

The Newsletter  
of the friends of  
the Manx  
Diabetes Centre.  
We are the  
support Group of  
the IOM Diabetic

# The Diabetic

All monies  
collected are  
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 17

Date: June 2007

**i**

## 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 rebirth of the Friends of the Manx Diabetes Centre. The AGM, and its new direction.***

**Dr Blackman's Lecture. 2,584 diabetics now on GP registers**

**New driving licence regulations for diabetics and others with disability.**

**Changes to Charity Audit Requirements.**

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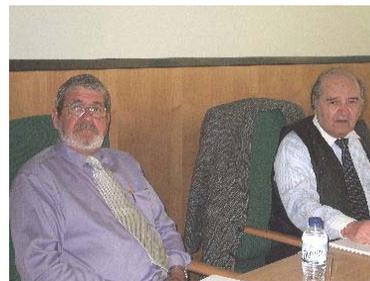
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## **THE FOURTH AGM**

The fourth Annual General Meeting of the Friends of the Manx Diabetes Centre took place at Keyll Darree on Thursday 3<sup>rd</sup> May at 7.30 p.m.



The Deputy Chairman and Chairman

The Guest speaker for the evening was Dr Alison Blackman who addressed the meeting on the theme, "It is an Exciting time in the management of diabetes" with all the new developments that are now taking place.

We on the Island are also on the verge of exciting and changing times.

Very shortly a diabetes Audit Report is formally expected from the DHSS on diabetes care on the Isle of Man, and the direction this future care will eventually take.

**Feegans  
Deli**

Food to eat in

Food to take away

Food for thought

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

How this will affect the Manx Diabetes patient, and how the relationship between G.P practices, and the Manx Diabetes Centre will be redirected.

In the UK the theme is “Care in the Community”. As they want more and more diabetics to be cared for in the Community.

This is because of the new GP contracts.

The Friends of the Manx Diabetes Centre always alive to the necessities of the Manx Diabetic patient, and at the forefront of care in our community has proposed to the diabetic audit personnel, not just “Care in the Community” but because we are a Nation and an Island, “Shared Care in the Community”, with the Manx Diabetes Centre as its pivotal point, as we cannot do away with the Manx Diabetes Centre or diminish its expertise, or spread that expertise from the Centre back into the community.

Because we have to move with the times, and because the Friends of the Manx Diabetes Centre recognise the validity of “Shared care in the Community”, the Committee under advisement from Dr Blackman our medical mentor, decided to expand the activities of the Group so that we could continue to lead from the front in the care of our diabetic patients, and help with this “Shared care in the Community” ethos that we were proposing.

In accordance with our constitution, in that all monies collected by the Group shall be used exclusively on the Isle of Man, for the benefit of the diabetic patient and our medical carers, at the Annual General Meeting we once again showed the way forward, with a motion from Dr Blackman to the effect that: -

“We should be encompassing the more broad remit of the present Group’s constitution and continue in support of the Manx Diabetic but in a wider sense. The work done now in primary care, by GPs and practice nurses, is continually developing with more staff having received formal training in diabetes care.

The structure of the new GP Contract provides an Audit Framework which is constantly monitoring the care being achieved and we could work closer with the GP surgeries to offer support and where necessary equipment”.

The outgoing Chairman then explained to the meeting that this motion did not present any problems with the way our constitution was couched, as items 1, 2, & 3 of our constitution specifically says,

- 1) “to help in the furtherance of the well being of the Manx Diabetic and to facilitate the work of our medical carers”
- 2) “To provide support for those who care for sufferers from diabetes”
- 3) “To raise money to purchase equipment for the carers of people suffering from diabetes on the Isle of Man”.

These three rules are the backbone of our constitution and mandate, and the motion did not therefore present a quantum leap from these three rules.

The Chairman then enumerated the propositions that would arise if the motion was accepted.

- 1) We would continue with the Group as it is.
- 2) We focus our attention to working with the GP surgeries and the Manx diabetic patient rather than focusing all our efforts and energies on the Centre.
- 3) We offer surgery support and where necessary, equipment as approved by your committee under the guidance of your Group’s medical advisor, and that falls within the framework of our constitution.
- 4) We shall give support and equipment to the Manx Diabetes Centre when, and if, the Head of the Manx Diabetes Centre so requires, in writing, and the committee and its advisor so agrees.
- 5) We would review our constitution to ascertain if any clauses need to be amended, tweaked or added to, to accommodate the new proposals.
- 6) Any amendments will be presented at an EGM, to run prior to or following the AGM next May for members approval.

The Chairman then explained that these proposals would enable the Friends of the Manx Diabetes Centre to continue to function and help the Isle of Man Diabetic and their medical carers, to meet the requirements of the modern day needs of the Manx diabetic patient, and accommodate the “Shared care in the

Community” that they had proposed to the Diabetes Audit personnel.

The outgoing Chairman then proposed the adoption of Dr Blackman’s motion and items 1 to 6 above.

This was seconded by Mr Ludford-Brooks the outgoing Deputy Chairman.

