

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 21

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**LEADING FROM THE FRONT**

*Caaryjn Laare Chingys-Shugyr Vannin*

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

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

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**The Influenza Pandemic Table Top Exercise at the Villa Marina.**

**Amutha is Back in Town**

**5,200 diabetics lose a limb in the UK every year (100 p.w.)**

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## Influenza Pandemic Exercise at the Villa Marina

An Influenza Pandemic Table Top exercise was held at the Villa Marina on Friday 20<sup>th</sup> June and lasted from 9.30 am till 5 pm.

The table top exercise was presented by Dr. Parameswaran Kishore, the Director of Public Health ably assisted by his very efficient staff.



Delegates at the Pandemic Flu Table Top exercise

A Pandemic is the name given to any disease that spreads rapidly to affect most countries around the world, **Pan** means all, **dem** means people.

Pandemic Flu is therefore influenza that spreads rapidly to affect most countries around the world.

**Feegans  
Deli**

Food to eat in  
Food to take away  
Food for thought

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

This is due to the emergence of a new flu virus, which is totally different from the normal circulating varieties of flu virus.

Ordinary Flu occurs every winter, but Pandemic Flu can occur at any time of the year and may affect 25% or more of the population.

It is unlikely that anyone will have any immunity to this new virus.

It is this factor that allows it to spread widely, easily and cause more serious illness.

After his opening address Dr Kishore presented the key facts of what a Pandemic Flu was and what its effects on the Isle of Man could be.

Then during the course of the day, the some fifty delegates from the different charities and DHSS, who had been arranged at tables appertaining to their particular charities were presented with scenarios, which they were invited with suggestions to resolve.

There were four comprehensive scenarios which were dealt with in depth by those present at their individual tables and then discussed in general.

The final proposal was an in depth feed back and action plan from the suggestions and advice that had emerged from the many tables during the course of the day.

For those of you who do not know what an influenza pandemic is all about, influenza is a viral infection of the respiratory system, the nose, throat, windpipe and lungs.

It is highly infectious and the virus spreads from person to person through sneezing, coughing, and from direct contact with the virus which may have settled on surfaces.

The virus can survive for several hours in dried mucus and can be transferred from sufferer's hands to door handles and other objects.

Crowds of people, poor hygiene, poor ventilation and closed windows can help to spread the virus.

This type of Flu can affect people of all ages.

There is no evidence that taking extra vitamins or other products will offer any protection against pandemic flu.

Antiviral drugs (Tamiflu) have been purchased by our DHSS and are being stored on the Island for such an eventuality.

In the event of a Flu Pandemic, five flu Centres will be set up around the Island that will dispense and distribute Tamiflu.

Detailed plans are currently being developed by all Government Departments and Statutory Boards.

The Business Community Plans which are being put in place will ensure that essential services are maintained when and if a pandemic reaches the Island.

Information from the World Health Organisation and the Health Protection Agency will alert the Island as to the spread of pandemic flu.

Information leaflets will be distributed to Manx Residents when necessary, in addition to Press and Radio information.

A Local Helpline will also be set up to give health advice and other information when the pandemic is about to start.

A serious pandemic is likely to affect as much as a quarter of the world's population and cause a significant number of deaths.

The first flu pandemic was recorded in 1580.

Since then there is evidence of flu pandemics occurring every 10 to 30 years.

There have been three flu pandemics in the last century, in 1918-1919 which was called the 'Spanish Flu' resulting in 250,000 recorded deaths in the United Kingdom, with 20-40 million deaths worldwide.

In 1957-58, another flu epidemic the 'Asian Flu' killed 33,000 UK residents, and claimed 1 million people in all other countries.

And in 1968-69, 'Hong Kong Flu' was responsible for 30,000 deaths in the U.K. This time there were 1-4 million people that lost their lives.

We must point out that a vaccine is unlikely to be available at the start of the flu pandemic, but will be produced once the virus is identified, and there is agreement in place for the Island to be supplied by the UK as soon as the vaccine is available.

Nobody can predict when the next pandemic will happen, said Dr Kishore, but he insisted that we must be ready.

When it comes, experts believe that it will come in two or more waves several months apart. Each wave will last two to three months.

Each pandemic is different and until the virus starts circulating, it will be impossible to predict the full effects.

If you want more detailed information please visit the following websites:

[www.gov.im](http://www.gov.im)  
[www.nhsdirect.nhs.uk](http://www.nhsdirect.nhs.uk)  
[www.dh.gov.uk/pandemicflu](http://www.dh.gov.uk/pandemicflu)  
[www.immunisation.nhs.uk](http://www.immunisation.nhs.uk)

**Remember Good Hygiene must be the watchword at all times.**



[www.DisabledGo.info](http://www.DisabledGo.info)

DisabledGo produces Internet access guide to over 1,000 goods and service providers in the Isle of Man. It is available absolutely free and designed to answer the access questions that disabled people want answered.



