reached.
3rd baby: You leave instructions for the sitter to call only if she sees blood.

At Home
1st baby: You spend a good bit of every day just gazing at the baby.
2nd baby: You spend a bit of everyday watching to be sure your older child isn't squeezing, poking, or hitting the baby.
3rd baby: You spend a little bit of every day hiding from the children.

Swallowing Coins
1st child: when first child swallows a coin, you rush the child to the hospital and demand x-rays, CT scans.
2nd child: when 2nd child swallows a coin, you carefully watch for coin to pass.
3rd child: when 3rd child swallows a coin you deduct it from his pocket money!

HURRAY!!!! BLACK MAIDENS

I have written several sports articles but never on women soccer. Am absolutely certain my initial statement has gotten all thinking whether I have been a sports journalist in past before taking to practicing medicine.
To settle your minds and hearts, all my experience has come with writing for the esteem focus magazine. Aah, but that is also a lot of experience!

The tide has changed now. I have been forced to sit up and pay attention to women soccer in the country by the scintillating performance of the Black Maidens' in the last edition of the under 17 women's world cup in Azerbaijan . I guess the whole of Ghana in now paying attention.

I have always respected the women's game and indeed some of the stars that have paraded in the arena of women's football both in the past and the present. My respect to players like Mariel Margaret "Mia" Hamm who won the women's FIFA player of the year, the first two times the award was given in 2001 and 2002 is immeasurable. Never mind that fact that she retired in 2004.

I have always been left bemused by the silky performance of Marta Vieira da Silva of Brazil simply known as Marta to the whole world. She has won the FIFA women's world player of the year on five consecutive occasions in 2006, 2007, 2008, 2009 and 2010. I can bet my last penny if given the opportunity, she can play in any of the top male teams in Europe, Barcelona, Real Madrid and Manchester United not excluded.

These are the kind of players I will like the likes of Priscilla Okyere and Ayieyam of the Black Maidens' to emulate.

I cannot praise the performance of the Black Maidens' without making mention of the head coach of the team Didi Dramani, the current Kumasi Asante Kotoko Coach.

The work of Managers in the game has never been easy with some managers said to have an average heart rate of 170bpm when sitting or should I say standing by the turf as their teams perform on the pitch.

The team Black Maidens' team in my opinion was compact and yet played with a lot of fluidity. May be the team a applied the multi system approach with some variations.

Hmmmm' am just trying to brag a little with my small technical knowledge.

If you are in a hunt for a manager for your team, don't consider me yet, am still learning the rudiments of the game. Kudos to the technical bench of the Black Maidens.

Pivotal to the achievement of the team is the 2-0 defeat inflicted on tournament favourites, Japan. The 1-0 win against Germany in the third place match despite the numerical disadvantage of the Ghanaians was the icing on the cake.

My hope is that the team is kept together to be able to win more laurels for the country. The players should maintain their discipline and not tread the path of some of our established female footballers who become bigger than themselves.

Hopeful we will see the female doctors join the men in the game of soccer scheduled to take place during the Annual General Conference of the Ghana Medical Association in Cape Coast.

Once again, congratulations Black Maidens' of Ghana.

Dr. Frank Serebour

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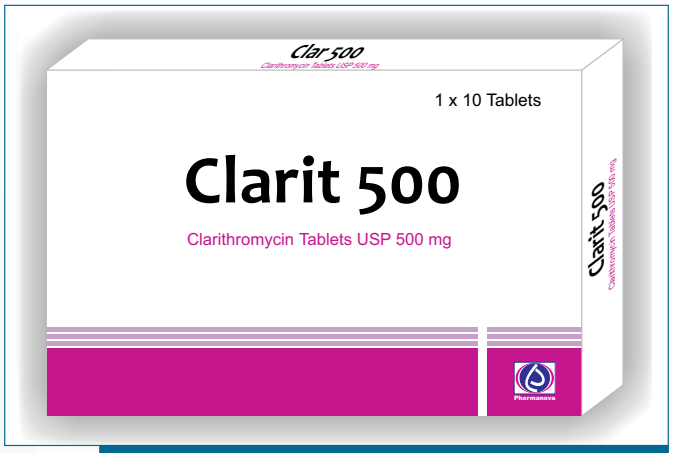

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Jokes!

Jokes! Jokes!

AGING

An elderly couple had been experiencing declining memories, so they decided to take a power memory class where one is taught to remember things by association.
A few days after the class, the old man was outside talking with his neighbour about how much the class helped him.
"What was the name of the Instructor?" asked the neighbour.
"Oh, ummmm, let's see," the old man pondered. "You know that flower, you know, the one that smells really nice but has those prickly thorns, what's that flower's name?"
"A rose?" asked the neighbour.
"Yes, that's it," replied the old man. He then turned toward his house and shouted, "Hey, Rose, what's the name of the Instructor we took the memory class from?"

BEER AND THIRST

Three old guys are out walking.
First one says, "Windy, isn't it?"
Second one says, "No, it's Thursday!"
Third one says, "So am I. Let's go get a beer."

HEARING AID

A man was telling his neighbour, "I just bought a new hearing aid. It
cost me four thousand dollars, but it's state of the art. It's perfect."
"Really," answered the neighbour. "What kind is it?" "Twelve thirty pm!"

BEING CHEERFUL

Frank, a 67 year-old man, went to the doctor to for a check-up. A few days later the doctor saw him walking down the street with a
gorgeous young woman on his arm.

On the day of his scheduled review the doctor said, "You're really doing great, aren't you Frank?"

Frank replied, "Just doing what you said, Doc, remember? "'Get a hot mamma and
be cheerful.'"
The doctor said, "Hei wait a minute. I didn't say that. I said, 'You've got **A HEART MURMUR, BE CAREFUL**

VOTLA DIVISION ANNUAL REPORT

INTRODUCTION

The members of the Volta Division extend their warmest greetings to all members and the 54th AGM.