The meeting unanimously approved and endorsed the above motion and 1 to 6, thereby empowering the committee to broaden the activities of the Friends of the Manx Diabetes Centre to meet the new developing medical requirements that are, and will be taking place in our Island community.

The outgoing Committee members were then re-elected.

Your committee is proud to continue to lead from the front, in the support of the diabetic patient and all our medical carers, by once again having the foresight to embrace the future in diabetes care on the Isle of Man.



Dr Alison Blackman

She was the GP Tutor and Appraisals lead and was also with the RNLI lifeboats.

Alison also explained that she was the Chairman of the Isle of Man Research Charity, and Chairman of the Down’s Group in the Isle of Man.

She proudly pointed out that she was the Mum of David and Sarah. David was at present studying medicine at Manchester and Sarah was training as a primary teacher at Chester.

She then went on to explain how Bunting and Best had discovered the treatment of insulin in 1922, and the breakthrough that this had meant to the diabetic population.

Dr Blackman then went on to explain the importance of the St Vincent Declaration in 1989 as an exciting time for diabetics.

The St Vincent Declaration had taken place in St Vincent Italy, where it got its name from. At that time representatives of Government health departments and patients organisations from all European countries met with diabetes experts, the World Health Organisation and the International Diabetes Federation.

They unanimously agreed upon a set of recommendations and urged that they should be presented in all countries throughout Europe for implementation.

In the Isle of Man, Dr Blackman reminded the meeting there was no clinic, no Consultant, no Specialist Nurses, no needles or monitoring on script, no indication for Chiropody, and many GPs had no idea of the treatment of diabetes.

It was not until the DHSS had been convinced to accept the St Vincent Declaration that things started to move for the benefit of the Manx diabetic patient, and the fledgling diabetes centre began in 1991.

From these little beginnings, we now have a multi-disciplinary team with Consultant, a full

**I’M THE FORMER CHAIRMAN OF THE ETHICS COMMITTEE. I KNOW WHAT’S ETHICAL AND WHAT ISN’T, AND THERE IS NOTHING UNETHICAL ABOUT THIS.**  
Senator Ted Steven (R-Alaska)

### *Dr Blackman’s Lecture*

Dr Blackman very kindly gave the address to the AGM, the theme of which was “It’s an exciting time in the management of diabetes”.

In the first instance she explained how it had come about that she had become involved with diabetes on the Isle of Man.

She had had a career long interest in diabetes and had started the diabetic clinic in 1991, and she was still passionate about diabetes in the Isle of Man. She felt she was lucky enough to be the Chairman’s GP.

She gave those present an encapsulated history of who she was and where she came from.

She said that she was Manx had trained at Manchester University, and Old Trafford. She had been principal in GP for the past 21years, and had been a hospital practitioner in diabetes over the period 1991 to 2005.

team of specialist nurses, podiatrists, dieticians, access to meters, pens and 24 hour monitoring.

Patients are now seen by Dr/Nurses with expertise in diabetes when in hospital, better trained experienced GPs and Practice Nurses, audits and registers in GP surgeries to check annual checks performed by the GPs and standardised feet checks in the community.

We have therefore progressed a long way, and there were hopeful signs that the ravages of diabetes can be tamed.

These Dr Blackman pointed out were exciting and exasperating times for people interested in diabetes.

On the one hand, a tremendous volume of research is underway assessing both new prevention and new treatment protocols, and on the other hand, the incidence and associated mortality and morbidity of this disease continues to rise with little sign of abating.

By the year 2010, in three years time, the world's diabetic population will probably have doubled from an estimated 110 million in 1994 to 221 million in 2010. Nevertheless Dr Blackman was of the opinion that in many ways this is a very exciting time to be working in diabetes.

The Diabetes National Service Framework and its delivery strategy are central to recent policy initiatives. Present White Papers focus on prevention, self care and patient centred services.

Dr Blackman went on to say that the growing challenge of diabetes provides a stimulus to service providers to tackle the existing prevalence and examine how to stop people getting it.

Prevention programmes will get a further boost from the decision of the Austrian president of the EU to have reducing the growth of Type 2 diabetes as one of the central themes of his presidency.

Dr Blackman then explained that there were still a considerable number of challenges. The need to deliver patient education that meets the National Institute for Health and Clinical Excellence Guidelines, the diabetic retinopathy screening target, effective care planning and the maintenance of diabetes networks, through restructuring and the introduction of an

increasing number of Foundation Trusts that will all require careful planning.

Dr Blackman then brought to the notice of the meeting the article under the heading "Diabetes cured" that had appeared in the Times of the 11<sup>th</sup> April last.

She then quoted from it saying that Diabetics using stem-cell therapy had been able to stop taking insulin injections for the first time, after their bodies started again to produce the hormone naturally.

This trial had been undertaken by 15 young patients with newly diagnosed Type 1 diabetes who were given drugs to suppress their immune systems followed by transfusions of stem cells drawn from their own blood.

Dr Blackman was of the firm opinion that no one working in diabetes management in the Isle of Man was complacent.

As a result of the UK National Service Framework, the Isle of Man Diabetes Audit will hopefully highlight further areas for improvement in the Service. This had been out this week for consultation so she couldn't comment on its contents, but she hoped that it would be another step forward in the care of the diabetic patient in the Isle of Man.