[kimberley.dixon@disabledgo.info](mailto:kimberley.dixon@disabledgo.info)

### **Amutha is back in Town.**

The DHSS has at last seen the light of day and for once has done something right for the benefit of the Manx Diabetic patient.

Amutha is back in town.

Now let us see if they will make all the staff at the Centre full time.

We shall then have a Diabetic Centre that is second to none, which was the original intention of those who fought incessantly for a fully fledged Manx Diabetes Centre to fully support the Manx diabetic patient.



Dr Amutha Krishnan

As you may recollect in *The Diabetic* issue 18 of December 2007 we lamented the fact the Amutha was leaving the Island as her husband Dr V.B. Krishnan, a much respected doctor at Noble's had not been given a consultancy vacancy even though he held all the necessary qualifications and at one stroke of the pen our beloved DHSS had not backed him and he had to go.

Dr Krishnan took up a post as Specialist Registrar in Acute Medicine at the Aberdeen Royal Infirmary.

Amutha naturally had to go with him and took up a post as Specialist Registrar in Diabetes and Endocrinology at the Diabetes Centre at Aberdeen Royal.

As we said at the time our loss was the Diabetes Centre at Aberdeen Royal's gain.

But somewhere there is always a sliver lining, and at last the DHSS has awakened from their deep slumber and have managed to reappoint them to Nobles Hospital.

Dr Bala Krishnan has now taken up the post of Consultant Physician with an interest in Oncology at Noble's and Amutha has been returned to us to her old post of staff grade physician in diabetes and endocrinology at the Manx Diabetes Centre.

The Diabetic, The Committee of the Friends of the Manx Diabetes Centre, and all diabetics that attend the Manx Diabetes Centre, wish them both a happy return and all our good wishes for their continued future on the Isle of Man.

We hope to see them on the Island for a long time.

**The road to success is filled with women pushing their husbands along.**

### **In the UK 100 diabetics lose a foot every week.**

At least 100 people a week are having a limb amputated in the United Kingdom.

Experts are claiming that long-term damage to the nerves and blood vessels that serve the limbs is responsible for increasing the risk of amputation in older diabetes sufferers.

Alarming up to 70 per cent of people die within five years of having an amputation as a result of diabetes.

However, now Diabetes limb loss 'could be cut'.

A discovery by scientists, may help reduce the risk to people with diabetes losing a limb.

Circulatory complications can lead to leg ulcers and gangrene so severe that limb amputation is the only answer.

Work by scientists at the University of Bristol have pinpointed a protein in cells which could be responsible.

It is hoped it could lead to drug treatment, to reduce the number of diabetics in the UK who lose a limb to diabetes, from the current 5,200 every year.

On 7<sup>th</sup> July we wrote to the Administration at Noble's Hospital asking for figures over the period August 2007 to July 2008 for limb amputation to Manx Diabetics, so that we could compare.

We have now been informed by the Hospital Administration that from 1<sup>st</sup> November 2006 to 31<sup>st</sup> October 2007 there were 5 leg amputations at Noble's Hospital on diabetic patients.

**The first question: Is it inevitable?**  
**The second question: Is it going to happen anyway?**  
**Answer: Who cares.**

### **Editors note.**

**We have to wait six months to see if the condition is permanent.**

As you may recollect we had a meeting with Mr Juan Watterson MHK the Member with Responsibility for the Department of Social Services on **14<sup>th</sup> March 2008**, to ascertain why people with limb amputations have to wait six months to see if the condition is permanent before they are granted Attendance Allowance.

Subsequently Mr Watterson kindly informed us that a meeting was going to be held by the top boys of the department on 6<sup>th</sup> May and that he would come back to us once they had discussed the matters that we had raised at the meeting.

As we had not heard from him, on 1<sup>st</sup> July, four months after the meeting we wrote to Mr Watterson asking for an update on the discussion that we had held and the outcome on the meeting of the 14<sup>th</sup> March last.

We have not even had an acknowledgement to our letter.

Consequently Mr John Houghton MHK has written to Mr Watterson on 5<sup>th</sup> August wanting to know why he had not replied to the Chairman's letter, and asking if he was in a position to respond to the Attendance Allowance meeting with the Friends of the Manx Diabetes Centre, and if not, Mr Houghton asked for an interim response on developments and any action he may have taken to resolve the matter.

At the time of *The Diabetic* going to press (five months after our original meeting) we have not heard from Mr Watterson as to the outcome of these meetings, with not even an acknowledgment to our letter of 1<sup>st</sup> July or Mr Houghton's of 5<sup>th</sup> August.

Mr Watterson if you do not answer the letters the problems will not go away, the disabled are still suffering, they are also in your constituency.

We only asked for an interim payment of £1,000 per amputee on leaving hospital to help them with their initial expenses.

Since there were 5 amputees from 1<sup>st</sup> November 2006 to 31<sup>st</sup> October 2007, it would have cost the DHSS £5,000 over the period of a year.

Maybe the meetings are still ongoing. It would be interesting to note how many meetings have taken place.