EXECUTIVES

i. Dr K. G. Normanyo
Chairman
ii. Dr Atsu Seake-Kwawu
Vice Chairman
iii. Dr Anthony Ashinyo
Secretary
iv. Dr Samuel Abudey
Vice Secretary
v. Dr Winfred Ofosu
Treasure

MEMBERSHIP

The total membership stands at 130 members, 115 in public health institutions and 15 members 15 Private Health Institution.

TRANSFER IN/OUT

For the year under review, new members have joined the division and three (3) have been transferred out, three (3) have left for further studies.

MEETINGS

The division held three regular, two emergency, and three (3) executives meetings for the period under review. All meetings were held at the conference hall of "The Volta Regional Hospital except one at Hotel Stevens and the Executive Meetings held at the new GMA Office and the Municipal Director of health Services Office.

There were two special meetings

i. Meeting on Pension Fund addressed by Mr. Vondee of the National Pension Fund to educate members of the dynamics of the current Pension law
ii. Interactive meeting with the University of Health and Allied Sciences addressed by the Vice-Chancellor, Prof. Binka to enlighten members of the Division on prospects, responsibilities and opportunities.

The Division also hosted the Council Meeting of July at Hotel Stevens.

CONTINUING MEDICAL EDUCATION

The Division held CPD programmes on

i. CPD-Course on Integrated Management of Person Living with HIV
ii. CPD-Good record keeping: Clinical, legal and ethical implications on referrals and workman compensation Act with Special Feature on mental health Bill and Psychiatry Referrals
iii. CPD-Legal and Ethical Issues in HIV Care

WELFARE OF MEMBERS

This has been an outmost concern and priority of the Divisional Executives. An Annual Get-together was held in 17th March, 2012 as a way of bringing members together; it was not well attended though. There was one death during the year; Dr. Quarcoo whose funeral was held at Hohoe 23rd June.

SOCIAL OBLIGATION

The Division could not carry out its avowed Out-reach activity which is now made an annual calendar affair in the spirit of the GMA@50 celebrations code-named OPERATION RECOVER FORGOTTEN TERRITORIES. The Journalists in the Region continue to ask when this programme would be held. Definitely, the 2013 should see us holding this programme in the Nkwanta District as planned.

ACCOMMODTION

This still remains a problem preventing more members coming to the Division.

FINANCE

The income of the division is mainly from monthly dues of members.

DEVELOPMENT

The Division continues to furnish the office space is sharing with the MEDICAL SUPERINTENDENTS' GROUP AND THE DISTRICT DIRECTOR OF HEALTH SERVICES' GROUP.

CONCLUSION

This had been a Very Successful year for the Division

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NORTHERN DIVISION ANNUAL REPORT

INTRODUCTION

We the members of the Northern Division would like to send brotherly greetings and love to all members in the country and in the Diaspora. The year under review has been very quiet as far as divisional activities are concerned. Attendance at meetings was poor but we continued to entice members to attend our meetings.

However, our members have stuck together through sending of text messages and occasional phone calls to each other to get things done.

EXECUTIVES

i. Dr. I. B. Mahama
Chairman
ii. Dr. Cephas Ayugane
Vice Chairman
iii. Dr. P. G. Kwarteng
Secretary
iv. Dr. P. O. Bampoh
Treasurer

MEMBERSHIP

The membership as at 21st of September 2012 stood at 180, the breakdown being 175 in Public institutions and 5 in private practice.
TRANSFERS

This year has seen quite a number of transfers in and out of the division, mainly involving house officers (HO's&SHO's) and residents for post graduate studies.

MEETINGS

During the year under review, the division tried on two occasions to conduct general meetings which were a fiasco.

Not even the invitations for general elections of new executive members received any positive response from members, but 3 executive committee meetings have been held. However, the division managed to attend five council meetings held in the various regions within the year.

CONTINUOUS PROFESSIONAL DEVELOPMENT (CPD)

Within the year the Medical Superintended group in the Region organized two CPD's under the themes, "UPDATE IN THE MANAGEMENT OF DIABETES MELLITUS" AND "BASIC ECG FOR DISTRICT PRACTITIONER".

ACCOMODATION

Members in the Districts and some in the Teaching hospital are accommodated in duty post bungalows. Other members (majority) in the Teaching hospital are accommodated in private facilities rented and paid for by the teaching hospital. Those with the private institutions and some in the medical school are accommodated by those institutions.

WELFARE

By the grace of God, all members are in Good Health. Members of the division are very united and live in brotherliness.

FINANCES

The division depends solely on the quarterly welfare money transferred from the secretariat in Accra. The amount is woefully inadequate because the allocation is based on the old membership presented years back despite the fact that we updated the secretariat with the current number of members.

OBITUARIES

God Almighty has showered His mercies on all members of the division to the extent that our lives have been spared and protected throughout the year. Therefore, we have been fortunate not to have lost any member.

CONCLUSION

We are grateful for the continuous increase in the membership and we hope to overcome most of our challenges in the coming year. I would like to take this opportunity to encourage members to take GMA activities in the division very serious.

The division wishes all delegates a successful conference.

Pictures from 53rd Annual General Meeting

Pictures from 53rd Annual General Meeting

ASHANTI DIVISION ANNUAL REPORT

INTRODUCTION

The members of the Ashanti Division together with their executives wishes all delegates of the 54 th annual general meeting of the Ghana Medical Association a successful Meeting.