The UK focus of care has shifted to primary care and on the Isle of Man we need to utilise all the best skills we have and strive for a uniform service for every diabetic on the Island according to their needs.

Dr Blackman then detailed what audit the GPs were now doing in the furtherance of the care of their diabetic patients, explaining that this was an audit and not targets. The system of register that they now have is a more accurate register than the surgeries have ever had, with monitoring assessed and audited year by year easier.

Dr Blackman then presented a series of graphs and took those present through their results for the past year up to and including April 2007.

All in all Dr Blackman felt that it was an exciting time in diabetes management, because:

- a) The possibility of stem-cell treatments for Type 1 diabetics now a reality at research level.
- b) The Rapid use of gene technology.

- c) More drugs available for better treatment of Type 2 diabetics and more aggressive management in early stages of the condition.
- d) Raised skill levels and auditing in primary care.
- e) Better services for administering treatment and better technology for monitoring.
- f) The challenge of how to provide optimum care to an increasing number of diabetics and to put resources into prevention.

The next question that arose from everything that had already been pointed out was, how can we continue the evolution in the Isle of Man?

- 1) We await the finding of the Diabetes Audit on the Island.
- 2) Make sure that we keep our centralised Manx Diabetes Centre and our place of safety.
- 3) Develop better communications between the Manx Diabetes Centre and Primary Care and utilise the skills now developing in Primary Care.
- 4) Whilst the St Vincent Declaration, the National Service Framework and The National Institute of Clinical Excellence Guidelines do not have to be followed in the Isle of Man we can use them to our advantage to develop our diabetic services.
- 5) Our aim should be for the same optimal standard of care for every diabetic on the Isle of Man.

She concluded by saying that they now had better records than before, and as of 1<sup>st</sup> April 2007 there were 2,584 diabetics on the GP registers.

With our estimated population of some 75,000 this represented 3.5% of the total population of the Isle of Man.

## ***DRIVING LICENCES AND THE DIABETICS***

A new road safety law was voted recently in the House by 19 votes to 5 in favour of its implementation.

The most contentious proposal was to make certain disabilities, diabetes and other medical conditions notifiable to the Department of Transport.

Mr John Houghton MHK thought that the regulations as they stood needed more clarity and should be better defined.

He wanted to know whether present licence holders needed to notify the pertinent authorities or did the legislation only apply to new licence holders.

Did they, Mr Houghton asked, have to provide a medical certificate to show they are in control of their diabetes, and do they have to tell the authorities as soon as they suffer a hypoglycaemic attack.

Mrs Brenda Cannell MHK had very great concerns and called for a scrutiny committee. She also wanted to know, if we are now to regard diabetes as a disability that will need notifying, and reviewing every five years, it may be that a licence could be granted and reviewed more often depending how the diabetic condition progresses.

Mr David Anderson MHK explained that new licence applicants would have to declare diabetes on their forms, and that they were just operating the same standards as in the UK.

The licence would then, he explained, be granted for a set period of time, depending on the information as supplied by their GP, and they may then have to re-apply.

In a letter to all members of Tynwald from the Customer Services Manager of the Department of Transport, the department clarifies certain driving licence medical issues which had raised concerns in the House.

They claim that the primary concern of the department is road safety, and that the new regulations extend the prescribed disabilities to drive which must be declared to the Department. The medical guidance notes are extensive, are updated every six months and can be viewed on <http://www.gov.uk/medical/ataglance.aspx>

They point out that a licence issued for a three year period does not mean that it is a restricted period, but rather it allows for a more frequent review of medical conditions, than a licence issued for ten years.

The new provisions will regulate the current practice of notification for all types of diabetes.

As part of the letter to Members of Tynwald the Transport Department enclosed copious notes and tables appertaining to the UK regulations,

and those that are presently applicable to the Isle of Man.

The letter explains that all medical enquiries regarding conditions that may require a driver to stop driving for a period of time or imposes a restriction on a driving licence are currently referred to a Consultant or GP who advise the Department as to the medical fitness to drive or any restrictions that may be recommended or required under the UK Medical Guidance notes.

The medical guidance notes are extensive, are updated every six months and can be viewed on <http://www.gov.uk/medical/ataglance.aspx>

Please access the website for further information which could be to your advantage, or contact Mrs M Keelan on telephone (01624) 686741 or on e-mail [enquiries@highways.dot.gov.im](mailto:enquiries@highways.dot.gov.im)

Once again, we as a Nation in our own right hasten to embrace everything that is thrown at us from the UK.

**Our enemies are innovative and resourceful, and so are we. They never stop thinking about new ways to harm our country and our people, and neither do we.**  
President George W Bush

### ***Community Care Support Systems*** **DHSS Community Care Support System (CCSS) IT Programme**

The DHSS gave a presentation (shown to Tynwald members on Monday 12<sup>th</sup> March) to the Media outlining proposals for the Community Care Support System IT Programme. A motion seeking the funds required for the CCSS will be debated in Tynwald.