The proportion of the wages of all those taking part in these meetings, and Mr Watterson's have probably already cost the DHSS more than what The Friends of the Manx Diabetes Centre had asked for the disabled people of the Isle of Man.

(See our previous newsletter.)

**Now the only thing that remains unresolved is the resolution to the problem.**  
Ontario Education Minister

## **The Prosthetic and Orthotic Clinics.**

On the 14<sup>th</sup> April as reported in the last *Diabetic* we had a meeting with Mr Killip and Barbara Scott the Manager of Noble's hospital.

This meeting concerned our demand for weekly clinics with drop in facilities, for both the Prosthetic and Orthotic Departments.

We immediately received an answer from Barbara Scott for which we were most grateful, setting out what the DHSS intended to do. (see the June Newsletter)

However, four months later, as far as we know no positive action has been taken.

Four months have elapsed since our initial meeting and we are no where near a resolution.

In the meantime we would remind Mr Killip that patients are still having problems and in pain, that only daily clinics can resolve.

Surely we do not need these interminable meetings to come to the obvious decisions

Again it would be interesting to note how much all these meeting cost the DHSS per annum, when these monies should be put to better use.

**When you say that you agree to a thing in principle, you mean that you have not the slightest intention of carrying it out in practice.**

Otto Von Bismark

## **Bag Packing Day at Shoprite in Port Erin**

The Friends of the Manx Diabetes Centre have been granted permission to hold a Bag Packing Day at Shoprite at Port Erin on Saturday 29<sup>th</sup> November 2008.

We have invited our friends from MAWCH to join us in the event.

As you can appreciate we need helpers, as many as possible so that they can operate in two hour shifts. So let's make it a fun day.

If you want to help and can give us a couple of hours of your time, we would be most grateful.

Remember it is your Group and it is for a good cause.

Please contact:

Michael Lewin, Membership Secretary  
on 624696

or Jan Ramagge, Secretary on 613702

If you cannot help, then just come down on Saturday 29<sup>th</sup>, do your shopping at Port Erin Shoprite, and put some money in our buckets.

Sign outside Court Room

**If you do not speak English let the clerk know that you need an interpreter when you check in.**

## **Pressure Ulcer Group**

A pressure ulcer is an area of damaged skin – it is sometimes called a 'bedsore' but this can be a confusing description as you do not have to be in bed for one to occur.

Unfortunately when people are ill and come into hospital they often don't move about as much as normal.

Where their skin is pressed against a bed, for example, the blood supply to the skin becomes reduced and damage can happen very quickly.

The first sign of damage is usually an area of red or darkened skin and if measures to prevent it are not taken, the area can become an ulcer and very difficult to eradicate.

In order to give grater priority to pressure ulcer prevention and pressure ulcer care in Nobles', the Tissue Viability Nurse Specialist with a group of five practitioners and one member of the public have been working within the Nobles' 'Transforming Care' initiative.

The effect of this work on patient care has been encouraging.

A pressure ulcer audit last year revealed that the percentage of patients in Noble's with pressure damage was well below the UK and European average.

Work has continued though and the ongoing system of reporting pressure ulcers within the hospital has identified training needs.

These have been met by frequent training sessions on all aspects of tissue viability and on strategies to prevent pressure ulcers.

Guidelines on how to manage any skin damage, for the nurses to refer to, have been produced and these, together with the Island's first Wound Formulary, are helping to provide the most appropriate clinical and cost effective pressure prevention.

Pam Fulton, Tissue Viability Nurse Specialist said "The Pressure Ulcer Group is committed to improving patient care.

The last thing a patient needs, when he/she has been in hospital, is to go home with a pressure ulcer.

We do understand that this sort of skin damage is not totally preventable, but we will continue to work to minimise the risk to our patients".

Hon Eddie Tear MHK Minister for Health and Social Security said "This important piece of work, focused on a significant problem in hospital care, shows clearly that Noble's staff not only already provide a high level of care but are constantly striving to make further improvements".

**The above article was supplied and is published courtesy of In Touch Magazine a DHSS publication.**

### **When she fainted, her eyes rolled around the room**

Doctor on patients chart

### **The St John Ambulance Could St John Ambulance (Isle of Man) teach you Life Saving Skills?**

*The Diabetic* asked Professor Roger Berry for a little update on the functions of the St John Ambulance organisation on the Isle of Man.

He explained: -

The St John Ambulance not only provides highly-visible First Aid coverage at every sort of event, from garden parties to the TT and Manx Grand Prix, but it is the largest provider of First Aid training on the Isle of Man.

He pointed out that as a charitable organisation, it is devoted to ensuring that no member of the public should suffer from the

absence of a suitably trained first-aider should they suddenly require help.

One of the greatest advances of recent years, he said, has been the development of small, computerised Automatic Electrical Defibrillators which are capable of re-starting the heart after sudden failure, and the siting of these AEDs in public places such as transport terminals, shops, factories and offices.

