

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 18

Date: December 2007

i

A MERRY CHRISTMAS AND A HAPPY NEW YEAR

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.

Website: www.diabetes.org.im

e-mail: editor@diabetes.org.im

e-mail: secretary@diabetes.org.im

Dr Amutha Krishnan has left the Manx Diabetes Centre to take a post in Aberdeen

The Manx Diabetes Centre leads the way with the use of Byetta.

The Strang Ritz, the Cordon Bleu Gourmet Cuisine and the United Nations.

In this issue

Dr Amutha Krishnan leaves the Manx Diabetes Centre
The Manx Diabetes Centre leads the way with the use of
Byetta

Editor's Note

Explanation

My First Stay at The Strang Ritz

The Second Stay at the Strang Ritz

The Cordon Bleu Gourmet Cuisine at the Strang Ritz

The Rev John Guilford Christmas Message

Gongs all round: Note on Bright Ideas

Another Bright Idea

The Shepherd and the Yuppie

The United Nations at the Strang Ritz

The Love Note

The Hyperbaric Chamber

The Chronically Sick and Disabled Persons Committee

Annual meeting with the Groups

Introduction of a New Hospital Gown at Noble's

News Update

The Last Laugh

The Three stages of Life

Dr Amutha Krishnan leaves the Manx Diabetes Centre.

Dr Amutha Krishnan who has endeared herself to the Manx diabetic community since her appointment to the Manx Diabetes Centre when she took post in December 2004 has unfortunately left the Manx Diabetes Centre.



Dr Amutha Krishnan

She left at the end of October to follow her husband who has for a considerable time worked and is well known at Noble's Hospital.

Her husband Dr V B Krishnan has taken up a post as Specialist Registrar in Acute Medicine at Aberdeen Royal Infirmary.

**Feegans
Deli**

Food to eat in

Food to take away

Food for thought

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

Dr Amutha Krishnan herself is taking up the post of Specialist Registrar in Diabetes and Endocrinology at the Diabetes Centre at Aberdeen Royal.

The Aberdeen Royal Infirmary is a teaching hospital.

They both hope that at some time in the future they might be able to return to Noble's where they have many friends, and to the Island which they have taken to their hearts and enjoy the way of life.

Dr Krishnan's husband has now the necessary qualifications to apply for a consultancy post at any hospital were a post to become available.

The Diabetic understands that Dr Sasi who stood in for Amutha during her maternity leave, will be covering her post at the Manx Diabetes Centre on a temporary basis.

In the meantime *The Diabetic* has been informed that the Centre will be looking to advertise her post in a few months time.

The Committee, The Friends of the Manx Diabetes Centre, and indeed all those who have come into contact with Amutha, wish her and her husband all best wishes in their new appointments and sincerely trust that sometime in the future we shall be able to welcome them back to the Isle of Man.

Unfortunately the Scottish gain is our Manx loss.

The Manx Diabetes Centre leads the way in Byetta

You may recollect that in previous Newsletters we have been highlighting the diabetic benefits of using the saliva of the Gila Monster reptile as a drug in the fight on diabetes.

Well it now transpires that the drug created from the saliva of this venomous lizard is now available to diabetics in Scotland, but not in England.

The Scottish Medical Consortium has approved the use of Byetta, whilst the National Institute for Health and Clinical Excellence in England has not yet started to assess the drug.

However, *The Diabetic*, first with developments, understands that the Manx Diabetes Centre abreast with the latest

innovations in the fight for diabetes control is now doing trials with Byetta.



Dr Emran Khan

The Diabetic spoke with Dr Khan who told us, "We have started using Byetta in a selected number of patients and auditing our work to see how they are responding" he explained that "it is too early for me to comment on my personal experience with the drug. The initial usage of it in our Centre seems to be positive. The trials have suggested it is a very useful drug in the armament of helping our Type 2 diabetics".

Dr Khan concluded by saying "We have not had any restrictions put on its use on the Island and hopefully we will not have to face any"

We are most grateful to Dr Khan for his comments and applaud his initiative.

We also thank all Island diabetics taking part in the trials.

Once again our Diabetes Centre is second to none and leads the way in the pursuit of diabetic developments, diabetic care and diabetic excellence. Congratulations.

Editors Note:

I apologise for not having brought out *The Diabetic* for the September issue, but I had an enforced stay at the Strang Ritz for four and a half weeks, with a gap of a couple of weeks, and then another two and a half weeks, which made it impossible to get *The Diabetic* out on time.

Not to mention three amputations and a visit to the Intensive Care Unit.

The general consensus was to skip the September issue and bring it out in December as usual.

Again with profuse apologies which were through circumstances beyond my control.

Explanation



THE STRANG RITZ

As stated above I was unable to go about gathering information as I usually do, as I had spent over one month at the Strang Ritz, and then had to return for another two and a half weeks, where after three operations, they eventually amputated my remaining leg below the knee.

Please, no tea and sympathy as this is not a sympathy trip or an ego trip. It's a celebration.

With your permission, I have decided to impart some of my adventures during my two stays at the Strang Ritz for your amusement, which I hope you will enjoy.

In the first instance I would like to put on record the efficiency, dedication, devotion to duty, patience and expertise of the Surgeons and their teams, the Consultants and their teams, Doctors, Sisters, Nurses and everyone connected with care in the two wards that I was booked into, that goes beyond the call of duty on behalf of their patients, and the compassion that they brought to their work, that made my very traumatic stay at the Strang Ritz not only bearable, but also hilarious and most enjoyable.

You must have a sense of humour if you have lost both legs.

I must not forget my new fantastic friends at Intensive Care and those who worked miracles to get my heart back on track and brought me back from oblivion. Thank you all.

It is these handful of dedicated doctors and nurses, these wonderful, really professional people that keep the hospital services going, and not the civil servants in their Ivory Towers at Markwell and Crookall House, who should be home playing tiddlywinks, but who presume to think they know all, and pontificate on agendas that have many times been flawed.

In saying all the above and having established clear parameters, let us proceed with my adventures at the £111 million plus Strang Ritz.

LAUGHING IS GOOD EXERCISE IT'S LIKE JOGGING ON THE INSIDE

My first stay at The Strang Ritz

Having booked to go to Gibraltar to see the family for a few days, we were all looking forward to the trip.

However on the morning of the 4th June my third and fourth remaining toes on my right foot all of a sudden took a turn for the worst, literally looked beyond the pale, in fact they looked as if they had been painted black by Picasso in one of his cubism masterpiece efforts.

I was lucky that I already had an appointment set up with Dr Khan for the 7th June.

When he saw them, Dr Khan made the profound decision, which we had all somehow got resigned to, that they had to come off.

No Gibraltar, weeping and gnashing of teeth in certain quarters across the peripheral divide.

That afternoon I was on the ward and Mr Crerand came in to have a look, and announced that he would take them off the next morning.

At this stage, my travel agent had only made a tentative booking at the Strang Ritz for a week (with options of course to renew).

In my wheelchair I was ushered into one of the many side suites at the Strang Ritz, as they would not let me go into the main ward having visited a hospital in the UK ten days earlier.

Isolation you know, but the place was always like Piccadilly Circus with everyone coming in for a laugh.

The suite, suite 7, immediately designated by me as the NME suite 7, was unfortunately saddled with £111 million pound plus problems.

As soon as we went in, it was quite apparent that the wheelchair would not fit or manoeuvre on any side of the bed, and because of the positioning of the wash bowl, in line with the bottom of the bed, the wheelchair would not easily traverse between the wash bowl and the bed, to get to the other side, not that it would have fitted between the other wall and the bed.

The wheelchair was stuck in the corridor and I with it. I could see my objective, the bed was unattainable, so near and yet so far.