Mr Eddie Teare Minister for Health and Social Security

Eddie Teare MHK, Minister for Health and Social Security explained, "The Community Care Support System (CCSS) is an IT and business change process required primarily because the existing, but aging, key information systems in Noble's Hospital will not be supported by the original provider after December this year."

Mr Teare continued, "Whilst current systems, vital to the running of the hospital, have provided an excellent service over the last 20 years, they are now out dated and no longer meet the necessary standards and do not allow information to be appropriately shared. It is essential that when Manx patients receive treatment, in the UK for instance, systems in the Isle of Man are compatible with UK equivalents so that key health and social care information can be exchanged and the best possible care is received."

The CCSS will create a virtual patient record that links a range of systems of existing patient records, already held electronically, and enables sharing of information. This will offer greater efficiencies and prevent repeating activities. When fully operational, it will embrace Hospital, Primary Care and Social Services activities.

The Department is aware of comments made in the UK media about the information technology intentions of the English NHS Programme for IT (NPFIT). However, the CCSS is different in terms of scale, complexity and outcome. It is much smaller, less complex and aided by the investment that the Isle of Man Government has already made in information infrastructure. In addition, the CCSS has the full backing of staff, clinicians, the Data Protection Supervisor and various medical committees as well as primary care contractors such as GP's.

Mr Teare finished by saying, "The CCSS will ensure that the Department can meet modern health and social care standards with a safe and secure system as well as enabling other benefits to be obtained, such as electronic ordering of pathology reports, the electronic transmission of prescriptions, and aids to clinical decision making, to name but a few."

**Paul Harper**  
Director of Strategic Information and Strategy

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

## ***Changes to Charity Audit Requirements***

As from 1<sup>st</sup> April 2007, the statutory requirements relating to the audit of Manx Registered Charity accounts have been amended (via the coming into operation of the Audit Act 2006).

Whilst currently, section 5 of the Charities Registration Act 1989 requires all Manx registered charities to file audited accounts with the General Registry, under the amended section 5, a new three tier audit/examination requirement will be introduced, based upon the annual gross income of the Charity.

These are as follows: -

a) Less than or equal to £5,000; No requirement for external examination (charities still have to file account, with the General Registry within six months of year end.)

b) Greater than £5,000 but less than or equal to £100,000; Full Audit or an independent examination by an accountant, or qualified 'independent examiner' or a person approved by the First Deemster.

c) Greater than £100,000; Full Audit by an accountant or a person approved by the First Deemster.

Whilst these amendments were implemented on 1<sup>st</sup> April last, they will apply to all charities accounts with a year end date of 1<sup>st</sup> November 2006 or later.

In addition to the above, Charities will also have to comply with any specific account requirements detailed within its governing document i.e Constitution etc.

## ***MEETINGS DURING THE QUARTER.***

On the 1<sup>st</sup> March a meeting was held at the Manx Diabetes Centre at which the Diabetic Team, on the part of the Centre and the Chairman, the Deputy Chairman and the Medical advisor of the Group were present.

The Group brought to the notice of the meeting the problems that they were encountering with patients complaining in respect of certain aspects of the Centre that required looking into and addressing

The Diabetic Team promised to look into these matters, but their later statements and observations did not fully resolve the concerns of the Friends of the Manx Diabetes Centre or the patients.

The matters are now ongoing.

On the 21<sup>st</sup> May, the Friends of the Manx Diabetes Centre met with the Physiotherapy Service Manager, following a request on an exchange of letters from the Manx Diabetes Centre asking the Chairman to "Direct any weaknesses in their service directly with their service Manager"

This was done and the question of the Prosthetic and Orthotic personnel being on the Island on a weekly basis, alternately having full time personnel which would be cheaper, was presented and discussed at length.

The Chairman was in no doubt as to what the patients really wanted which had not been addressed in the Audit that had been done.

We would like to thank Ms Sylvia Pettit for inviting us to the meeting which was very much appreciated, and which we hope that dialogue will eventually win the day.

We await with interest the consideration of what was discussed and shall in the next Newsletter bring you up to date with any outcome to both meetings.

## ***IS HELL EXOTHERMIC OR ENDOTHERMIC?***

It is good to know that we are still being read in New Zealand.

From Masterton, Nigel sends us this delectation in IQ exposition.

The following is an actual question given on a University of Washington chemistry mid term.

The answer by one student was so "profound" that the professor shared it with colleagues, via the Internet, which is, of course why we now have the pleasure of enjoying it ourselves:

Bonus question: **Is Hell exothermic (gives off heat) or endothermic (absorbs heat)?**

Most of the students wrote proofs using Boyle's Law (gas cools when it expands and heats when it is compressed) or some variant. One student however wrote the following:

First we need to know how the mass of Hell is changing in time. So we need to know the rate at which souls are moving into Hell, and the rate at which they are leaving.

I think that we can safely assume, that once a soul gets into Hell, it will not leave. Therefore, no souls are leaving.

As for how many souls are entering Hell, let's look at the different religions that exists in the world today.

Most of these religions state that if you are not a member of their religion, you will go to Hell.

Since there is more than one of these religions and since people do not belong to more than one religion, we can project that all souls go to Hell.