For the next year Professor Berry explained, St John Ambulance (Isle of Man) is offering free short courses to any and all members of the public in the operation of these truly life saving machines.

These courses were in addition to the wide range of first aid courses offered at subsidised rates to members of the public and the specialised courses for groups such as teachers and carers as well as the longer industrial courses leading to formal qualification as Appointed Persons or First Aider under the Health and Safety at work legislation.

Professor Berry told us that to accommodate the large number of courses being offered, the St John Headquarters building, just off Glencrutchery Road, is being extended with an additional training suite and fully up-to-date visual aids and equipment, thanks in part to a generous donation from the Isle of Man Public Lottery Trust.

He concluded by saying that the building has full access for wheelchair users and when the building works are completed it will also have a social area with food and drink.

*The Diabetic* is most grateful to Professor Berry for giving us information on the work of St John Ambulance and congratulates them for the excellent work that they do for the community. We wish them every success in their new development.

If you want to participate in any of their courses please contact the St John Ambulance, Glencrutchery Road Douglas Telephone: (01624) 674387

The more people that are conversant with First Aid the more people that can be helped.

### **Disabled Go.**

[DisabledGo-Isle of Man](http://DisabledGo-Isle of Man)

[www.DisabledGo.info](http://www.DisabledGo.info) is a national accessibility project providing free detailed access information to over 54 areas across the UK. The aim of DisabledGo is to empower people to get out and do what they want to do in towns and cities they would like to visit.

Thanks to the pioneering support of the Isle of Man Government, DisabledGo have produced an online access guide to over 1000 venues across the Isle of Man.

DisabledGo-Isle of Man was launched in February 2006 and covers over 1000 venues, these include restaurants, theatres, cinemas, libraries and any other venue that can be accessed by the general public.

Because of the large amount of detail that DisabledGo provides, all of the information is accessed via their website [www.DisabledGo.info](http://www.DisabledGo.info) which is available to everyone free of charge.

DisabledGo have also recently launched a new service on the website called DisabledGo-Education.

This service is for disabled students to find out which Universities and Colleges are accessible to them, and people who use the site can be confident in knowing that all the information was collected in person.

In February this year DisabledGo renewed the information available on DisabledGo – Isle of Man, and over 130 new photographs were added to the DisabledGo-Isle of Man guide.

In the last 12 months DisabledGo Isle of Man has had over 68,900 users. That is nearly 189 visits per day.

This shows the success and importance of the website and the need that DisabledGo provides to disabled people on the Island and visitors to the Isle of Man.

Next year their contract with our DHSS is up for renewal and *The Diabetic* and the Friends of the Manx Diabetes Centre believe that its performance to date speaks for itself and the DHSS should fall over backwards to renew a contract that is working so successfully when so many people on the Island make use of its facilities.

But you never know the DHSS Minister is full of surprises.

The information on the DisabledGo-Isle of Man guide has just had its annual renewal, so

why not add to the 68,900 people who visited the website last year and take a look at the businesses included in DisabledGo – Isle of Man.

We sincerely trust that DisabledGo will be with us for a very long time.

## Driving and Diabetes

We have been asked by many members for information as regards the new driving licence requirements that came into force on 1<sup>st</sup> July 2007.

So if you don't know about it, here it is in a nut shell.

As from 7<sup>th</sup> July 2007 the moment you are diagnosed with diabetes you must inform your licensing authority of the condition. Needless to say if you are already diabetic and have not informed them you should do so immediately.

It is also in your interest that you inform your insurance companies, driving or otherwise, just in case you have an accident or a problem, and you have not informed them, they may not pay up.

It is also paramount and in your interest to disclose this information to any insurance you may have when you go on holiday.

In the Isle of Man the Department of Transport, which is mainly concerned with road safety have brought in new regulations that came into force on 1<sup>st</sup> July 2007, in which they have extended the prescribed disability to drive.

**Your diabetes must therefore be declared to the licensing department immediately on diagnosis or if you are already diabetic and have not notified them already.**

Now all restrictions regarding a driving licence are currently referred to a Consultant or GP who advises the Department as to the medical fitness or any restrictions that they may recommend or may be required under the UK Medical Guidance notes.

Please note that a driving licence issued for a reduced term of 3 years is not a restricted driving licence, as it does not limit the type of vehicle that is driven, rather it allows a more frequent

review of the medical conditions of the driver than a licence issued for ten years.

The new provisions allow the Department to refer any case which is not reflected in the UK Medical Guidance notes to an expert panel of doctors or specialist consultant.