A fantastic and forward looking bit of planning, taking every consideration into contention.

In any event there was no room for the wheelchair between the bed and walls, and if we had swung the proverbial cat, it would probably have decapitated itself against one of the walls.

Incidentally, we assure you that no mammals were hurt or put at risk in this Strang Ritz production, except myself.

I was told, "and you are lucky because this is the biggest side room on the whole ward, all the others are much much smaller".

What? Smaller? How could that be possible with the amount of money spent? What were the others like then? Little Wendy Houses?

Again wonderful wonderful planning, and commendations to the Government for having the foresight in accepting the plans.

Anyway, the Sister, Jan and I sat there holding back bouts of laughter at the ridiculous predicament we were in. Under these conditions I would never be able to go to bed. I would have to sleep in the wheelchair. Gosh, what a thought, what a prospect, what a nightmare!

I in the wheelchair in the corridor, unable to get properly into the room, and the room full of people.....two, Jan and the sister.

It did not take us long to find the solution, we decided it was furniture shifting time, and to push the bed against the far wall, or was it the near far wall, it did look so near, to enable us to get a little space to get me and the wheelchair in between the bed and the other wall, otherwise I could never have got near the bed.

Fortunately the design of the room enabled us to store the wheelchair and all the other medical equipment in the toilet, when not in use, (and get the bed back into the middle of the room) it was like a full store room and not a toilet. The nurses took out equipment as required, this so that people could have a clear passageway and enable them to come in and out of the room without let or hindrance. Otherwise it was not beam me up, but beam me round the corner into bed Scottie.

There you go, it shows what you can do when you set your mind to it. We were proud to have

solved the puzzle as set us by the designers of side room suite NME 7 at the gold plated Strang Ritz.

As I was told, "the ridiculous positioning of the wash bowl in line with the bottom of the bed does not enable any bulky equipment to get to the other side of the bed if we have a cardiac problem".

We must now turn our attention to the en-suite bathroom.

What can I say, a beautifully done wet room that would have graced any five star hotel anywhere in the world.

Then with £111 million plus at your disposal, it is what you would expect..... or would you?

I have been in many wet rooms in many hotels, and this one.....in principle and at first sight, matched theirs, until you walked in, in my case until I was wheeled in.

The wet room had a loo, shower and wash hand basin. Everything was confined to a very small floor area not conducive to wheelchair use.

Let us analyse its design that must have been done after long, detailed and copious consultations with doctors, nurses and disabled people.....said he with tongue in cheek, don't you believe it, it maybe was just with civil servants in their Ivory Towers. The latter appear to have been the appropriate decision makers, because whoever it was knew nothing, or very little about the requirements of nursing or disabled people.

Well, the loo had ample grab rails all round it, but the loo was too low for a disabled person, and consequently the nurses had to produce a contraption, like a commode that goes over the loo, and you are sitting as if on a hansom cab, way up in the air driving the horses. Because of my prosthesis, this was to enable me to use the loo comfortably.

Instead of a sliding door, the door to the toilet swung inwards, so, once you went in with a wheelchair, no space, and you could not close the door.

You had to do your business al fresco, all you needed was a little table, the San Miguel and the Tapas and to ask anyone that came into the room unannounced to join you.

Unless of course you took some overworked nurse from their urgent chores, just to take the

wheelchair back into the room and close the door, and wait in the room until you had finished, and then go through the whole process in reverse.

It was a safari adventure every time I went to the loo, with the unexpected expected, and so exciting.

But there's more, there's more, it was impossible to wash in the bowl, because your knees preceded you, hit the wall under the basin, which had been extended forward underneath the bowl, possibly to hide pipes or something, and you could now not comfortably reach the taps or into the washbowl itself. Great planning, great planning.

I had to wait for Jan to come, so that she soaped and handed me the flannel to wash, or had the wonderful angels of the ward give me a bed bath which I was loath to do, as there were so few of them on duty and were so hard pressed, I did not like taking them away from real problems. Remember by now I did not have any feet to stand on.

We now come to the shower itself.

Not a grab rail in sight, so I don't know how the planners expected a disabled person to manoeuvre or hold themselves up, without grab rails. I did bring to bear my little bifocal binoculars, but none of the beasties were in sight. They were as rare as the Loch Ness Monster.

It had a fold down seat that was about **one foot** off the ground which was an impossibility to sit on, or even if you managed, once sat on, the disabled person would have needed a crane to have got up from it. I think not even an able bodied person could have used it.

The sister said that if I wanted a shower, "we can get you a commode and place it in the shower", but I respectfully declined as there were no grab rails about, and I could therefore never have got in or out without lots of help from an already over worked wonderful staff, or they could have used their hoist crane she said, and that was too much of an effort to put them to.

So I went without a shower for my time at the Strang Ritz, just washes with the help of the nurses and Jan.

Of course every time I needed to go to the loo, we had to send in the removal people to empty the bathroom of everything that was not bolted to

the ground, including the bin to be able to get in with the wheelchair and get to the loo.

I think that when the bathroom was originally designed, and the plans accepted by the Government, the Government must have been expecting a Circus with a plethora of disabled little people to come to the Island and all get sick at the same time.

So much for that, now we come to the operations themselves. No don't worry nothing too gory.

As is my norm I refused to have an epidural so they put me under, as I am very squeamish, not even watching Casualty. If you too are squeamish, look away now, just kidding.

Unfortunately the first operation did not go as planned, as my little so and so of a ticker decided to play up, and said, "sod this for a game of soldiers, I am not playing this sort of games any more" and gave up. How uncouth and condescending of it, the plonker, when I needed it most. I was past death's door.

Controlled Panic, controlled Pandemonium, Equipment here there and everywhere, and their fantastic expertise forced it to start working again much to it's chagrin and disappointment. It was forced to accept the inevitable, and lo and behold, I was alive again.

I have to tell you, that contrary to what people say I saw no tunnel and no light at the end of it.

Since then I have worked out why I saw no tunnel and no light, because someone up there seeing what was happening said, "we don't want that trouble maker here just yet, quick put out that light at the end of the tunnel, let him annoy the DHSS for a bit longer, let him be the thorn in their side, let him resolve their problems, we certainly don't want him up here just yet", so no light. No way forward, no option, I had to turn back.

And incidentally I have not become a psychic,

The only prediction that I can safely make is, if the DHSS continue with their crackpot ideas, and don't make better use of their finances, they shall be regularly at Tynwald's door cap in hand asking for more and more money.

When I came to, I was like the Blob in Dr Who, I had tubes coming out of everywhere, you name them, I had them. I had cables attached to

everything that was static, reminded me of the army, “if it doesn’t move paint it white”.

I had draining tubes attached to and coming from everywhere they could have thought of, even my neck, with bottles hanging everywhere and little needles stuck into me to administer the goodies that the many bags of sweets above my head contained. It was like going to a fancy dress ball as the best pin cushion in town.

In fact I am sure that had they taken the bed out from under me, I would have self levitated without any help from Paul Daniels and Debbie Magee.

Anyway, in panic I suddenly realised that I was not in my bed in the familiar surroundings of suite NME 7 in my ward.

Everywhere my blurred gaze fell there were monitors and shadowy figures that at that point I could not really make out walking in the darkened background.....I felt like being in the Tardis or a darkened television control room.

All of a sudden I started to focus better and what to me seemed to be Billie Piper (you should be so lucky), but much nicer, had materialised on the left side of my bed and on my right what appeared to be Dr Who coming at me with his sonic screwdriver.

This turned out to be the angel Brenda on the one side and the archangel George on the other, not with a sonic screwdriver, but with a delicious syringe with more sweets for my delectation.

Out of the corner of my eye I saw Jan sitting beside my bed.