With births and death rates as they are, we can expect the number of souls in Hell to increase exponentially.

Now, we look at the rate of change of the volume in Hell, because Boyle's law states that in order for the temperature and pressure in Hell to stay the same, the volume of Hell has to expand proportionately as souls are added.

These give two possibilities:

1) If Hell is expanding at a slower rate, than the rate that souls enter Hell, then the temperature and pressure in Hell will increase until all Hell breaks loose.

2) If Hell is expanding at a rate faster than the increase of souls in Hell, then the temperature and pressure will drop until Hell freezes over.

So which is it?

If we accept the postulate given to me by Teresa during my Freshman year that, "It will be a cold day in Hell before I sleep with you", and take into account the fact that I slept with her last night, then number two must be true, and thus I am sure that Hell is exothermic and has already frozen over.

The corollary of this theory, is that since Hell has frozen over, it follows that it is not accepting any more souls, and is therefore extinct.....leaving only heaven, thereby proving the existence of a divine being which explains why, last night, Teresa kept shouting "Oh my God".

**THIS STUDENT RECEIVED AN A+**

Thanks so much for this lucid exposition which we hope that you have all enjoyed.

**A SON WAS BORN TO MR AND  
MRS CHARLES MULKAHEY  
OF GARRISON SREET  
DURING THE PAST WEEK.  
CONGRATULATIONS, PETE!  
Notice on a church bulletin.**

## ***THE DOUGLAS BADER FOUNDATION***

The Douglas Bader Foundation have asked us for help, as they want disabled people to "Get Involved" either by spending a day participating in an event to help raise awareness, or participate with funds.

They have sent us a calendar of events to help them support amputees and individuals born with congenital limb absence.

Below are some of the events that they are organising, and if you were to be interested in attending, please get in touch with Kier Roche the Project Director, telephone 01883 742 273 and you will be sent all the necessary information for your preferential event.

- a) Cycle the London-to-Paris Bike Ride from 29<sup>th</sup> June to 2<sup>nd</sup> July.
- b) Run for team Bader in the London 10k Run on Sunday 1<sup>st</sup> July 2007.
- c) Run the Woman's Hydroactive 5K Fun Run on Sunday 2<sup>nd</sup> September 2007.
- d) Join in the Hike Cuba Trek 22<sup>nd</sup> November -1<sup>st</sup> December 2007.
- e) Cycle the Lingfield Park Ride on Sunday 1<sup>st</sup> June 2008.
- f) Cycle the London to Paris Bike Ride 27<sup>th</sup> to 30<sup>th</sup> June 2008.
- g) Run for Team Bader London 10K Run July 2008.
- h) Join the Hike Jordan Challenge 4<sup>th</sup> to 12<sup>th</sup> October 2008.
- i) Run the woman's Hydroactive 5k September 2008.

So there you are, if you can't make it this year, you have ample time to arrange it for next.

If you can't make these fun events, give them a donation or alternately become a "Friend of the Foundation".

Please do give them a call if you want to find out more about the work of the Douglas Bader Foundation.

Incidentally if you are on the net, you can e-mail them on [douglasbaderfdn@btinternet.com](mailto:douglasbaderfdn@btinternet.com) for further information.

Always keep their slogan in mind

**"A DISABLED PERSON WHO FIGHTS  
BACK IS NOT DISABLED  
BUT INSPIRED"**

You too can be inspired to help them.

**FREE SHIPPING WITH ANY  
PURCHASE WHEN YOU PICK IT  
UP AT THE STORE.**

**Bestbuy.com**

### *Lynne wants to be a bear*

We have received the following e-mail from Lynne who insists that she wants to be a bear when reincarnated.

Why, well, just listen to what she has to say: -

"In life I am a woman. In my next life I'd like to come back as a bear.

When you're a bear, you get to hibernate. You do nothing but sleep for six months.

I could deal with that.

Before you hibernate, you're supposed to eat yourself stupid.

I could deal with that.

When you're a girl bear, you birth your children (who are the size of walnuts) while you're sleeping and wake up to partially grown cute cuddly cubs.

I could definitely deal with that.

If you're mama bear, everyone knows you mean business. You swat anyone who bothers your cubs. If your cubs get out of line, you swat them too.

I could deal with that.

If you're a bear, your mate EXPECTS you to wake up growling. He EXPECTS that you will have hairy legs and excess body fat.

Yup, I definitely gonna be a bear next time round.



The Bear called Lynne

#### **Blood Clinic Opening Times Noble's Hospital**

**Monday to Thursday 08.45 am – 4.00 pm**  
**Friday 08.45 am – 12.30 pm**  
**Saturdays/Sundays/Bank Holidays Closed**

#### **Ramsey & District Cottage Hospital**

**Monday – Friday 08.00 am – 10.00 am**  
**Saturdays/Sundays/Bank Holidays Closed**

#### **G.P. Services**

**Practice Nurse By Appointment only**

### ***New Diabetic Books for Keyll Darree Library***

The DHSS Keyll Darree Library has added to its already extensive and comprehensive book stock, with the addition of 12 diabetic books.