The new provisions also regulate the current practice of notification to the Isle of Man Licensing Department for all types of drivers suffering from diabetes, and the relevant conditions for the issuing of driving licences are now as follows: -

### **Insulin dependant diabetics: -**

- 1) Diabetic drivers are sent a detailed letter of explanation about their licence and driving by the Licensing Office.
- 2) The diabetic must not have recognised symptoms of hypoglycaemia and meet required visual standards, dependant on which, they will be issued with 1, 2, or a 3 year licence.
- 3) From 1<sup>st</sup> July 2007 new applicants for heavy goods vehicles, Public Passenger Vehicles or Vocations Licences will not be permitted to drive these vehicles.
- 4) Vocational drivers licensed before 1<sup>st</sup> July 2007 using insulin may, subject to medical confirmation of combined fitness to drive, be issued with a reduced term licence for these categories.  
They will be dealt with individually and licensed subject to satisfactory medical assessment.
- 5) In an "exceptional case" drivers may apply for or renew their entitlement to drive class C1 vehicles (3500-7500 Kgs lorries) subject to annual medical examination.

### **Diabetics Managed by Diet and Tablets: -**

- 1) Again diabetic drivers are sent a detailed letter of explanation about their licence and their driving.
- 2) They will be able to retain their licence unless relevant disabilities develop e.g. diabetic eye problems affecting visual ability or visual field or if insulin is required.
- 3) Drivers will be licensed unless they develop 2) above in which case they will be

either recommended refusal or revocation or given a short period licence.

If a diabetic becomes insulin treated, he will be recommended refusal or revocation.

### **Diabetics managed by diet alone: -**

There is no need to notify the Licensing Office unless relevant disabilities develop or if insulin is required.

### **Diabetic Complications: -**

In the case of frequent hypoglycaemic episodes likely to impair driving.

- 1) Driver must cease driving until satisfactory control is re-established and this is supported by a Consultant or GP report.
- 2) See above for insulin treated diabetic.
- 3) If the diabetic has impaired awareness of hypoglycaemia.
- 4) If the above is confirmed, driving must stop. However, driving may resume, provided reports show awareness of hypoglycaemia had been regained, and confirmed by a Consultant or a GP report.
- 5) See above for insulin treated diabetic.

We must reiterate that it is therefore imperative and in your interest to notify all the relevant authorities of your condition without delay.

**Please note that these new regulations came into force on 1<sup>st</sup> July 2007, and you must comply with them.**

The above material has been taken as supplied by the Licensing Office to Tynwald.

### **Find out your friends age.**

Rita continues to send us material from Tenerife and we have selected her eating out observations.

She says that if you tell falsehood about your age your waiter may be able to know. The system is simple:

It takes less than a minute, so work this out as you read, it is not a waste of time, it is fun, and you may be able to impress your friends with you mathematical prowess.

You need a calculator.



£17,700 will receive a payment from Government of £1,000 this year..

This payment the Chief Minister emphasised is in excess of the anticipated average MEA increase of £67 per household, coupled with public sector properties benefiting from proper insulation which represents an estimated savings to residents in excess of £100 per property per annum.

The Chief Minister ended his press release by saying that this year's budget also provided an additional income tax allowance of £2,000 for pensioner, bringing the allowance for those over 65 years of age to £11,200.

In reply Mrs Creighton wanting to put the record straight issued a press release saying she was greatly saddened by the unwarranted attacks levelled at her by the Chief Minister and Treasury Minister in the Manx Independent dated Friday August 8<sup>th</sup> 2008.

She claimed that the article in the examiner which caused them to be "absolutely furious" was an answer to several questions posed by a media reporter.

Mrs Creighton explains that she did not write the article nor did she choose the sensational headlines.

She is adamant that she was not attacking the Government, with whom Age Concern have an excellent working relationship.

She was merely putting forward the concerns of older people and stating facts.

In closing her press release Mr Creighton said that her main concern is to make older people visible and give them a vote and that they will continue to do this even if the subject is sensitive.

So there you are, the Government is working on a pack to help out our pensioners and those vulnerable people caught in this heating trap.

Just look at the above bill, one has to assume that it would have gone up since then, but by £414 give us a break.

The price of petrol which affects all our commodities, the price of heating oil, and the price of food does not only takes its toll on the pensioners, the old and underprivileged but the whole of our community.

If you take away the UK tax, Mr William's bill would only have gone up by some £172 pounds

*The Diabetic* supports Mrs Penny Creighton in her observations, as it does not matter how much the Government tries to alleviate the plight of the low income and pensioners in our society, the truth of the matter is that unless our Government is able to break away from the UK petrol tax system, the prices for petrol and oil, the main factor of all our problems will continue to escalate as we are governed by UK taxation.

Their duty on petrol and oil at some 75p per litre is the bug bear in the equation, that afflicts our Island, but nobody seems to want to address this issue.

*The Diabetic* appreciates that this is out of the Chief Minister's hands, as the more tax the UK government puts on petrol and heating oil, and the more petrol rises at source, it compounds the more tax we have to pay on a litre of petrol and oil on the Island of Man.

It is out of our Government's control, they just have to follow what tax the United Kingdom decide to impose or petrol and oil which rebounds on the Isle of Man and its residents.

What we have to do is do away with the UK tax on petrol, oil and gas, and put our own smaller tax version, that is why in other European countries petrol is much much cheaper, but then these European Governments do not have to content with UK tax as it does not apply to them..