In the meantime the first words I heard were in a monotone controlled voice saying, “we must be careful that we do not over medicate him”.....Charming I thought, who are these people that don’t want to over medicate me? This was not heaven, or even hell, so where was I? Think man Think.

This disembodied voice was coming from the podium at the bottom of my bed, which was the fountain of all cables that were attached to me.

Was I seeing God sitting on the podium surrounded by all the coloured lights that can be seen on the bow after it rains?

I am sure had I been Eizekiel, I would have tried to get out of bed and fallen on my face. But I was exhausted and past caring. I said to myself, wherever I am, let them throw everything at me,

be brave you can take it. Who has always been the macho man around here then? I was not hurting so who cares.

These words, the first I heard after the arguments with my heart, were reassuring as at least I felt someone was in control somewhere and calling the shots, it was not me I can assure you. Yes, it turned out to be the voice of the head honcho at intensive care. I realised I was still alive, in intensive care, and relaxed somewhat.

I guess I am a trouble maker wherever I go, for after twenty four hours in intensive care they threw me out and back to my suite NME 7.

There, I was received with open arms by my friends, my own angels of mercy, with enthusiasm, smiles and happiness, which was the tonic I needed to face what I thought, was the start of my recuperation. How mistaken I was, but at that point I was in heaven again.

I still had some of the major tubes hanging from me and the cable paraphernalia. Oh what joy, to be loved again even if I resembled a pathetic third or fourth hand bionic man.

But it was not to be, as soon as the Tissue Viability Nurse saw the foot a few days later, she said “this skin is not viable and it will never be, so we have to go in again”.

Talk about Mohammad Ali hitting me with a right hook, it was more like a challenger tank making a pass over me.

I agreed with Mr Crerand that he could take as much of what was left of the foot as was needed to make the situation viable.

So back to the drawing board, and into the theatre once again, this time they said, “no way Jose, we are putting you to sleep again, and have a repetition of what happened the last time, this time whether you like it or not, it’s an epidural”.

There I was flat on my back, listening to their commentaries, the miniature chain saws or whatever, cutting through flesh and bone, and the chatter.

The anaesthetist, took on the role of Newscaster, reassuring me with a running commentary as to “not to worry”, “everything is working out OK”, “it is looking good” etc etc, which I appreciated, but I should have been on the beach in Gibraltar with a cool beer watching the ladies, as my son used to say when he was little, in their binikies.

Being wide awake, I thought that this time I would really never survive it, I had said my goodbyes and given my everlasting advice, but to my surprise I did, and the old ticker rose to the occasion and held out, though I left all my adrenaline oozing all over the operating table and the floor of the operating theatre.

Oh by the way, there I was alive to my surroundings and what was happening, as they could not give me earphones to stop the chaff. I was told that they appeared to be broken.

The first thing I did when I was taken into Douglas again after leaving the Strang Ritz, was to go to HMV and I bought the poor DHSS a set of headphones so that patients don't have to go through the terrible ordeal that I went through.

These I sent to the Acting Hospital Manager, with my compliments.

They were eventually returned to me as they claimed that though they were sealed in a blister pack they were not sterilised. They informed me that a Charity had given them some, presumably in blister packs or boxed and they must now have to sterilise them.

Anyway from then on it was all go, or so I thought.

But being serious, the staff were wonderful, I could not have got through this terrible trauma without their buoyant bubbly selves making me look on the bright side of things.

The doctors came in for a laugh and everyone came in for a laugh, so much so, that even nurses from other ward areas came to see me, as they put it, "we have heard so much about you, that we just had to come to see for ourselves" Isn't that tremendous?

Adoration.....fame at last.

You're growing old when you get the same sensation from a rocking chair

The Second Stay at the Strang Ritz

After a few weeks on parole, I started to have problems with what was left of the foot from the second operation, in particular where they had put the screws, as they had become infected.

As we had not gone to Gibraltar, my son decided to come for a long weekend to stay with me.

Jan went to the airport on the afternoon of the 2nd August to collect him, in the meantime at home what was left of my foot started to bleed.

When they returned we called the ambulance and it took me to A & E. Needless to say my son who had just arrived dropped his bags and rode with me to the Strang Ritz.

After a few hours at A&E, having been seen by the surgeon etc, I was sent to ward 6 for assessment.

Then a day later I was referred to a medical ward, not the ward I had been in before.

Low and behold I was put into suite 7 with the exact configuration as that I had had during my previous stay at the Strang Ritz in suite NME 7.

I immediately christened this one, suite ET 7.

At least we now knew the ropes and there were no hidden surprises, as it was exactly like the one I had vacated in the previous ward a couple of weeks before, and of course, again not suitable for a disabled person.

Once again what can I say, the nurses and all staff were superb and I got nothing but love and extreme care with a smile and with enthusiasm.

To cut a long story short after tests I was informed that the pins on what was left of the foot were infected and the only solution was to go in again and cut below the knee and therefore eliminate all the infections.

No alternative was there? So off we trekked back to the operating theatre. The third operation in six weeks. Another epidural, again no headphones even though I had given them one weeks before, The Management must not have been listening even though they were holding the headphones. Maybe there is something wrong with their hearing at the top echelon, so I took my own.

Nonetheless things didn't go as I had expected and I could still hear everything that was happening the miniature chain saws and even to the now welcomed news commentary. However, thank God I came out alright.

When they finished they held up both legs to show me that they had done a good job, and had cut equidistance from the knee so that what was left of both legs were the same length. They had done a fantastic job and I was glad to see what was left of them.

Back to the ward and my friends, the cordon bleu cuisine, and the “gourmet delights” of lunch and dinner, God help us all.

This time things were on the up and up, but now I had no legs. My source of infection had been radically and drastically eliminated.

When they took alternate stitches out nine days later, they politely asked me to vacate my room at the Strang Ritz, as my second provisional booking had come to an end.

My travel agent told me no more bookings were available.

I was very happy to oblige, even though I was going to miss the “spacious” £111 million plus surroundings.

An ambulance came for me and took me home.

By this time my son had long gone back to Gibraltar. The only quality time we spent together was at suite ET 7.

I would stay in bed with the bed against the far wall so that he could sit on my wheelchair.

There was no point in crying at the loss of my other leg, we all have to make the most of things, as I maintained, now I shall not be able to play for Manchester United, but I can always go into management. Alternately I could always buy myself a Spitfire on H.P. and emulate Douglas.

My sojourn at the Strang Ritz was something that I would not have missed for the world.

Surrounded by extra efficient nurses, is something that I can never repay, but that will stay with me all my life, and I hope that I have made eternal friends.

Unfortunately I shall not be able to meet them in the streets, I cannot invite them to dinner to my house or to a restaurant to thank them for what they did for me. Not even buy them a tea at a tea room in town, nor even stop and talk to them in the streets, as I have been told by the highest of the highest of Noble’s management that that would constitute “Bribery and Corruption” and even talking to them in the streets would compromise them.

These people are impinging on my human rights and are restricting me from talking to anyone I like.

Anyway I was never brought up to turn my back on people, especially those who have helped me, and I do not intend to start now, as I

shall be eternally grateful to them **THANK YOU ALL.**

I for one have always thanked God for whatever he has thrown at me, including my various amputations, diabetic nibble surgery you know (five amputations in all), and for giving me the comprehension and understanding that throughout my life my glass was always half full and never, never half empty.

You also must make sure that you have your glass constantly half full, and if you want to live long and prosper, make sure that you never take a day off, I nearly did and look what happened when I tried, I ended up in intensive care.

Incidentally the downside to the whole adventure, were the indignity of the bed baths and the degradation of the bedpans, one would have thought that in this day and age someone somewhere would have invented something better.