EXECUTIVES

i. Dr Frank K. Ankobea
Chairman
ii. Dr Osei Sarfo-Kantanka
Vice- Chairman
iii. Dr Ishmael Kyei
Secretary
iv. Dr Kwasi Twumasi Baah
Assistant- Secretary
v. Dr Kwaku Boateng Arthur
Treasurer
vi. Dr Bernard Anim Akoto
Male Rep

MEMBERSHIP

The total membership of the division currently stands at Seven hundred and twenty five doctors.

TRANSFERS

Statistics on the transfer of doctors in and out of the region still remains a challenge. One hundred and fifty five doctors were posted to the division as part of their houseman training.

MEETINGS

A total of five executive meetings and three general meetings has so far been organized.

CONTINUOUS PROFESSIONAL DEVELOPMENT

Two well attended CMEs were organised in the course of the year. The first on Medical ethics and professionalism was held at Miklin hotel in April.The second one organised in May was on diabetes and hypertension.
As part of the efforts of the division to improve on the organization of the CMEs the division acquired an LCD projector, a photocopy machine and a laptop.

WELFARE

The executives of the division as part of effort to improve the welfare of it's members especially the junior ones engaged the management of teaching hospital on the need to accommodate all house officers ,a requirement they seem to be loosing sight of . On more that one occasion the Chairman had to intervene to secure bails for members who had been taken into police custody.

OBITUARIES

The division Lost Dr K. Boateng (fat man) for a long time head of pathology and lecturer SMS-KNUST and KATH. The Burial and funeral ceremony was well attended by members.
The division recently lost another senior member in Dr Emmanuel Togbe ,a surgeon in private practice
May their souls rest in perfect peace

FINANCES

The accounts of the division as at 11th October reflected a balance of Gh c 11,169.63(eleven thousand one hundred and sixty nine Ghana cedes)

OUTSTANDING ISSUES

The division is currently pursuing a case against a fake doctor who illegally acquired a GMA sticker with the help of a legitimate doctor whiles both were working in a private hospital .This is to serve as an example to all who will want to abuse the systems put in place to guard our noble profession.

Compiled by
Dr Ishmael Kyei - Secretary

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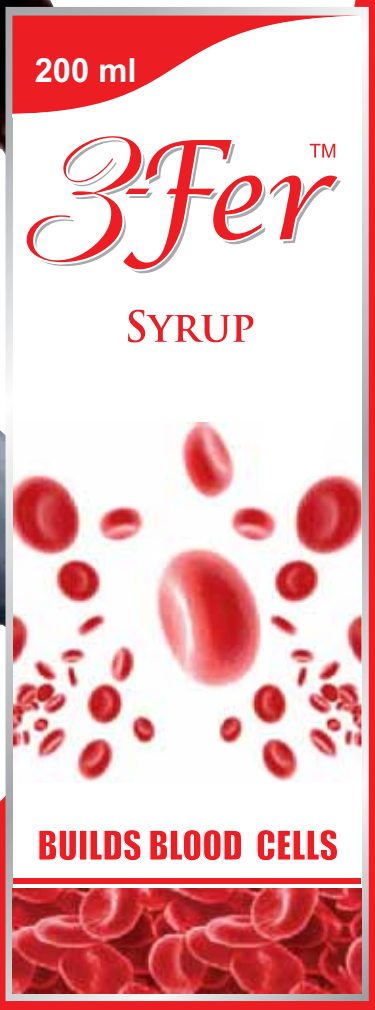

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THE REPRESENTATIVE OF JUNIOR DOCTORS ON THE NATIONAL EXECUTIVE COUNCIL (NEC) ANNUAL REPORT

INTRODUCTION

The Junior Doctors' Association includes the ranks of houseofficers, medical officers up to the level of the senior medical officer. Invariably, the Junior Doctors' Association (JDA) comprises mainly houseofficers and residents under training. There are two main branches of the Association in the two main Teaching Hospitals-Korle Bu (KBTH) and Komfo Anokye Teaching Hospitals (KATH) - with a budding Association at the Tamale Teaching Hospital. The office of the Representative of the JDA on National Executive Council, NEC of GMA rotates between the two major Associations and for the year under review KATH-JDA was the holder of this position.

ACTIVITIES UNDERTAKEN FOR YEAR UNDER REVIEW NATIONAL EXECUTIVE COUNCIL, NEC MEETINGS

Since January 2012, all regular Council meetings were attended till date with active participation and contribution. There have been four Council meetings held in Accra, Koforidua and Ho this year, all of which were attended with reports done.

OTHER MEETINGS AND COMMITTEES SERVED ON

» Meeting with the Deputy Controller at the Controller and Accountant General's Department as a member of the Negotiation Committee of the GMA to resolve salary issues pertaining to distortions in the payment of salary arrears on the single spine salary structure

» Similar meeting with the National Security Coordinating Council as part of a subcommittee of the NEC to resolve stalled negotiations on Market Premium and Conversion Difference

» Member of subcommittee of NEC who drafted the position statement of the GMA on funding for Postgraduate Medical Training in Ghana

» Member of GMA NEC select committee on resolving issues pertaining to funding for postgraduate training with consultative meetings held on three different occasions at the Ministry of Health

SOME KEY EVENTS INVOLVING JUNIOR DOCTORS IN THE PERIOD UNDER REVIEW

» The industrial action of junior doctors in KATH for improved conditions of service delivery in April of 2012. This has resulted in the improvement of backup power and water supply in the hospital.

» The unnatural death of a houseofficer, Dr. Desmond Kabah, under suspicious circumstances led to an action by all junior doctors in KBTH for improved security for all houseofficers

» Prompt intervention by the NEC of GMA to reverse an initial decision by KBTH management to introduce compulsory HIV testing as a requirement for employment

» Postgraduate Training and payment of fees: Junior doctors represented on GMA NEC subcommittee discussing this issue with other stakeholders

SOME KEY INITIATIVES INTRODUCED BY JUNIOR DOCTORS

» Through the individual efforts of some junior doctors, especially that of DR. ERNEST TANDOH, a Facebook group called "JUNIOR DOCTORS IN GHANA" was started last year. This has gone a long way to improve communication and information flow among all junior doctors in the country.