If we did this our Government would still reap the monetary benefits they enjoy from the percentage they get from the UK, wouldn't they?

And Tynwald wouldn't have to vote the £6.5 million and the other peripheral expenditure.

Did we hear someone say we were a Nation and in control of our destiny?

We are grateful to Mrs Williams for bringing to our notice this wonderful piece of information from the halcyon days of 1973 and which is relevant to our problems today.

## MAD COW TALKS

Headlines in Huddersfield Daily Examiner

## **This year is the 60<sup>th</sup> Anniversary of the NHS.**

The DHSS in their publication IN TOUCH Magazine have published a four page commemorate supplement in their July edition on the NHS on the Isle of Man. Because of this celebration they have extra copies.

If you want to collect this wonderful souvenir full of photographs and information of the development of the NHS on the Isle of Man, please ring Tel: 685138 and they will be delighted to send you a copy.

Herewith we publish a little extract of an article the supplement contains.

### **History of the NHS**

The NHS was born out of a long-held ideal that good healthcare should be available to all, regardless of wealth. Use this interactive timeline to find out what's happened since Aneurin Bevan officially started the National Health Service on July 5 1948.

**1948 - NHS established:** - The NHS is born on July 5 1948 out of a long-held ideal that good healthcare should be available to all, regardless of wealth.

**1952 - Prescription charges introduced:** - Charges of one shilling are introduced for prescriptions.

**1953 - DNA structure revealed:** - Crick and Watson, two Cambridge scientists, reveal the structure of DNA in Nature Magazine.

**1954 - Smoking-cancer link established:** - Sir Richard Doll establishes a clear link between smoking and lung cancer.

**1958 - Polio and diphtheria vaccinations:** - A program to vaccinate everyone under the age of 15 against polio and diphtheria is launched.

**1960 - First kidney transplant:** - An Edinburgh doctor, Michael Woodruff, performs the first UK transplant involving an identical set of twins.

**1961 - The Pill made available:** - The contraceptive pill is made widely available and is hailed as a breakthrough of the 20th Century.

**1962 - First hip replacement:** - First full hip replacement is carried out by Professor John Charnley in Wrightington Hospital.

**1968 - Sextuplets born:** - Sextuplets born after British woman receives fertility treatment.

**1968 - First NHS heart transplant:** - A 45-year-old man becomes the first Briton to have a heart transplant on 3 May.

**1972 - CT scans introduced:** - Computer tomography scans start to revolutionise the way doctors examine the body.

**1975 - Endorphins discovered :** - The morphine-like chemicals in the brain called endorphins are discovered.

**1978 - First test-tube baby:** - Louise Brown is the world's first baby to be born as a result of in-vitro fertilization.

**1979 - Bone marrow transplant:** - The first successful bone marrow transplant on a child takes place.

**1980s - MRI scans introduced:** - Using a combination of magnetism and radio frequency waves, MRI scanners provide information about the body.

**1980 - Keyhole surgery:** - A surgeon uses a telescopic rod with fibre optic cable to remove gallbladder.

**1981 - Improved health of babies:** - The 1981 Census shows that 11 babies in every 1,000 die before the age of one. In 1900 this figure was 160.

**1986 - Aids health campaign:** - The government launches biggest public health

campaign in history to educate people about the threat of Aids as a result of HIV.

**1987 - Heart, lung and liver transplant:** - First heart, lung, and liver transplants are carried out at Papworth Hospital.

**1988 - Breast screening is introduced:** - Comprehensive national breast-screening programme introduced.

**1994 - NHS Organ Donor Register:** - National register for organ donation is set up to co-ordinate supply and demand after a five-year campaign.

**2007 - Robotic intervention:** - Introduction of robotic arm leads to groundbreaking operations to treat patients for fast or irregular heartbeats.

The above is just a snippet of the information contained in the four page commemorate supplement of In Touch Magazine so if you want the magazine with the Commemorate supplement and all the interesting information it contains please ring Tel 685139 and one will be sent to you.

**The above article was supplied and is published by courtesy of In Touch Magazine a DHSS publication.**

### **Organising a safe event**

Following the recent successful workshop on Health and Safety, the Isle of Man Council of Voluntary Organisations in conjunction with the Event Safety Advisory Group will be organising a safety event at Mount Murray Hotel on Monday 13<sup>th</sup> October 2008. The time of the event will be notified nearer the date.

Safety is the key part of any event that any Group may organise, and organisers need to take action to properly manage the risks to the general public and others.

Their aim for the evening is to provide information and guidance that will help organisers ensure that safety is properly considered and managed.

In order to help structure the evening and include relevant issues, they have produced a questionnaire to indicate the topics that would most help the Groups to plan any event on their calendar.

For more information please contact Sophie Jones, Isle of Man Council of Voluntary Organisations on telephone (01624) 685646.