The following titles are now available from the Library.

- 1) ABC of diabetes.
- 2) Emergencies in diabetes: diagnosis, management and prevention.
- 3) Testing Times: a review of diabetes services in England and Wales.
- 4) Moving up with diabetes: the transition from paediatric to adult care.

- 5) Problem solving in diabetes.
- 6) Type 1 diabetes: etiology and treatment.
- 7) Delivering quality diabetes care in general practice.
- 8) Type 2 diabetes in practice.
- 9) Podiatric assessment and management of the diabetic foot.
- 10) The foot in diabetes.
- 11) Managing the diabetic foot.
- 12) Nursing care of older people with diabetes.

There is enough there for everyone to get their teeth into, so if you may want to have a look at any of them, I am sure that those wonderful people at the Library at Keyll Darree will allow you to have a look, provided you are a member of the Friends of the Manx Diabetes Centre, so don't forget to take your membership card with you.

*The Diabetic* is most grateful to Amanda Marsay for sending us information and keeping us informed of what is happening at the DHSS Library at Keyll Darree.

Please keep them coming.

## ***NEWS UPDATES***

### ***Obese Patients, a factor in nurses back pains.***

The British Chiropractic Association estimates that 5,000 Health Service nurses seek treatment for back pain every year.

According to experts obese patients are the main cause of these nurses seeking treatment for back pains, and they warn that this problem will only get worse as the number of obese patient goes on rising.

Doctors claim that it is not just the weight issue, it's a fitness issue, as obese people are unable to turn themselves over easily in bed, and the nurses problem will only increase as patients get bigger.

"The introduction of hoists, sliding aids and other specialised equipment means that staff should no longer have to risk injury while doing their jobs", said a hospital spokesperson.

### ***Microchips for diabetics***

A New chip recently given to 13 patients on a trial in the US, which is implanted just under the skin of the arm, could save the lives of diabetics.

The implant no larger than a grain of rice stores crucial health details in case the patient falls ill and slips into a diabetic coma.

On arrival at hospital the chip is scanned, and the medical details are displayed on a computer screen.

The device carries a 16 digit identification code unique to each patient.

It is hoped that the device will help doctors to decide on treatment when a diabetic patients arrives in hospital unconscious and without identification.

### ***Crematoriums with bigger furnaces as obesity increases***

Crematoriums are now having to order bigger furnaces to cope with the bigger coffins of those that are increasingly overweight.

As obesity grows, it is now common for oversized coffins to be redirected to other venues to find a crematorium that can cope.

Hazel Harding, of the Local Government Association claims "As long as the nation keeps on piling on the pounds, pressure will continue to be placed on crematoria. This is just another demonstration of how the obesity problem is putting a real strain on public services."

Apparently a standard coffin measures between 16 and 20 inches across, but now coffins of up to 40 inches are constantly in demand.

A high proportion of the 650 crematoriums in the UK are ordering bigger furnaces.

Mrs Harding added that "as waistlines keep expanding we can expect more and more larger furnaces."

In Blackburn a 42 inch crematoria is being installed as at present they are having to send bodies to Manchester for cremation.

### ***Blood Sugar Controls***

The British Diabetics have the worst blood sugar controls, claims the International Diabetes Federation.

This has been put down to the fact that many believe that they are at low risk of complications, which includes blindness.

More than half say that they want to take control of their condition, but struggle, especially when they can't keep their weight down.

Many regard their condition as 'mild' and do not take steps to monitor their blood sugar levels properly.

Take the advice of the Editor of *The Diabetic*, there is no such thing as 'MILD' diabetes, you either are diabetic or you are not.

Next thing we are going to have, is ladies who are not pregnant, but just 'MILDLY' pregnant.

### ***Fertility and the Diabetic***

Scientists have warned that soaring rates of childhood diabetes risk storing up a fertility crisis.

At Belfast Queen's University, researchers have found that Type 1 diabetics had twice the proportion of defective sperm as non-diabetics.

It is feared that this would make it more difficult for the diabetics to have children.

Dr Allan Pacey of the British Fertility Society, said, "Although there is no significant evidence that men with diabetes are less fertile, it is of concern that more of the sperm DNA may be damaged".

### ***The Nanopump***

What is the Nanopump? The Nanopump is an insulin pump no bigger than a postage stamp that could signal the end of daily jabs for thousands of diabetics.

It is attached to a skin patch which is thrown away once its insulin supply has been used up.

The miniature device gradually pumps steady quantities of insulin into the bloodstream.

The two Swiss firms behind it Debiotech and STMicroelectronics are predicting that it could be available in Europe by next year.

## **Genital wart, volunteers needed.**

**Classified ad in the Washington Post.**

### ***Centenary of Ramsey and District Cottage Hospital, 23<sup>rd</sup> July 2007***



The hundred day countdown to the centenary began on 14<sup>th</sup> April, although preparations for the commemorations began two years ago to ensure that past and present staff, patients and the public all have the opportunity to celebrate this auspicious occasion.



The above centenary logo designed by James Woodward aged 10, was declared winner when it was judged in April 2006 alongside 479 others submitted by school children across the Island.