» Reports of all meetings attended by the Junior Doctors' Representative on Council are uploaded onto this Facebook site for all

members. This has further enhanced information flow and reduced speculation on topical issues among members.

» KATH-JDA in conjunction with the Ashanti Division of GMA has introduced a yearly interaction with final year students of the KNUST-SMS during which the principles and operations of GMA are introduced to them in an informal setting.

AREAS FOR IMPROVEMENT

» The lack of a secretariat: This makes preparation of reports and other correspondence difficult. It is hoped that Divisional secretaries and secretariats would be made assessable to Junior Doctors' Representative in the hosting Division.

» Rekindling the interest of Junior Doctors in GMA and closing the seemingly communication gap between the "old" and the "young" by employing current technological advances such as social media platforms to disseminate information within the whole of GMA.

» The GMA should consider organizing CPDs to meet the specific needs of Junior Doctors such as customer care, technological advances in medicine, good clinical practice and planning pensions and retirements before you get there.

» It is hoped that a Junior Doctors' summit can be organized very soon and also global relations with other Junior Doctors' Associations be established in the very near future.

In the Service of Junior Doctors
Dr Lawrence Osei-Tutu
Chairman, Jda-Kath

BRONG AHAFO DIVISION
ANNUAL REPORT

INTRODUCTION

The Brong Ahafo Division sends it greetings to all members of this noble association. We thank God for seeing us through yet another year and pray for his peace in this year's general elections.

MEMBERSHIP

The division continue to experience oscillation in its total membership. There has been a tremendous increase in number of specialists in the region. The Region can now boast of Twenty (20) specialists. Thanks to the Ghana College of Physicians and Surgeons for the training of these specialist. The ever vibrant private sector has a membership of fifteen (15).
In all there are one hundred and thirty-two (132) members including house officers in the division.

New executive members were elected for the division.

Executive members are

Chairman
Dr Kofi Amo-Kodieh,
Vice Chairman
Dr Oppong Amoah,
Secretary
Dr Emmanuel V. Alesers
Vice Secretary
Dr Dora Dapaah,
Treasurer
Dr Gervais Anvoh
CPD coordinator
Dr J. B. Fordjour
Non Executive Female:
Dr Paulina C. Appiah
Non Executive Male
Dr. Kofi Amponsah

TRANSFER/POSTING/ STUDY LEAVE

Posting of different categories of specialist to the region has been remarkable over the year. Five newly qualified specialists were posted to the region during the year. They include three (3) Paediatricians and two (2) General Surgeons.

MEETINGS

There have been general meetings held over the twelve month period. The meetings are bi-monthly. Minutes are taken during each meeting and members refreshed at the end of every meeting. The Division was represented at most NEC meetings. The divisional chairman delivered a fraternity message to the Public Health Nurses Group when they held


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their Annual General Meeting in the region.

CONTINUING PROFESSIONAL DEVELOPMENT (CPD)

Accredited Clinical Meetings are held at the Regional Hospital Weekly. There was one accredited CPD on Cardiology held in the region. A non-accredited CPD presentation was made in one of our bimonthly meetings on sanitizers and disinfectants. The Division has come out with the following topics for consideration by The GMA and the MDC for possible credit points award when they are administered.

The topics are as follows;

1. Pre- Eclampsia and Eclampsia
2. Unsafe Abortions
3. Impact of HIV/AIDS on OBS and Gynae
4. Management of maxillo-facial injuries
5. Differentiating Uveitis from Acute Glaucoma as an Red Eye condition.
6. Role of imaging in Diagnosis.

ACCOMMODATION

The divisional secretariat is yet to get a permanent office. The office of the Deputy Director Clinical Care who is also the Divisional Chairman is being used for most of the official activities. Accommodation, in general, is a problem in the Region. Doctors posted to the Region find themselves staying in hotels. This deters some Doctors from accepting postings to the Region.

WELFARE

Support is given to bereaved members and the sick are visited.
Members can now access car stickers at the Regional level. This is an achievement of the new executive.

FINANCES

The division source of funds is from the subventions from the national

OBITUARIES

Thank God all our members are looking good and healthy. Dr J.B Fordjour the OBS and Gynae. Specialist of the Regional Hospital lost the mother and the funeral was held on 9-10-2012. Members attended to mourn with him.

CENTRAL DIVISION ANNUAL REPORT

EXECUTIVE COMMITTEE

Dr. Justice Arthur
Chairman
Dr. Eric Ngyedu
Vice Chairman
Dr. Madison Adanusa
Secretary
Dr. Joseph Amoah Adu
Assist. Secretary
Dr. Mrs. Beth Offei-Awuku
Treasurer
Dr. Vincent Kudoh
Male Executive Member
Dr. Afua Pebi Timpo
Female Executive Member

MEMBERSHIP

The division has a membership of over 115, out of which 15 are in private practice. There were several transfers in and out owing mainly to the housemanship training and the district rotation of residents at the Central Regional Hospital.

MEETINGS

We meet on the second Sunday of each month at the Central Regional Hospital lecture hall. There were four executive meetings, and all the regular monthly meetings came on. In a bid to increase the participation of members in the regular monthly meetings, the venues are sometimes rotated. The last of such meeting was held at the Trauma and Specialist Hospital at Winneba. Average attendance to meetings is 10.

WELFARE

One of our private practitioners, Dr. Baiden-Ghartey passed on to glory during the year. The executive body and individual members visited the family to commiserate with them.