### **A warning for Tourists going to Mozambique**

If you are going on holiday to Mozambique, in particular to the province of Inhambane, the Ministry of Fish and Wildlife has issued the following warning in leaflet form.

Please pay special attention to its consequences, it reads: -

#### **WARNING**

Due to the rising frequency of human-lion encounters, the Ministry of Fish and Wildlife, Inhambane Branch, Mozambique is advising hikers, hunters, fishermen, and any motorcyclists that use of the out-of-doors in a recreational or work related function, to take extra precautions in the Bush.

We advise the outdoorsman to wear little noisy bells on clothing so as to give advanced warning to any lions that might be close by so you don't take them by surprise.

We also advise anyone using the out-of-doors to carry "Pepper Spray" with him or her in case of an encounter with a lion.

Outdoorsmen should be on the watch for fresh lion activity, and be able to tell the difference between lion cub shit and big lion shit.

Lion cub shit is smaller and contains lots of berries and dassie fur. Big lion shit has bells in it. and smells like pepper.

#### **Enjoy your stay in MOZAMBIQUE**

So now you know, if you are going to Mozambique, please take a course prior to departure on lion bowel movements, as it is in your interest, and your life may depend on being able to differentiate between small lion shit and big lion shit and be able to identify their smells.

If unfortunately he does have you for lunch, it is because you alerted him of your arrival with your 'noisy bells', and he was waiting for you.

He can of course season you with your own 'pepper spray'.

*The Diabetic* wonders how many tried to ward off the lion with their recommended 'noisy bells' and 'pepper sprays' before they succumbed to that final embrace.

Maybe that is why big lion shit smells like 'pepper' and has 'bells' in it.

**In Brazil they are burning the Rain Forests to make way for plantations which we deplore. The Royal Society for the Protection of Birds is asking for money to plant trees in the Sumatran rainforest. We on the Island are cutting lots and lots of trees to make way for a roundabout. What's the difference? Maybe after we have cut them down we can send them to Sumatra as the world is in need of more trees.**

## News Update

A magazine for diabetes sufferers has been launched in the UK. It is titled "Sweet".

Its Editor, Christine Michael says, that diabetes poses one of the biggest health threats the UK has ever faced.

"Once you have diabetes it is for life" she says, "but there is no other condition where the patient can have such a huge influence over how well they do.

Taking good care of yourself can make the difference between health and disability or premature death".

BBC TV's Sweet health expert, says "I am seeing more Type 2 Diabetes in my surgery and the number of diabetics will double in the next 25 years".

Sweet is now on sale, priced £2.95.

## The Eye implant

An eye implant no bigger than a grain of rice, could be the answer to making blood testing a thing of the past.

The tiny sensor implanted in the eye could banish the daily blood test stress for millions of people with diabetes.

The sensor contains a special chemical that gives off a fluorescent light when it comes into contact with glucose.

If blood levels are high the fluorescent light shines more powerfully.

This type of light cannot be seen by the human eye but can be picked up by a hand held device.

Every few hours the patient holds up a matchbox sized gadget which instantly converts the light reading into blood glucose levels.

Each implant lasts about a year, after which it can be replaced with a new one.

## Walking for 45 minutes helps control diabetes

Scientists at Newcastle University have studied people with Type 2 diabetes.

They found that walking improved their bodies' ability to store sugar and burn fat, which after a few weeks reduced the effects of diabetes.

They claim that people with diabetes can limit the impact of the condition simply by walking an extra 45 minutes a day, according to the scientists who found exercise helped to keep blood sugar levels in check.

They used MRI scanners to measure how efficiently 20 volunteers, 10 of whom had Type 2 diabetes, burned energy in their leg muscles before and after taking part in the eight week trial.

Each volunteer was given a pedometer and asked to walk 10,000 steps a day. On average people walk around 6,000 steps during their normal day.

The scans revealed that by being more active, diabetics burned 20% more fat and were able to store more sugar in their muscles.

Muscles are the biggest storage depots for sugar in the body.

However when they fail to absorb enough, sugar levels stay abnormally high in the bloodstream, causing damage to veins, arteries and organs.

## **You must take your medication**

More than eight million patients in the United Kingdom have failed to take prescription medicines correctly.

It is claimed that they are confused by the instructions or they are unsure about when to take their medication. Many are reducing the drug effects or putting themselves in danger.

The picture of public confusion emerged as new data from the NHS Information Centre showed that prescriptions have risen by nearly 60% in a decade, to a record 796million last year.

The prescribing bill in the United Kingdom reached £8.3 billion last year, nearly double the £4.3 billion in 1997.

Nearly two thirds of prescriptions are for people over the age of 60.

However a substantial proportion of prescriptions never get used.

If you have any problems with prescription on the Isle of Man, do not ignore them, please consult your GP, as we have to help the DHSS to keep prescription costs down.

There is no point in getting your prescription if you are not going to use it.

Consult what your Pharmacist writes on the box or the bottle.

Make sure you take what your GP gives you and take it correctly, when and how you are instructed to do so, so that you can keep healthy.