The logo has been adapted as the hospital badge and is being featured in memorabilia and in a permanent granite monument which is in the process of being erected in a commemorative garden being laid adjacent to the hospital entrance.

Hospital staff have placed a time capsule beneath the spot where the unfinished monument stands.

Island schools continue to assist in the centenary preparations. Some are encouraging their pupils to write poems for inclusion in a commemorative book which is to be sold and the proceeds shared between "Northern Neighbours" and the children's unit of the new Hospice. Other schools are rehearsing for a Victoria Concert to

be held in a marquee on the hospital field on the anniversary day.

Approval has been given by the Trustees of the Estate of the late Constance Radcliffe to reproduce her booklet "Ninety Years Young" with an additional chapter, which is being written by Norrey Radcliffe, summarising the 100 year history of the Hospital.

Peter Kelly of the Victorian Society has agreed to deliver a short talk on the events leading up to the opening of the hospital at a Thanksgiving Service being held at St Olave's Church Ramsey on Sunday 22<sup>nd</sup> July.

Selected photographs, poems, and memorabilia will be exhibited in the foyer of Ramsey Town Hall for two weeks commencing 16<sup>th</sup> July and hospital staff are collecting suitable items for inclusion. Perhaps you have something of interest or a story that you could share with us? Some retired nurses have summarised their memories of "the good old days at Ramsey Cottage". Please get in touch with Emily Clague on 811830 or by email if you can help or know someone that may be able to do so. Any items received will be catalogued to ensure that they can be returned after use.

On the afternoon of Saturday 21<sup>st</sup> July a Centenary Fete will take place on the hospital field with the involvement of the local community. Any offers of help in relation to this, whether as a pair of hands or by way of donations, raffle prizes, bric-a-brac, plants, books, bottles, etc for the stalls would be appreciated.

Now of course the commemorations wouldn't be complete if it wasn't for the parties, would they? Three are planned! There will be a family fun night with a barbeque on Saturday 21<sup>st</sup> July and a buffet/disco in the Marquee on Monday 23<sup>rd</sup>, both of which are primarily for past and present staff, but a Centenary Ball (Black Tie) will be held at the Hilton Hotel in Douglas on Saturday 28<sup>th</sup> July, for which tickets will be sold on a 'first come first served' basis.

Hospital management and staff are very grateful to the Trustees of the hospital Welfare Fund, the Freemasons, the R.O.A.B., and others for their generosity in sponsoring or assisting with their commemorations.

## ***Centenary Events Programme.***

- 4<sup>th</sup> July at 2.30 pm  
Opening of the Centenary Garden.
- 16<sup>th</sup>—30<sup>th</sup> July  
Exhibition in Ramsey Town Hall
- 21<sup>st</sup> July---Afternoon  
Hospital Centenary Fete.
- 21<sup>st</sup> July---evening  
Barbeque and family fun night.
- 22<sup>nd</sup> July--- Afternoon  
Service of Thanksgiving.
- 23<sup>rd</sup> July--- Afternoon  
Victorian Concert by School children.
- 23<sup>rd</sup> July--- Evening  
Buffet and Disco in Marquee.
- 28<sup>th</sup> July--- Evening  
Centenary Ball at Hilton Hotel.

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

## ***Chairman's report to AGM.***

At the AGM, the first real item in the Agenda was the presentation of Accounts.

This was done by our Treasurer, Mr Jerry Ludford-Brooks, who took the meeting through each head of revenue and expenditure, which showed that we had reduced expenditure by 32% and increased our revenue by 1,481%, which had provided a very fruitful and positive year.

The Accounts were approved unanimously.

In his report the Chairman explained that the Group was a major player in the field for the fight for diabetic care, and was recognised as such by the Minister for Health and Social Security, all departments of the DHSS and other leading organisation and charities.

He thanked the ladies and MAWCH for their help and contribution in raising monies, and for their hard work during the course of the year.

The Chairman pointed out that *The Diabetic* was now a must read at Dr's Surgeries and other venues in Hospital, and much sought after by members, and friends of our members.

It is now firmly established and we have many people interested in putting forward their points

of view. When asked for interviews people recognise the validity and the importance of *The Diabetic* and readily agree to participate.

Its printing has increased, and is now much in demand, not only in the printed form but also on the net, with Google now bringing up the Newsletter and its items in its search engine, if so desired.

He thanked Harry of Feegans lounge for his excellent upkeep of the website and making it all possible.

During the course of the year at the request of the Manx Diabetes Centre we were asked for twenty blood pressure monitors, which we readily presented to them and which later became a bone of contention.

The Chairman then told the meeting that this year had been a year of Excitement, Anticipation and Ridicule.

Excitement because of what the DHSS has tried to implement, Anticipation as to what the DHSS in its wisdom of trying to save the wrong kinds of monies was going to do next and Ridicule because of the pathetic Audit of the prosthetic services, without the proper questions and from just 34 patients without any medical input.

Once again the Chairman told the DHSS that their motto of "Save now pay later" must be replaced with the slogan "Compassion for all, better use of DHSS funds and not costs" as otherwise we shall all pay a horrendous medical price later.