ISSUES

The implementation of the Single Spine Pay Policy and the payment for postgraduate

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training were the two main concerns of members. The resolution of the above issues has allayed the anxiety of members.

Appreciation
The division is grateful to Dr Ekow Amankrah-Otabir who serves in various positions for several years and was the chairperson for over two terms before handing over to the current chairperson.

UPPER WEST DIVISION ANNUAL REPORT

INTRODUCTION
Fraternal greetings from the entire membership of the GMA in the Upper West Region.

MEMBERSHIP
The membership of the division stand at 15 practitioners: one private practitioner with dormant membership, one practitioner on study leave and one transferred out of the Region. Out of the numerous that were posted, only one reported and he is at post.

The present executive members are:
Dr Chris Opoku Fofie
Chairman
Dr Richard Seme Woodah
Secretary
Dr Bukari Zakaria
Treasurer

MEETINGS
The division had one executive meeting and one general meeting which were well attended by members.

ACTIVITIES
The division joined the heart foundation during the local celebration of the world heart day and also carried out health talks to the students of the University Development Studies and the Wa polytechnic.

WELFARE ISSUES
The fact that some districts in the Region don't have Hospitals or doctors, put extra strain on the few doctors on the ground. Whereas some District Assemblies are able to support their doctors, the Wa municipality has turned deaf ears to the woes of the doctors and that can clearly be seen in the number of doctors currently at post in the Regional Hospital.

Members are still not conversant with the correct salaries to expect each month due to the frequent variations and the "retro off set" phenomenon which is usually accompanied with massive deductions.

FINANCE
Due to the small size of the division, the amount of money that enters the coffers is small so members make personal contributions to keep the division's work going. The bulk of the money in the account was paid for the outreach services from the previous year.

Balance at 31/12/11 GH¢ 3303.64
Balance at 20/9/11 GH¢ 3891.00
expenditure __

PLANS FOR NEXT YEAR
1. To have an office space for the division in the region.
2. To organize accredited CPDs under the auspices of GMA to guarantee credits points for recertification of members without travelling long hours to Tamale, Kumasi or Accra.

CONCLUSION
The small size of the division and the wide distances between facilities certainly affects the cohesiveness of the division but members are determined to keep lobbying for practical interventions to attract more practitioners.

Dr Chris Opoku Fofie
(Divisional Chairman)

EASTERN DIVISION ANNUAL REPORT

INTRODUCTION

Warm greetings from members of the Eastern Division.
The year under review saw a lot of ups and downs but the Division still growing strong.

EXECUTIVES

1. Dr Frempong Boateng
   Chairman
2. Dr Paapa Puplampu
   Vice Chairman
3. Dr Arko Akoto-Ampaw
   Secretary
4. Dr Francis Addai
   Vice Secretary
5. Dr Linda Quao
   Treasurer

MEMBERSHIP

The total membership of the division stands at about 150.
The Regional Hospital and St Dominic's Hospital, Akwatia, continues to train House Officers in the four major disciplines with a few Residents of the Ghana College of Physicians and Surgeons.

Transfers in and out of the Division mainly involves House Officers and occasionally Medical Officers and Specialists.

OFFICE

The Division's office at the Regional Health Directorate Annex, now has a substantive employee, Mr Daniel Yeboah,who is there from 8:00am - 5:00pm, on working days. He may be sent round to distribute letters and other necessary documents. His contact is 0269501144. Divisional members can contact him for enquiry and assistance.

MEETINGS

The division held all its quarterly meetings at which participation was good. Meeting days were Saturdays and were held at the conference room of the Regional Hospital.

WELFARE MATTERS

The Division continues to support members it's own small way, anytime the Executives are officially notified.

FINANCES

The Division is in its usual financial situation, although there has been some financial challenges at certain times. Therefore members at one of our meetings have agreed to pay some dues to support the Division financially. This is however yet to be implemented.

OBITUARIES

The Division lost two members in the year under review.

1. Dr Joe Taylor, a former Divisional Chairman and a Fellow of the GMA.
2. Dr. Adolf Kwame Appiah, a.k.a Man Delay, a private practitioner.

CONCLUSION

It was a fruitful year and we pray for a better year 2013.

Dr E. Frempong Boateng
Divisional Chairman

UPPER EAST DIVISION ANNUAL REPORT

INTRODUCTION

We the members of the Upper East Division would like to send brotherly greetings and love to all the members both in the country and in the Diaspora. Our division has been very quiet this year as well, as far as divisional activities are concerned.

However, our members have stuck together through sending text messages and occasional phone calls to each other to get things done.

MEMBERSHIP

The total membership stands at 33.

TRANSFER

Within the year, no member was transferred outside the division.

MEETINGS
During the year under review, the division managed to hold two successful meetings to discuss several issues.

CONTINUING PROFESSIONAL DEVELOPMENT (CPD)
Within the year, the division could not organize any CPD on its own. However, one CPD was organized in the region which members attended and others CPDs organized elsewhere.

ACCOMODATION
All the members of the division are comfortably accommodated either in government or other organization accommodations.

WELFARE
The division at one time set up a committee to make recommendations for the establishment of a welfare package for its members. Though the committee came out with its recommendations, this was never ratified by the division. That notwithstanding, members in way or the other rallied behind any member who was bereaved to give emotional and financial support.

FINANCES
Our finances stand at four thousand four hundred and sixty four Ghana cedis, twenty three pesewas (GH¢4,464.23) as at September 17, 2012.

OBITUARIES
God almighty has showered His mercies on all the members of the division to the extent that our lives have been spared and protected throughout the year. We have been fortunate therefore, not to have any obituary in the year.

ANY OTHER BUSINESS
The number of doctors in the regions has been stagnating over the years. Most of the district hospitals are manned by only one doctor.

In this regard, we are pleading for doctors to accept postings to the Upper East as well, as there are various juicy incentive packages awaiting them.