However the brighter side is, that though it was drastic, and I don’t recommend it to anyone, I have now done more than my bit for the Eco-system and Global Warming, as with no real legs, I shall now not be leaving any carbon footprints.

BUT I SHALL WALK AGAIN ON ARTIFICIAL ONES.

In fact I have already been walking with crutches and by myself.

God Bless you all.

**Do you know why hospitals serve so much soft food?
So when you throw it out of the window it won’t hurt anyone passing by.**

The “Cordon Bleu” Gourmet Cuisine at the Strang Ritz.

I cannot possibly end recounting my sojourn at the Strang Ritz without mentioning the gourmet delectation the DHSS serves under the guise of what they term “food”.

At Old Noble's there were kitchens and proper food, at the Strang Ritz, as usual in an endeavour to save the wrong kind of monies, God knows what they are doing, sometimes nothing to write home about but OK, and sometimes it was yak that you wouldn't feed to your dog.

At one stage the "diabetic pudding" was like dog's poo and no one in the room, nurses and dinner ladies knew what it was, but the consensus of opinion was "don't touch it". The label on the blister packaging had been torn off so that you didn't know what it was or if it had a sell by date.

I used to be given these "diabetic puddings" which was hilarious, on more than one occasion I was handed a plastic container that said on the lid, **DIABETIC PEARS.**

I asked where was the diabetic tree they came from? as I wanted to plant an orchard in my back garden, could maybe make myself a bomb.

I opened the plastic tub and was at a loss as to whether to eat them, or inject the pathetic diabetic pears with insulin and put them out of their misery.

On the whole as I have said sometimes it was good and sometimes not so good, it was terrible, especially if there were elderly people on the ward, **but it was certainly not what was required in carbohydrates for a diabetic patient, to sustain them from one injection to the next.**

From dinner time to breakfast time there was a gap of fifteen hours.

I have never had so many hypos in my life as I had during my six and a half weeks stay at the Strang Ritz, nearly one a night, and I have been diabetic since 1972.

You had to have toast and a drink at intervals all through the night, every night, to keep your sugars up.

If I rang the call bell, the nurse would come in and say "we already have the toast on the go" without me having to open my mouth. This was at midnight, 2 a.m., 4 a.m. or sometimes 6 a.m.

So there was no rest for the wicked as you were awake most of the night giving the nurses the run a round, doing toast for you, it was like visiting an all night diner.

Incidentally there was a very posh menu book in my bedside cupboard, which I presume was in all bedside cupboards in all wards at the hospital.

It was so posh, it must have cost the DHSS thousands upon thousands of pounds they can ill afford to spend.

In its introduction it said that the menu book had been devised in conjunction with the catering and dietetic department, but in the next breath it says that it is modelled from the United Kingdom better foods initiative.

We live in the Isle of Man, why can't we do things our way instead of accepting everything some other country does.

It claims that the purpose of the book is to inform you of the facilities and service you can expect during your stay at the Strang Ritz.

It was splitting sides time.

It continues, both departments are committed to ensuring that the meals provided will compliment your treatment and assist in your recovery.

It did not compliment any treatment or assist in any recovery.

I am sure that neither personnel of these departments would eat most of these meals provided at the hospital when they are at home.

The pictures of the meals in the posh menu, the breakfasts, the dinners, the facilities available and the snacks, seem to be all in the producers of the menu book's fertile imagination.

I did ask the doctors, nurses, and the dinner ladies if they had ever seen or served any of these, and they were all unanimously adamant in never having seen them or served them before. They were none existent.

None of what was depicted on the pictures was available, at least not that I could see. I did ask for the kidney pie etc as depicted on the lunch picture, but it could not be brought to me.

It was figments of imaginations and creative photography.

In fact I think that we would have a pretty good case if we took the DHSS to court on the Trade Description Act.

In the old days when Mrs Metaxas was in charge of dietetics if you complained, she was in the kitchens cracking the whip.

I wondered where the hospital dieticians have got to now, and why they were not standing up to the plate and being counted, the mash even seemed to have been made with powdered potatoes, something that went out with the dinosaurs, or was it the Martians?.

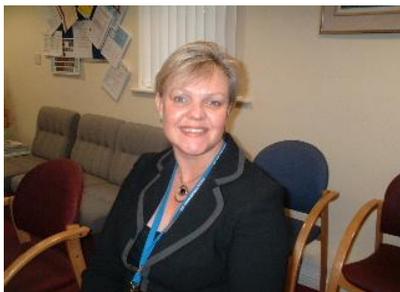
I would respectfully suggest that a diabetic dietician stays at the Strang Ritz for a month and enjoys the delights that they themselves are prescribing for the patients, the elderly, and in particular the **diabetics**.

Maybe we can then have a competition and see if they can beat my hypos on a nightly basis.

Incidentally, I wanted to discuss why the diabetic food is a problem and why the carbohydrates are not adequate for diabetics, so I called on Mrs Christie the Dietetic Services Manager for an informed opinion as to why the food in the main was so bad for diabetics and not as depicted in the photos of the posh menu book.

My concern was with the **diabetic food** intake and not for the normal patients. If any of the normal patients are unhappy with the food, they should get in touch with the appropriate departments. If you don't complain you shall get nowhere.

This is what Mrs Christie had to say.



Sue Christie

The editor started by congratulating her on her getting a MBA degree, and asked what the letters stood for.

She said that the MBA stood for Masters and Business Administration, it was a Masters degree.

The degree had nothing to do with diabetes as it was a management qualification.

She explained that she had two roles at the moment she was Dietetic Services Manager but she was also acting for Barbara Scott in the capacity of line management for physiotherapy,

occupational therapy, pharmacy, audiology, and clinical referral supplies.

She was no longer hands on with dietetic patients in the diabetic field because of her many commitments, but nonetheless she is leading the department and making decisions that affect what happens with dietetics, but she is not physically seeing patients at the moment because she just hasn't got the time.

The Editor then explained the purpose of his visit and brought to her notice the deplorable situation regarding food for diabetics in the wards.

He enumerated the problems he had encountered during his stay in hospital and wanted action to resolve all these problems that were encountered by all diabetics at the Strang Ritz.

He pointed out that because of the lack of carbohydrates he had never had so many hypos in his life in such a short period.

He showed her photocopies of what the DHSS claims was being provided at the hospital which he claimed was bunkum and not to be seen anywhere.

He quoted from the menu booklet saying that it claims that it was done in conjunction with the catering and dietetic departments and that claims that the meals provided will compliment your treatments and assist recovery.

He was adamant that it did not compliment any treatment and it certainly did not assist recovery.

Mrs Christie wanted to know if he had made any complaints to the catering manager?

She was told that he was making a complaint to her as the Dietetic Services Manager. .

Mrs Christie was of the opinion that he should have had bigger portions in particular potatoes but he explained that as the potatoes were done with smash it was not in his league.

What we do she explained, is we look at the menu that the catering department can provide but pointed out that she did not cook the food.

The editor compared the old days menus with those provided at present.

Mrs Christies felt that he should have been referred to the dieticians and then maybe the situation could have been resolved. They could

not resolve any problems if they were not aware of them in the first place.

He explained that as there was a fifteen hour gap between dinner and breakfast, you had to ask for food during the night, something he was loath to do due to the workload of the nurses and that his wife had to bring him fruit and sandwiches to keep him going.

Patients, said Mrs Christie should not go hungry on the wards, and she emphasised that there were facilities for food at all times if the patient asked for them, and reiterated that if the relevant departments didn't know about the problem they could not address them. He was of the opinion that they should be aware of these problems and make themselves aware of these problems, not wait until someone complained.

The Editor explained that he was only interested in the diabetics on the wards that were in the same predicament as he had been, having hypos because of the fifteen hours gap.