**Never forget your photographer when visiting a hospital – there may always be a patient who can manage a smile.**  
Virginia Bottomly MP

## **The EGM of the Friends of the Manx Diabetes Centre**

The Friends of the Manx Diabetes Centre will be holding an **EGM on 16<sup>th</sup> October at St. Andrews Church Hall, St Ninian's, Douglas at 7.30 p.m.**

It is essential that all members of the Group attend as there are some very serious and important matters to discuss and your committee wants your valuable thoughts and support.

The Constitution has to be amended to conform with certain aspects of accounting introduced by the Charity Commissioners and other matters such as the change of name of the Group to accommodate the new directions as approved at the last AGM.

This cannot be done without an EGM or without your approval and support.

You have all been supplied with a copy of the constitution and have had sight of the relevant proposed amendments that are required.

However, were you to have misplaced them by putting them in a safe place that you can't now remember where they are, as we all do from time to time, please inform the Secretary on telephone (01624) 613702 or e-mail Jan at [secretary@diabetes.org.im](mailto:secretary@diabetes.org.im) and we shall send you a further copy.

Please, it is essential that you attend, if you cannot make it please let us know, otherwise we look forward to seeing you there.

**Remember the EGM Thursday 16<sup>th</sup> October at St Andrews Church Hall, St Ninian's, Douglas at 7.30 p.m.**

There are parking facilities at this venue and refreshments will be served after the meeting.

We shall be sending you all a reminder 21days before the EGM.

## **The New DHSS Vocabulary.**

In the past few months we have heard of the many new words that the DHSS now uses to substantiate their interminable meetings, actions and activities.

*The Diabetic* not being aware of what this highfaluting names really mean presumes that the following is what they are really all about according to the Collins dictionary.

**Audit:** A thoroughgoing assessment.

**Criterion:** A standard by which something can be judged or decided.

**Decision making:** a choice or judgement made about something.

**Elements:** one of the fundamental components making up the whole.

**Executive summary:** A person or group responsible for the administration of a project giving a brief account of its contents over a series of meetings.

**Expert patient:** A person under medical supervision who has extensive skill or knowledge of their particular decease.

**Initial referral criteria:** At the beginning to hand over for consideration or discussion, to another body, but it is incorrect to use 'criteria' as a singular.

**Integrated Care:** To determine the integral of a function or variable and consequently in the fullness of time taking care to arrive at some sort of propitious conclusion.

**Patient Centred Care:** A person receiving medical care who is the main focus of interest.

**Pathway:** A path leading to somewhere, or sometimes to a pre-ordained cul-de-sac.

**Patient empowerment:** Empowerment is not in our dictionary. But we would presume this means to give the person in medical care the power or authority to do something.

**Performance:** The art or process of performing

**Strategy:** Hopefully a long term plan for success. Long term being the operative word.

**The Vision:** A vivid mental image produce by the imagination with great perception of future development

**Therapy:** The treatment of physical, mental, or social; disorders.

**User lead:** To put in service by actions showing the way forward by guiding, controlling or directing a group to it ultimate resolution.

**Variance recording:** Annotations of proposal that the Group is not in agreement with.

No wonder that decisions at the DHSS take so long to arrive at.

*The Diabetic* has had to go into the dictionary to try to decipher what they may all mean and are still as in the dark as we were before.

*The Diabetic* has its own description for all this gobbledegook.

**“Hexiform rotatable surface compression units”**

In simple language...NUTS

## **The last laugh**

This quarter's last laugh is devoted to children.

When the little boy arrived home after his first day at school his mother asked him

“And what did you learn today darling?”

“It must not have been much mum, because I have been told to go back tomorrow”.

\*\*\*\*\*

The teacher had assembled all the little ones in the hall and was preparing them for an important visitor.

He said “This afternoon at three o'clock a gentleman who is blind will arrive by car with his guide dog at our front gate.

He is coming to talk to you about what it is like living as a blind person and how wonderful his dog is. I would like you all to think about questions to ask him”.

A little fellow put up his hand.

“Yes Timothy, what is it?”

“Well sir” said Timothy “can I ask him, if he is blind how does he drive his car?”

Before the teacher could answer, a little voice said “don't be stupid, if he can't see he can't drive can he? his dog does it for him”.

**There are some 3,800 diabetics on the Isle of Man registered with their GP's, with an estimated similar number undiagnosed. We are your voice in the community and it is in your interest to join us.**

**Our Mandate in our Constitution is to provide support for the medical personnel who care for sufferers from diabetes and its related complications and to give support to diabetics and their families on the Isle of Man.**

**No money collected is sent off Island.**

**We must help each other or we shall achieve nothing. You cannot afford to be on your own**

**We need your help so that we can help you and other diabetics.**

**It is essential that we stand together and continue to fight for the rights of all diabetics on the Isle of Man.**

**To join us complete the form at the back or Ring Michael Lewin Membership Secretary on telephone (01624) 624696**