We hereby wish the G.M.A. a joyous and successful annual general conference.

Names	Position	Station
Williams John E.	Chairman	Navrongo Health Research Centre
Asaana Francis Adam	Vice Chairman	Leave Of Absence
Afful Thomas Mensah	Secretary	Bawku Municipal Health Directorate
Dokurugu Abdul-Razak	Treasurer	Regional Hospital Bolga
Baffoe Peter	Member	Regional Hospital Bolga
Aborah Samuel	Member	Regional Hospital Bolga
Freeman Sampson	Member	Regional Hospital Bolga
Yeliborah Michael	Member	Regional Hospital Bolga
Kenkpeyang Lawrence	Member	Regional Hospital Bolga
Adeb Edward	House Officer	Regional Hospital Bolga
Awoonor-Williams John Koku	Member	Regional Health Directorate
Akpablie James K.	Member	Regional Health Directorate
Opoku Ernest Cudjoe	Member	Regional Health Directorate
Atuguba Frank	Member	Navrongo Health Research Centre
Ansah Patrick	Member	Navrongo Health Research Centre
Ansah Nana Akosua	Member	Navrongo Health Research Centre
Osei Isaac	Member	Navrongo Health Research Centre
Oduro Abraham Rexford	Member	Navrongo Health Research

Forgor Abudulai	Member	War Memorial Hospital Navrongo
Adam Zakaria	Member	War Memorial Hospital Navrongo
Gudu William	Member	Bongo Hospital
Sarkodie James	Member	District Hospital Sandema
Atobrah Patrick	Member	District Hospital Zebila
Quantson Fadle Rahman	Member	District Hospital Zebila
Afake Hornametor	Member	Presby Hospital Bawku
Seidu Sukenibe S.	Member	Presby Hospital Bawku
Mustapha Kamali	Member	Presby Hospital Bawku
Bawa Chris	Member	Presby Hospital Bawku
Foli Robert Mawuli	Member	Presby Hospital Bawku
Tuni Abel	Member	Presby Hospital Bawku
Manu Stephen Y.	Member	Presby Hospital Bawku
Majeedallahi Al-Hassan	Member	Study Leave
Addah Jonathan	Member	St. Jude Clinic Navrongo

WESTERN DIVISION ANNUAL REPORT

INTRODUCTION

The executives and entire membership of the Western Division extend warmest greeting to all delegates of the annual general conference. The year under review has been quite uneventful. We were able to meet almost all of our set goals despite a few challenges. The division also participated in various activities held in the region, by other professional groups to which we were invited.

EXECUTIVES

1. Dr. E. Djabatey Darko
   Chairman
2. Dr. Maame Amo- Addae
   Vice Chairman
3. Dr. F. Adjei Otubuah
   Secretary
4. Dr. E. Atsu Dodor
   Treasurer

MEMBERSHIP

The total membership stands at 160. This consists of 120 members in public institutions and 40 members in private and quasi government institutions.

TRANSFERS

Accurate statistics on transfers in and out of the region has remained a challenge over the years and thus difficult to keep track of till date. For the year under review about (9) nine members, mainly house officers joined the division, about eight (8) others transferred out whilst (5) five are currently out for further studies.

MEETINGS

Meetings were regularly held on the third (3rd)Thursday of each month. Each of our general meetings was preceded by an executive meeting.

CONTINUING MEDICAL EDUCATION

Each of our general/monthly meetings also serve as CME sessions. We have had very insightful presentations during the year under review.
We were able to host a national CME on Medical Ethics and Professionalism in April 2012.

WELFARE

Majority of our members are satisfactorily accommodated in either their private homes, rented premises or

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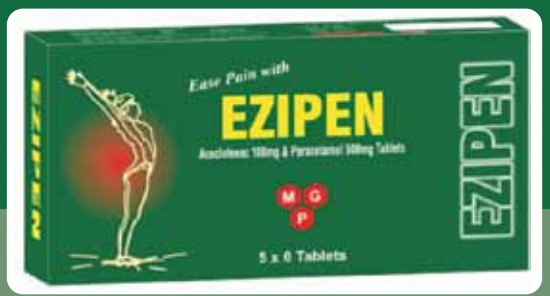

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in government bungalow/ flats. A few, however, still have challenges with accommodation.

FINANCES
The financial status of the division is fairly satisfactory. Our bank balance as at 17th September, 2012 is Sixteen Thousand One Hundred and Forty Four Ghana Cedis (GH¢ 16,144.00).

OBITUARY
The division lost one of its members, Dr. Ebenezer Binder, a former Medical Superintendent of ENRH. The division participated fully in the funeral rites of our departed senior colleague.

CONCLUSION
The division wises all delegates a very successful conference.

Dr. E. Djabatey Darko
(Div. Chairman)
Dr F. Adjei Otubuah
(Div. Secretary)

GREATER ACCRA DIVISION **ANNUAL REPORT**

INTRODUCTION
The year under review saw a lot of activity and a renew vigour as new Divisional Executives were elected to steer the affairs of the Division for the next two years. There were some threats of industrial action concerning the new policy requiring would be qualified postgraduates to pay fees in lieu of their training.

MEMBERSHIP
The total number of members in the Division keeps changing because of new House officers coming in and residents being posted out.
Membership is estimated to be two thousand eight hundred (2,800).

TRANSFER
There were no recorded transfers from the Division during the year under reviewed.

MEETINGS
The Division has held four regular divisional meetings and six Divisional Executive meetings. The extra Executive meetings were in preparation towards the NEC meeting organized by the Division.

CONTINOUS PROFESSIONAL DEVELOPMENT
The Division is partnering Sanofi to organize a CPD on Respiratory Tract Infection in children. Resource persons from CAGD had also been invited to the forth regular meeting to educate members on the pay slips.