Deserts, he said, came in blister packs, to which Mrs Christie was of the opinion that that should not be the case, but that it should be served in a bowl. But she explained that the blister packs were because everything is now in a regeneration trolley, and that all the Hospitals in the UK are using this system.

One again the Editor was adamant that we were in the Isle of Man and we should not follow blindly if it did not work for us.

She insisted that they could not alter the system now, as the DHSS had invested huge amounts of monies into the present system.

He felt, that as usual it was not working.

The discussion was long running and to her credit Mrs Christie took all the points on board and promised to look into them.

It was finally agreed that if a patient was a diabetic they should not have to ask for food to keep their sugars up, but that they would automatically be given food at 10 p.m.

As regards fruit, patients would be made aware of what was available on the trolley.

We are most grateful to Mrs Christies for seeing the diabetic point of view and undertaking to look into the matter, and we thank her for giving of her valuable time to talk to *The Diabetic*.

With something like a £2 budget per day per patient it is very difficult to keep everyone happy, the Editor however insisted that irrespective of the budget, the diabetic must have the proper food intake.

All in all an experience not to be missed, and I recommend you all to exercise your right to complain if you have stayed or have to stay at the Strange Ritz and encounter similar problems.

The Diabetic will continue to keep its ear to the ground.

Diabetes Nursing Service

Telephone 650860

The Manx Diabetes Centre will always try to answer your call, but if no one is available please leave a message with your name and number.

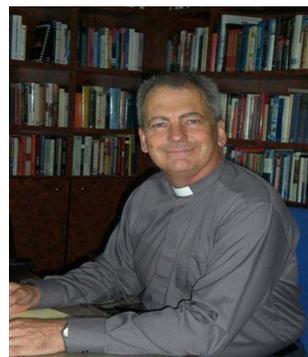
Messages are collected at 10am. and 2pm. Please note this is not an emergency service, if your call is urgent please contact your GP.

Thank you.

The Rev John Guildford: Christmas Message.

Well, here we are again, another year almost at an end! I hope and pray that 2007 has been a good year for you.

Looking back on this past year the dominant memory for me has been the way the word 'Freedom' has filled my life.



The Rev John Guilford

It began in March when we celebrated the 200th anniversary of the abolition of the slave trade.

The life of William Wilberforce was acclaimed, both on television and in the press,

and also with the release of the excellent feature as head of the film 'Amazing Grace', which I found truly inspirational.

Later in the year, in July, we had an event that I know many of you look forward to - the Flower Festival.

This year, because of the abolition anniversary, the festival carried the theme, 'Set My People Free' and churches throughout the Island were decorated beautifully, interpreting the theme of 'Freedom' in many different ways.

On a more sobering note the theme of freedom has been prominent in the media in much more contemporary terms.

As we debate Human Rights or the Justice System we never get far away from the consideration of individual freedom.

When we complain about 'The Nanny State' our complaints, varied though they are, are all about how legislation impinges on our freedom to do just what we want to do, when we want to do it. And yet I wonder whether this search, this demand, for individual freedom has not taken us just a little bit too far in the wrong direction?

Running through my head all year has been a line from a song written by the Scottish-born Australian folk singer Eric Bogle.

Eric wrote a song many years ago about the execution of a young black man in a South African prison and called it 'Singing The Spirit Home'*

The chorus contains the line "Until the last chains fall, freedom will make slaves of us all" and I just wonder whether this line carries a unique truth and that our search, our demand for individual freedom, does indeed make slaves of us all.

William Wilberforce and his colleagues deserve our utmost praise for their work in ridding the world of legalised slavery.

They quite rightly asserted the profound immorality, the impossibility, of one human being owning another, but slavery comes in many forms and we must all be attentive to this.

We can become slaves to our search for wealth, for possessions, for status and yes, for freedom, and in so doing we run the risk of losing sight of the needs of others.

In our desire to do just what we want to do we must always consider how our actions affect others and temper them accordingly.

We all live under authority, but we do have the freedom to live under the authority we choose.

Many of us choose to live, not under the authority of God, but as slaves to the values of the world, believing this to be living in 'perfect freedom'.

In the gift of the Christmas Baby, God gives us a different choice and the best I can wish you all as we approach 2008 is the excitement, the expectation that accepting God's gift and taking Jesus Christ into your life can bring.

I wish you all God's grace and peace this Christmastide.

(* 1994 Greentrax Recordings *CDTRAX 082D* – 'I Wrote This Wee Song' Eric Bogle Live. CD 2, Track 2.)

Barbara remains in the hospital and needs blood donors for more transfusions. She is also having trouble sleeping and requests tapes of Pastor Jack's sermons.

Church bulletin listing.

GONGS ALL ROUND. NOTE ON BRIGHT IDEAS

Mr Teare and his civil servants, or rather his civil servants and Mr Teare have once again come up with another exhilarating and wonderful idea.

Don't know where they get them from, must be very taxing and nerve racking.

The Diabetic thinks they should get first prize for think tank wash outs.

Health workers have been asked to consider the effects of a 10% cut in the budget.

Tremendous idea, good thinking batman, notice they don't say civil servants have been asked to consider a 10% cut in their salaries.

So there is no truth in the rumour that Mr Teare, Mr Norman McGregor Edwards and Mr

David Killip are going to lead the way with a 10% cut of their own salaries.

ANOTHER BRIGHT IDEA

At present what they appear not to understand or are not aware of is, that in some shifts at the Strange Ritz, there are not enough nurses for the whole ward, and running around to try and find help from the nurse bank.

They are worked to the bone.

The Diabetic totally agrees with the administration, it would be an idea for the administration to cut 10%. *The Diabetic* suggest 10% or maybe sack 75% of the top heavy administration.

Maybe their idea of the 10% comes to one nurse having one hand tied behind their backs, and then the triumvirate could go in and help with cleaning bedpans and cleaning patient's bottoms to help the economy drive.

***MR TEARE WHAT WE NEED IS MORE
NURSES NOT LESS.
THE STRANG RITZ NEEDS MORE STAFF
MR TEARE NOT 10% LESS.
PLEASE STAND FIRM AND GENTLY
EXPLAIN THIS TO YOUR CIVIL
SERVANTS.***

**We're going to the land of milk and
honey.
Anybody knows the way?**

Mrs Clare Christian sometime prior to the move to the Strang Ritz, said in the House that she already had 60% of the complement of the staff required for the Hospital, and all members of the House banged their tables in appreciation, and ecstatic glee.

The media also applauded these efforts.

However where the Editor of *The Diabetic* comes from, in his Radio and Television Station's News Bulletins, they would have pointed out, that the Minister was missing 40% of the staff.

If the total staff required was 2000 persons to run the hospital efficiently, she was missing **800** people. Oh what you can do with statistics you

can make them work to your advantage every time.

So what we want to know from the Minister, before he ventures into a 10% cut debacle, is how many of those 800 are still missing? If not where have they come from?

We don't want statistics, or percentages, what we want are actual numbers. The nitty-gritty, you know, like 1. 2. 3. 4. 5 etc which should not be too hard to produce.

If we have any missing, we would respectfully ask the Minister to get his civil servants to bring this anomaly up to date before they even contemplate any 10% reduction in an already overworked and depleted staff.

But most important, we must know what this 10% he is asking from the remaining supposedly 60% really means in terms of personnel, and will it be for the civil servants and the administration staff as well?

Let us have this 10% spelled out in real terms and not in statistics.

***Mr Teare, you and your staff must have
been Mensa thinking, well done.
Gongs all round.***

**Little Girl: Grandma do all fairytales begin
with 'once upon a time'?**
**Grandma: No darling sometimes they begin
with 'If I am elected I promise'.....**

THE SHEPHERD AND THE YUPPIE

The following contribution was sent to *The Diabetic* by Zoe from London, and we thought computer buffs might enjoy it.