During the course of the year a Diabetic Audit was instituted by the DHSS and your Group was invited to participate.

The Friends of the Manx Diabetes Centre presented a 64 page report on the background and information for the retention of the Manx Diabetes Centre with a FULL TIME multi-disciplinary team and with enhanced facilities.

Our Report was supported by four eminent diabetologists, from the UK, Wales, Scotland and Australia.

We now have a draft report of this Audit but being embargoed until its final stage we at present cannot comment.

The Health Care Commission of the UK produced a report that cost £141,780 to a cash

strapped DHSS that could have been put to better use.

Nevertheless it was produced in 14 Languages from Gujarati to Somali, except in the Manx language even though it had been commissioned, produced for, and paid for by the Isle of Man DHSS.

The Chairman intervened with the Commission, he insisted, and they produced it in Manx, which he said was available if anyone required one.

He then brought to the notice of the meeting that following Mr McGregor Edwards request for ideas, the Committee had produced a report which dealt with, The Manx Diabetes Centre, Diabetic Children, Waiting lists for Diabetics, A Strategy Group with proper funding The Prosthetics and Orthotic Clinics, to be on the Island on a weekly basis, the No Shows, The Elderly their carers who were in fact the real care in the Community and the cheap labour of the DHSS, Rewards for long term service to hospital staff, The discharge process from Isle of Man Hospitals, The EHIC Holiday insurance, and a proposed system for implementation to eliminate waiting lists.

In its conclusion The Committee stressed that the present DHSS agenda of saving monies was Flawed, Unacceptable and Unaffordable.

This report was presented to Mr Edwards on 28<sup>th</sup> September last, and as yet we have not even had a letter of receipt or the courtesy of an acknowledgment.

The Chairman then dealt in detail with the pathetic Prosthetic Audit that had been done based on a UK questionnaire submitted by just 34 patients with no medical input.

At no time was the question included in the questionnaire as to whether patients wanted the service on Island on a weekly basis rather than once every three weeks which on many occasions the appointments escalated to six weeks.

He thanked the Chronically Sick and Disabled Persons Committee for their intervention and help. They were asking for another Audit, this time by professionals from across the water, as they were not happy with the way the audit had been done, and also wanted to know the "remit

and the membership of the Clinical Audit Team”.

The Chairman then explained Mr Edwards interpretation of events, and that presented by the Chronically Sick and Disabled Persons Committee and Dr Khan, and left it to the meeting to judge as to who was right.

The Chairman emphasised that under his Chairmanship the Committee would continue to fight for the well being of the Manx Diabetic Disabled patient until such time as the weekly clinics had been achieved.

He was of the opinion that the money already existed to pay for full time staff, as the DHSS was already spending £332,750 on bringing over the staff from Dublin once every three weeks, and products purchased or manufactured for patients.

The Chairman then thanked Mr Houghton MHK for his interventions during the course of the year, in the House and Tynwald on behalf of the Manx diabetic patient, and for all his advice during the course of the year.

In his conclusion the Chairman paid tribute to Mr Jim Hall who had passed away at Noble's on Thursday 1<sup>st</sup> March after a very short stay there.

Jim was a life member of the Friends of the Manx Diabetes Centre.

He remembered the help that Jim had contributed to the well being of the Manx Diabetic Patient of whom he was a long term supporter.

He brought to the notice of the meeting that he could always turn to him for advice which was readily given, and that he would be sorely missed.

He ended by saying that he would like, on behalf of the Group, which he so unselfishly and enthusiastically supported with his time and energy to convey our condolences to his family, and in particular his daughter Julia and his son John.

May he rest in peace.

The meeting then moved to the election of Officers. The Chairman explained in detail, why none of the Committee would be standing for re-election.

The outgoing Chairman then invited nominations from the floor for the election of a new committee.

As there was no one forthcoming, it was proposed to proceed with Option Two on the Agenda. The motion as proposed by Dr Blackman was then considered and unanimously agreed.

We have already dealt with this in the first article of this newsletter.

There being no other business it was decided that the next AGM would be held on the Thursday of the first week in May 2008.

## ***THE LAST LAUGH***

The last laugh has been sent to us this quarter by Shirley, who has a unique sense of humour, and to whom, with much love, we thank, for her sexy contribution.

The old couple had made a pact, that whoever died first would come back and tell the other what it was like on the other side.

The old man went first, and after a little while came back to tell her all about it.

“So” she asked “what’s happened”

He explained, “Well its like this, I get up in the morning and the first thing I do is have sex.

Then I go out and have breakfast, after which I go back home and rest till lunch time.

Before lunch, I again have sex.

Then after lunch I have a long siesta.

In the evening before I go out to dinner I have sex, and before I go to sleep I again have sex”.

“I understand what you are saying but is that all?” she asked.

“No we have to dodge a lot of flying object”

His wife was excited and very insistent, “What kind of flying objects? What kind of flying objects?”

“How do I know” he said “I have been reincarnated as a rabbit on a golf course”.

**Getting married for sex.... It's like  
buying a 747 for the free peanuts.  
Jeff Foxworthy. American Comedian.**