WELFARE
Pending a comprehensive welfare policy for the division, a token sum is given to members who lost their relatives and also to some members who had been taken ill.

FINANCES
The division, have about fifteen thousand Ghana cedis in its account.

OBITUARY
The division has lost a member, Dr. Kaba.

The wishes all a happy conference.

Dr. Frank Voado
(Divisional Secretary)

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His Excellency President
JOHN DRAMANI MAHAMA

Hon.
ALBAN S. K. BAGBIN

President of GMA
DR. K. OPOKU-ADUSEI

54TH ANNUAL GENERAL CONFERENCE PROGRAMME

THEME "UNDER-FIVE SURVIVAL IN GHANA, CHALLENGES AND THE WAY FORWARD" UNDER THE DISTINGUISHED CHAIRMANSHIP OF THE PRESIDENT OF GMA

VENUE: Examination Centre, Adjancent to SMS-UCC, Cape Coast, Central Region

TUESDAY, NOVEMBER 6, 2012

Arrival & Registration of National Executive Council members at Elmina Beach Resort

WEDNESDAY, NOVEMBER 7, 2012

» National Executive Council meeting at Elmina Beach Resort
» Arrival & Registration of general members at SMS-UCC & Elmina Beach Resort

THURSDAY, NOVEMBER 8, 2012

SCIENTIFIC MEETINGS - AT UCC-SMS, CAPE COAST

08:00-08:30	Arrival and Registration of Participants
08:30-08:35	Opening Prayer
8:35-9:20	Presentation by Pharmaceutical Companies ***Ayrton Drugs, Tobinco & Kinapharma ltd.***

SESSION I: Chairman: Dr. Daniel Asare
Ag. Chief Executive Officer
Cape Coast Teaching Hospital, Central Region

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09:00-09:30	Child Health Policy And Programs In Ghana ***Dr Isabella Sagoe-Moses; National Child Health Coordinator at GHS***
09:35-10:05	Addressing Socio-Cultural Practices That Affect Under-Five Survival In Ghana ***Dr. Gilbert Buckle, Executive Director; Christian Health Association of Ghana***
10:10-10:40	Discussions
10:45-11:15	Snack Break
SESSION II:	***Chairman: Prof H.S. Amonoo-Kuofi, Dean, SMS-UCC***
11:20-11:55	Achieving Under Five Survival Through Quality Improvement Methods (Project Fives Alive) ***Dr. Ernest Konadu Asiedu & Dr. Isaac Amenga-Etego***
12:00-12-30	Addressing Challenges Of Newborn Care ***Abenaa Akuamoa-Boateng (Nana), Regional MCI Coordinator (West & Central Africa), MDG Centre, Dakar, Senegal***
12.30-13:00	Discussion
13:00-14:00	Lunch Break
14:30-17:00	Games / Football Matches
19:00-21:00	Cocktail To Be Hosted By Regional Health Directorate/ Regional Minister, At Residency, Cape Coast

FRIDAY, NOVEMBER 9, 2012

Official Opening Ceremony at UCC-SMS Auditorium, Cape Coast

07:00-08:30:	Registration continues
08:30 -08:45	All Seated
08:45-09:00	Opening Prayers - Rev. Dr. Evans Ekenam
09:00-10.00	Presentation by Pharmaceutical Companies- Ernest Chemist, Pharmanova, M&G Pharmaceuticals Time with PZ Cussons
10:00 -12:00	***Arrival Of Invited Guests / Cultural Display***
	Welcome Address By: Chairman, Central Division - Dr. Justice Arthur ***Welcome Address By:*** Central Regional Minister, Hon. Ama Benyiwa Doe ***Fraternal Messages:*** MC ***Conference Address By:*** President, Gma - Dr. Kwabena Opoku -Adusei
	Cultural Display
	Messages By: International Partners Prof. Pierre Barker-Senior: Vice President, Institute For Healthcare Improvement, USA UNICEF Representative

Address By: Minister of Health - Hon. A.S.K. Alban Bagbin

Address By Guest of Honour:
Omanhene Of Oguaa Traditional Area - Osabarima Kwesi Atta II

Keynote Address By Special Guest of Honour:
President of The Republic of Ghana - H.E. John Dramani Mahama

Presentation Of Awards

Vote of Thanks	***Dr. (Mrs.) Beth Offei-Awuku***
Closing Payer	***Alhaji Dr. K.K. Azeez***
Group Photographs	***All Present***
Opening of Exhibition	***H.E. John Dramani Mahama***

12:30-13:30	Lunch Break

FRIDAY, NOVEMBER 9 - AFTERNOON SESSION

14:00-17:00	Agm of GMA Pension Fund
19.00-21.00	Cocktail

SATURDAY, NOVEMBER 10, 2012 UCC-SMS AUDITORIUM, CAPE COAST

08:00-09:00:	Presentation - Healthcare Link / Registration
09:00-11:00:	Messages from Political Parties
11:00-17:00	GMA Business Session
19:00-TDB:	Dinner Dance At Elmina Beach Resort