A shepherd was herding his flock in a remote pasture when suddenly a brand new BMW advanced out of a dust cloud towards him.

The driver, a young man in a Prada suit, Gucci shoes, Dior sunglasses and Dolce e Gabbana tie, leans out of the window and asks the shepherd: "If I tell you how many sheep you have in your flock, will you give me one of them?"

The shepherd looks at the man, obviously a yuppie, then looks at the peacefully grazing flock and calmly answers: "Sure why not?"

The yuppie parks his car, whips out his Dell notebook computer, connects it to his Nokia mobile phone, surfs to a NASA page on the internet, where he calls up a GSP satellite navigation system to get an exact fix on his location which he then feeds to another NASA satellite that scans the area in an ultra-high-resolution photo.

The young man then opens the digital photo in Adobe Photoshop and exports it to an image processing facility in Hamburg Germany. Within seconds, he receives an email on his Palm Pilot that the image has been processed and the data stored.

He then accesses an MS-SQL database through an ODBC connected Excel spreadsheet with hundreds of complex formulae. He uploads all of this data via an email on his Blackberry and after a few minutes, receives a response.

Finally, he prints out a full-colour, 150 page report on his hi-tech, miniaturized HP Laser Jet printer, turns to the shepherd and says: "You have exactly 1,586 sheep".

"That's right" says the shepherd, "Well, I guess you can take one of my sheep".

He watches the young man select one of the animals and looks on amused as the young man stuffs it into the boot of his car.

Then the shepherd says to the young man. "Hey, if I can tell you exactly what your business is, will you give me back my animal?"

The young man thinks about it for a few seconds and then says: "Okay why not?"

"You're a management consultant," says the shepherd.

"Wow! That's correct" says the yuppie. "But how did you guess that?"

"No guessing required" answers the shepherd. "You showed up here even though nobody called you, you want to get paid for an answer I already knew, to a question I never asked and you know f-all about my business".

"Now give me back my dog".

We are most grateful to Zoe for her excellent and erudite contribution which we hoped you enjoyed.

Please remember to keep them coming.

THE UNITED NATIONS AT THE STRANG RITZ

The Diabetic because of its nature, cannot bring you News hot off the press, other than interviews, and therefore has to rely on reviewing comments that are made well prior to *The Diabetic* going to press.

"Name and address supplied?"

What a beautiful English phrase to hide your anonymity behind.

If you can't put your name to it, your observations are worthless. You cannot hide behind the above quotation and then expect to impose your ideas on all and sundry.

A letter appeared in the press signed "Name and address supplied" attacking the Filipino community now on the Isle of Man, helping out at the Strang Ritz, care homes etc.

The Diabetic considers this as a pathetic way to make your point, when you haven't the guts to put your name to your convictions.

The Editor of *The Diabetic*, as already pointed out, was at the Strang Ritz for over a month, and a half and through *The Diabetic* would like to inform "Name and address supplied" that these Filipino nurses, and nurses and doctors from other parts of the world, were wonderful, and without them, the wards he was in, and indeed the Strang Ritz would not have been able to function and would virtually come to a standstill.

This also applies to many care homes.

"Name and address supplied" is of the opinion that The Filipinos should all go home as they are only taking advantage of the facilities provided by the Isle of Man.

What about the other nationalities do we send them home also, or is "Name and Address supplied" only fixated with the Filipinos.

From the Editor's observations during his stay at the Strang Ritz, he was most excellently treated by personnel from the following countries to name but a few: - The Isle of Man: England: Scotland: Ireland: Wales: Finland: Australia: New Zealand: Japan: Pakistan: India: The Philippines: Germany: South Africa: Spain: Poland: Kuwait: - do we go on?

Does "Name and address supplied" suggests we get rid of them all. These people are all highly qualified professionals in their own

field, from surgeons, consultants, doctors, nurses etc.

But let us educate him or her, that some of these nurses have been working here for the past four or five years,

They have legitimate work permits from our own Government. In fact it was our Government that went to and recruited them from the Philippines and paid for their flights here.

They are fully qualified, otherwise they would not get work permits.

Also they would not get these work permits were there to be qualified Manx residents who could or wanted to do the Jobs. Which means that locally there appears to be no one able to fill these posts.

Of course they have to bring their children with them, would "Name and address supplied" abandon their wife, husband or children?

But they pay tax like he or she hiding behind the "Name and address supplied" phrase does.

"Name and address supplied" claims that the work could be done by the 500 on the unemployment register.

He or she must be aware of something the DHSS don't know, we presume that these 500 are all qualified nurses, consultants, doctors, surgeons, physiotherapists etc, and they cover every discipline our hospitals requires to function efficiently.

So if they could have done so, why haven't they already got employment at the Strang Ritz instead of being on the dole?

"Name and address supplied" is talking through their hat, but *The Diabetic* suggests that he or she high tails it to the DHSS and ask to join the nursing services, maybe as a neurosurgeon or they can just take the place of one Filipino qualified nurse.

That should resolve all our nursing problems.

They better do the enrolment quick before "Name and address supplied" gets sick and has to go to the Strang Ritz and be looked after by the same Filipino nurses he or she wants to get rid of, in the absence of any one else qualified from the dole queue wanting the job.

Alternately maybe "Name and address supplied" can start a recruitment campaign and replace them all with nurses from the UK, who will bring over **THEIR** husbands and all

THEIR children and **THEIR** families and as "Name and address supplied" suggests take advantage of all the facilities that the Isle of Man has to offer.

"Name and address supplied" Please grow up and switch to the real world. *The Diabetic* is fed up of people being insular, we must cut our cloth according to our size if we want to compete in the real world.

We must look to outside our borders if we cannot have them home grown, because unless we do, in this day and age we shall come to a standstill, and we shall have no one to look after us in our hospitals, and in our old age, which for the sake of our citizens we cannot afford to do, and the Government is right to bring them in.

Please ignore inane suggestions.

WELL DONE DHSS.

**Growing up is mandatory:
Growing old is optional**

LOVE NOTE

Love note as sent by Harry and for which we are grateful.

I shall seek and I shall find you
I shall take you to bed and control you
I will make you ache, shake and sweat until you
grunt and groan.....
I will make you beg for mercy
I will exhaust you to the point that you will be
relieved when I leave you
...and you will be weak for days
As always
All my love

The Flu

**DON'T DELAY GET YOUR FLU JAB AT
YOUR GP SURGERY TODAY, AS WE
DON'T WANT YOU RECEIVING THESE
KIND OF LOVE LETTERS.**

THE HYPERBARIC CHAMBER

Following the discharge of the Editor from hospital, arrangements were made for him to

attend the Hyperbaric Chamber in an effort to try to accelerate the healing process.

Wonderful Clair, came to Suite NME 7 to explain what the Hyperbaric Chamber was and what it did and why he should attend.

So it was with fear and trepidation that the Editor arrived by ambulance at this awe inspiring facility, where he was going to be locked for an hour in a steel chamber, equivalent to a compartment in a submarine with the inter-connecting steel doors slammed shut and bolted.

He had heard of the Hyperbaric Chamber, who hasn't, after the arguments that have ensued in the House on many occasions, between the efforts of those trying to keep it open and those wanting to have it closed down.

It was a good thing that common sense prevailed and it was kept going otherwise the two lads from Northern Ireland, and the many others may not be alive today.

The facility presented by the Kevin Gray Memorial Trust, was opened in 1984, following the donation of a chamber after the death of local commercial diver, Kevin Gray, to provide emergency recompression for divers in the Irish sea area.

In 1992 a purpose built unit was opened on the same site, The Scholl Building, Fire Headquarters, Peel Road, Douglas.

It comprises two multi-place chambers with equipment for the provision of intensive care, utilising mixed gases and saturation treatments.

The facility on the Isle of Man, in addition to full time operation provides a 24 hour, online information service for divers, together with the training and educational programmes in the application and provision of hyperbaric medicine.

Hyperbaric oxygen treatment has proved to be a life and limb saving treatment as well as cost effective. It is therapeutic in a variety of clinical conditions.

The treatment is defined as breathing 100% oxygen while in an enclosed system pressurised to greater than one atmosphere (sea level).

The elevated pressure (1.5 to 3.0 atmospheres) increases the amount of oxygen present in the bloodstream and available to the tissues, 10 to 13 times over normal conditions.

Hyperbaric oxygen therapy delivers oxygen quickly, and in high concentrations, to injured areas systematically, the increased pressure changes the normal cellular respiration process and causes oxygen to dissolve in the plasma.

This results in a substantial increase in the tissue oxygenation.

Patients other than divers must be referred by a hospital consultant or a general practitioner.

The local Department of Health and Social Security, substantially supports the facility to the tune of 80% of its running costs, but other than that it relies for the remaining 20% from public funding. The facility is a registered charity in the Isle of Man.

The facility is run by medical technician David Downie and the wonderfully efficient nurse specialist Clair Duchars.

David is the expert in hyperbaric chambers not only on the Island, but considered an expert in his field in many other parts of the world.

Because of his comprehensive knowledge of hyperbaric chambers he is always available for consultation, and is consulted by other operators of hyperbaric chambers.

THE CHRONICALLY SICK AND DISABLED PERSONS COMMITTEE ANNUAL MEETING WITH GROUPS

On the 19th September last the Chronically Sick and Disabled Persons Committee under the Chairmanship of Mr Phil Braidwood met with Groups for their annual consultation.

The Committee now under the Chairmanship of Mr Braidwood who had taken over from Mr Tony Brown is composed of: - Mr Braidwood, Chairman, Mr G Corkish MHK Mrs I Johnson, Mrs K Parkinson and Mr P Hutchinson



The Chairman also introduced Mrs Caroline Mellon the Secretary to the Committee and Mr Andrew Swithinbank the Assistant Director of Social Services who attends their Committee meetings in an advisory capacity.

The meeting then held one minute silence in memory of the late Mr Maurice Day and the late Mr Jim Hoskisson.

The Chairman gave an in depth resume of the work undertaken by the Committee since last years meeting with the Groups.

He dwelt on the "A" display boards placed on the Public Highway.

The concern of the Friends of the Manx Diabetes Centre regarding the Prosthetics and Orthotics clinics.

Distribution and aids and attendances.

The National Sports Centre, access for people with a disability.

Travel passes to be made available for accompanying persons when required.

Hospital Services Indicators for people with sight impairment.

Hospital Services patient transfers by the Red Cross.

The John Lennon Airport facilities at Liverpool regarding seating areas at Departure Gates and flight support.

Leaflets of useful contacts issued to patients when leaving hospital

Mr Braidwood then informed the meeting that his committee is monitoring the progress of the following legislation with the relevant departments for their implementation.

The Discrimination Act: The Social Services Bill, and the Road Traffic (Amendment) Bill.

All in all the Committee has had a very productive year.

The guest Speaker was Mrs Penny Creighton MBE the Chief Executive of Age Concern who gave a presentation on the role of the organisation on the Isle of Man.

She explained the activities of Age Concern including Day Care Centres, Lunch clubs. Computer drop in Centres, Activity Centres, Fundraising activities and their practical support services amongst other activities that Age Concern engages in.

Amongst the matters discussed from the floor, Mr David Gawne brought to the notice of the

meeting the exhibition organised by the Social Services at the Villa Marina.

Mr Ramage as Chairman of the Friends of the Manx Diabetes Centre thanked the previous Committee for taking up the fight for the Prosthetic and Orthotic personnel to hold clinics on the Island on a weekly basis.

He respectfully asked the new Committee to continue to pursue the situation where the old Committee had left off, and to press for this to come about as it was in the interest of all amputees on the Isle of Man.

Secondly Mr Ramage requested that the Chairman bring to the notice of Government the ridiculous situation that existed with the DHSS and its interpretation regarding Section 65 of the Social Security Contributions and Benefits Act of 1992.

He pointed out that if any person has a limb amputated and asks for a care allowance, the DHSS quotes that clause which states that they have to wait six months to see if the condition is permanent before they consider any care allowance.

Mr Ramage emphasised that this argument in the 21st Century is ridiculous and an insult to the common sense interpretation of the Act, as all amputations are permanent from the time of amputation. Unless of course, the DHSS is privy to something that the Friends of the Manx Diabetes Centre are not.

This situation he insisted had to change.

The Chairman of the Friends of the Manx Diabetes Centre then brought to the notice of the Committee that the Community Occupational Therapy Service had a waiting time of approximately 18 weeks for them to come to a patient's house just to assess their needs and problems

With problems that the patients cannot resolve by themselves this condemns them to unnecessary suffering and difficulties.

Mr Ramage also raised the issue that the Minister for the DHSS had been given monies by Tynwald to resolve the waiting lists, and wanted to know where these monies had been spent and what was happening, as it was in the interest of our Manx elderly and disabled patients to have this waiting lists resolved.

The Friends of the Manx Diabetes Centre he said looked forward to the Committee's comments on these three issues.

Mr Stan Watterson wanted to know when the name of the Chronically Sick and Disabled Persons Committee would be changed.

Mr Braidwood responded that the change would come about when the Disability Discrimination Act was introduced.

Mrs Margaret Brown wished to note her support for the Committee's view as regards patient transfer by the Red Cross which was considered a very early start for people with health problems.

Some members of Manx Blind Welfare she pointed out would rather pay for taxis than have to deal with such early starts.

Mr Gawne supported Mrs Brown in view of some carers having to get up at 6 am.

Mrs Margaret Simpson explained that the Hospice building was now finished and due to open in October. She wished to thank everyone for their support, though she pointed out that the Hospice still does not have 24 hours nursing service.

Mrs Parkinson, member of the Committee requested that the Committee would like to visit the new Hospice at a future date, a request agreed to by Mrs Simpson.

Mr Allison the Access Officer advised the meeting of the new Community Transport service now being provided by the Manx Foundation, and explained its use and function.

Mrs Miller raised concern regarding Government cut backs and asked for an honest report from Government on what effect the cutbacks will have on patients, and requested a report as to the impact this would have on people and services, as a result of the reduced budget.

Mr Braidwood explained that the DHSS budget is approximately 50 per cent of the whole of Government spending and that the department is asking for more.

The Government is restricted, he said, and must live within its means.

Mrs Miller in accepting his surmise nevertheless wished to know what consultation would take place with the voluntary organisations.

Mr Swithinbank explained that the department is not cutting the service as the budget had actually increased from last year, however, he pointed out that the demand is growing greater than the rate the budget was increasing.

The Department he confirmed, had a three year strategy to get back on budget and needed to see if it can look at how it provides the service.

Mr Swithinbank promised that the department will have dialogue with the organisations to see where it can deliver its funds to get the best service.

Mr Braidwood added that changes in the customs and excise agreement meant it was now difficult to estimate what monies will be coming into the Island coffers over the next three years.

In Closing the meeting Mr Braidwood thanked all representative for attending.

The Friends of the Manx Diabetes Centre would like to wish Mr Braidwood and his new Committee best wishes in their endeavours in the difficult tasks they have before them.

INTRODUCTION OF A NEW HOSPITAL GOWN AT NOBLE'S

Through observations of care, audit and patient's stories, the Noble's Hospital Privacy and Dignity Group identified that many patients felt their dignity was compromised when they were required to wear hospital gowns.