SUNDAY, NOVEMBER 11, 2012 AT ELMINA BEACH RESORT

090:00:	Press Conference on Conference Communiqu
10.00-11.00	Brunch & Departure

End of 54th Annual General Conference

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OBITUARY

ASHANTI

DR. K. BOATENG

DR. EMMANUEL TAGBE

WESTERN

DR. EBENEZER BINDER

DR. A. J. DOWUONA HAMMOND

GREATER ACCRA

DR. DESMOND KABA

EASTERN

DR. JOE TAYLOR

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CENTRAL

DR. KINGSLEY GHARTEY

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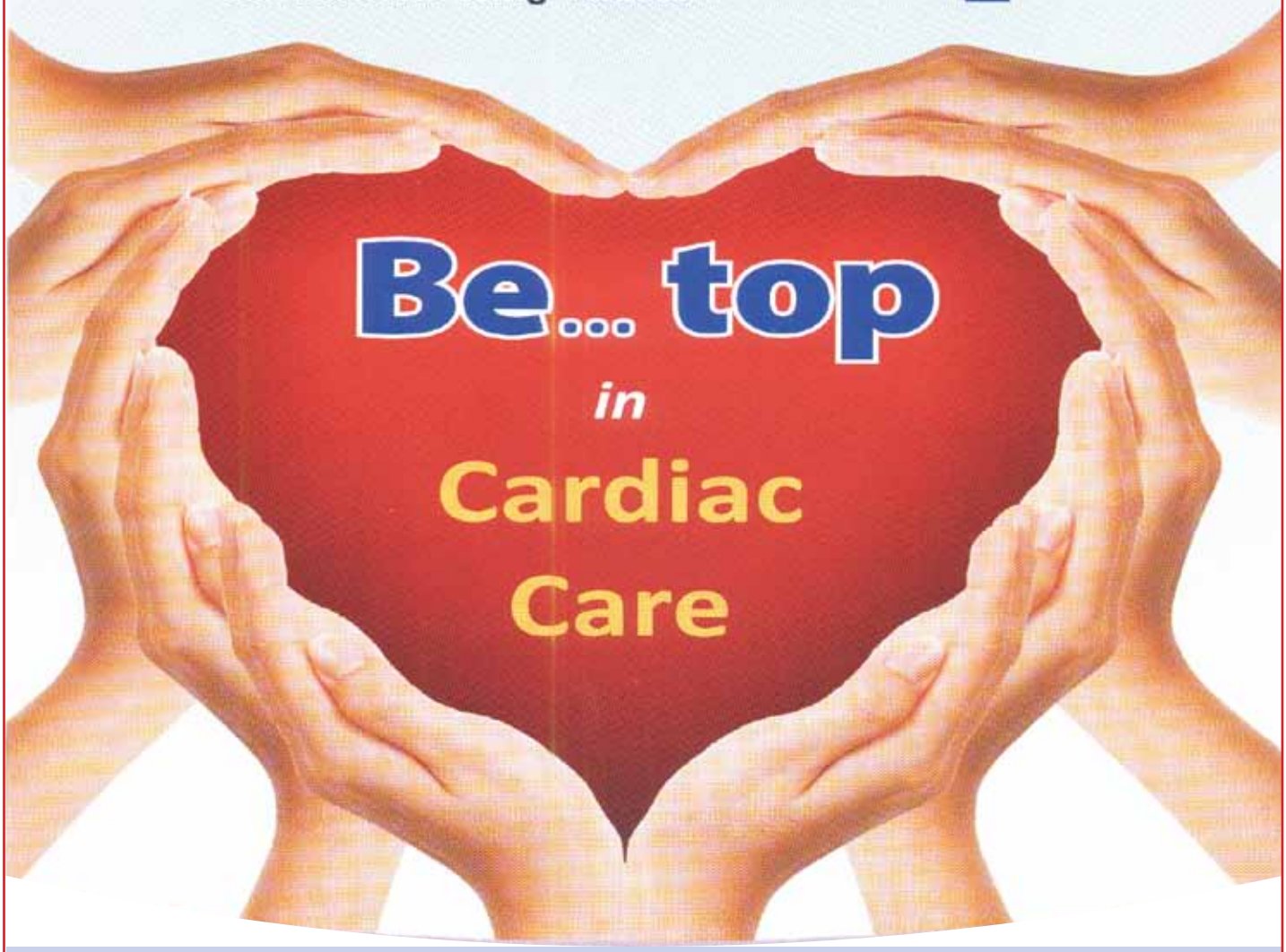

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For Hypertension:
The usual starting dose is 12.5 mg once a day for two days, after which the dose is usually 25 mg once a day. If blood pressure is still not under control, the dose can be increased slowly, over several weeks up to 50 mg a day. In some cases a total of 12.5 mg a day may be enough for adequate BP control.

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When used for heart failure, treatment with **Betatop** should be initiated by a cardiologist.
The usual starting dose is one 3.125 mg tablet twice a day for two weeks increased slowly, over several weeks, up to 25 mg twice a day.
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For Angina:
The usual starting dose is 12.5 mg twice a day for two days, increased to 25 mg twice a day thereafter.

Use in the Elderly
Dosage may need to be adjusted accordingly. The usual maximum dose is 50 mg each day, taken in divided doses.

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Ref: Messerli F, Grossman E. Beta Blockers in Hypertension: Is Carvedilol Different? Am J Cardiol 2004;93(Suppl):7B-12B

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GMA FELLOW

Daasebre Dr. Amankona Diawuo II, known in private life as Nana Dr. Ofori. Attended koraso and Berekum Catholic Schools. Worked as Surgical Specialist in Germany for about a year and returned finally to Ghana in December 1977.

In Ghana worked at 37 Military Hospital for some years and later joined the Ministry of Health. He was then posted to the Regional Hospital Cape-Coast as a Consultant Surgeon.

He served as Vice President for the GMA Central Region. He was also the organizing member for the GMA AGM Committee in 1995.

He was enstooled as the Omanhene of Berekum Traditional Area in February 2001 and there asked to be transferred to the Regional Hospital Sunyani, where he is currently working as a Consultant Surgeon.

2009 up to date member Advisory Board Hospital, Sunyani. He is Married with four (4) Children

Hobbies: Reading Swimming and Tennis

THE BIRTHDAY OF

PROF. DR. SIR G. W. BROBBY

IS 9TH NOVEMBER, 2012

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Professor of Orthorhinolaryngology
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