Gowns were only available in one size, were back fastening with little, if any, overlap, were restrictive round the neck and arms and were embossed with the words "Hospital Property".

Sadly some patients were observed completely exposed whilst other patients were observed clutching the back of their gowns to ensure closure.

Mixed gender wards and an increasing number of bariatric patients also added to loss of dignity for some patients

As a group we were asked repeatedly to do "something about the gowns".

With the support of Suzanne Crellin (Linen Services Manager) and the linen services department, the Privacy and Dignity Group spent several months researching the current market and suppliers for a better design.

“We also designed our own gown and the staff in the laundry and linen service department made a design prototype for us. Sadly our design proved to be unworkable as we needed to take into consideration issues such as ease of laundering, and cost effectiveness.

As a consequence, a manufacturer was found who could supply a gown with most of the design features we required”.

The Privacy and Dignity Group promoted the gown at various forums and training opportunities. The moving and handling coordinator promotes and demonstrates the correct use at each moving and handling training session and guidelines for use have been written and distributed to all staff.

Improved design features include:

- Dressing Gown type gown with tie fastenings. This allows for complete overlap of the gown which can be fastened at the front or at the back.
- Wide capped sleeves allowing ease of movement and enabling patients to put the gowns on much more easily.
- Plain cotton material (no longer displaying the words ‘Hospital Property’).
- Wide neck; less constricting allowing easier patient movement.

The Privacy and Dignity Group will continue to carry out observations of care, audit and patient stories. We will monitor the use of the gowns and are always available for advice.

If anyone would like further information please contact Jayne Kerruish, Privacy and Dignity Group Lead on 650765 or by e-mail: jayne.kerruish@gov.im.

This article was supplied by courtesy of In Touch, a magazine publication of the DHSS.

**Who invented the Hospital Gown?
Dr Seymour Bottoms**

NEWS UPDATES

MRSA

A Group of diabetics aged between 18 and 80 had sterile larvae maggots applied between two and eight times to their leg ulcers, depending on the size of their foot ulcer. For four days at a time.

All but one was cleared of the supper bug MRSA.

The maggots are being used successfully to treat MRSA patients in record time according to the University of Manchester.

Researchers used green bottle fly larvae to treat 13 diabetics whose foot ulcers were contaminated with MRSA.

All but one were cured within a mean period of three weeks, instead of the usual 28 for conventional treatment.

Professor Andrew Boulton who published the results said “This is very exciting, if confirmed in a randomised controlled trial, larvae treatment could offer the first non-invasive and risk-free treatment of this problem”.

Cost of diabetes care rockets in the UK

Diabetes is now costing taxpayers in the UK **£10 million a week** to treat, official figures have revealed.

According to the Prescription Pricing Authority, spending on NHS drugs and other care for sufferers with diabetes reached **£562 million** last year, as compared to **£167 million** in 1998.

In the same period, the number of prescriptions written by GPs on drugs, needles and blood testing equipment nearly tripled from **£12.92 million** to **£32 million**.

Doctors claim that this reveals the true impact of the obesity epidemic which has helped the rise in type 2 diabetes.

It is estimated that the number of diabetics will double by the year 2010 with its attendant doubling of the UK NHS diabetic budget.

What is our DHSS doing on the Island? They are not immune to all this. It is going to catch up with them if they do not make adequate provision and their 10% cuts will be blown out of the windows.

We have warned them on more than one occasion, not only in *The Diabetic*, but in copious dossiers submitted to those in charge of policy at the DHSS.

The forward planning, and the better use of their financial resources have to be addressed, as otherwise the Minister for Health and Social Security, on behalf of his civil servants, will be going to the House every six months, cap in hand for more handouts.

Oily fish cuts risk of Child Diabetes

A report in the Journal of the American Medical Association claims that eating oily fish could cut risk of children developing diabetes.

Researches from the University of Colorado studied 1,700 youngsters judged to be genetically at risk of developing the condition.

After six years, those with a diet rich in Omega 3 were up to half as likely to have suffered damage to their pancreas.

The Study showed that Omega 3 fatty acids, abundant in fish like trout and sardines can half the chance of pancreas damage which is linked with childhood diabetes.

The findings come when childhood diabetes is rising more quickly across the water than anywhere else in the world. Again we on the Island are no immune to all this.

Blood Sugar Breath Test for Diabetics

A breath tests may soon be a new way to monitor blood sugar levels in diabetes.

New research using air pollution testing technology has found that children with Type 1 diabetes exhale higher concentration of the chemical methyl nitrate when sugar levels are high and they need insulin.

“Results show the possibility of non-invasive methods that can help millions who have diabetes” says Dr Pietro Galassetti at the University of California.

For the Obese an XXL Ambulance

Super size ambulances are being brought into service to deal with obese patients.

These ambulances are fitted with wider, stronger stretchers and extra wide doors. They can carry up to five tons and cost £90,000 each.

They are going to be used by the London Ambulance Service to cope with the number of calls from obese patients that at present have to be carried in the back of vans .as the regular vehicles cannot cope.

This year the London Ambulance Service has had to deal with more than 13,000 emergency calls to patients suffering from weight related health problems.

In extreme cases in the past the fire service has had to be called in to help move patients into ambulances.

The Lancashire fire brigade has said it is considering charging for moving obese patients following a surge in such callouts.

The Fat Cats

Recently it has been mooted that cats, of the feline nature, are getting too fat.

The report claims that one in 230 pet cats in the United Kingdom are now suffering from obesity related diabetes.

It is intimated that their owners are responsible, as they are becoming dangerously overfed.

The Diabetic wonders what the situation is on the Isle of Man. Any ideas or photos please let us know.

The Last Laugh

The husband leans over and asks his wife,” Do you remember the first time we had sex together over fifty years ago? We went behind this very tavern where you leaned against the back fence and I made love to you”.

“Yes” she says “I remember it well”.

“OK” he says “How about taking a stroll around there again, we can do it for old time’s sake?”

“Oh Charlie, you old devil, that sounds like a crazy, but good idea”.

A police officer sitting in the next booth heard the conversation and, having a chuckle to

himself, he thinks I've got to see these two old-timers having sex against a fence.

I'll keep an eye on them so there is no trouble, so he follows them.

The elderly couple walk haltingly along, leaning on each other for support aided by walking sticks.

Finally they get to the back of the tavern and make their way to the fence.

She leans against the fence and the Old Man moves in.

Suddenly they erupt into the most furious sex the policeman has ever seen.

This goes on for about ten minutes while both are making loud noises, moaning and screaming.

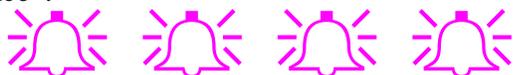
Finally they both collapse panting to the ground.

The policeman is amazed. He thinks he has learned something about old age that he didn't know before.

After about half an hour of lying on the ground recovering, the old couple struggle to their feet. The policeman feels he has to ask them what their secret is.

So as the couple pass he asks "Excuse me, but that was something else. You must have had a fantastic sex life together. Is there some sort of secret to this?"

Still shaking, the old man is barely able to reply, "Fifty years ago that wasn't an electric fence".



The five stages of life

- 1) You believe in Santa Claus**
- 2) You don't believe in Santa Claus**
- 3) You are Santa Clause**
- 4) You dress up as Santa Claus**
- 5) You look like Santa Claus.**

The Committee would like to wish all our members and the readers of *The Diabetic* a Happy Christmas and a Prosperous New Year.

To those of you who read *The Diabetic* but are not members, we ask you to join us so that we can help all diabetics and their carers on the Island.

Remember all monies collected by the Group are spent on the Island. Nothing is sent abroad.

For information as to how to join or receive *The Diabetic* please ring (01624) 613702

