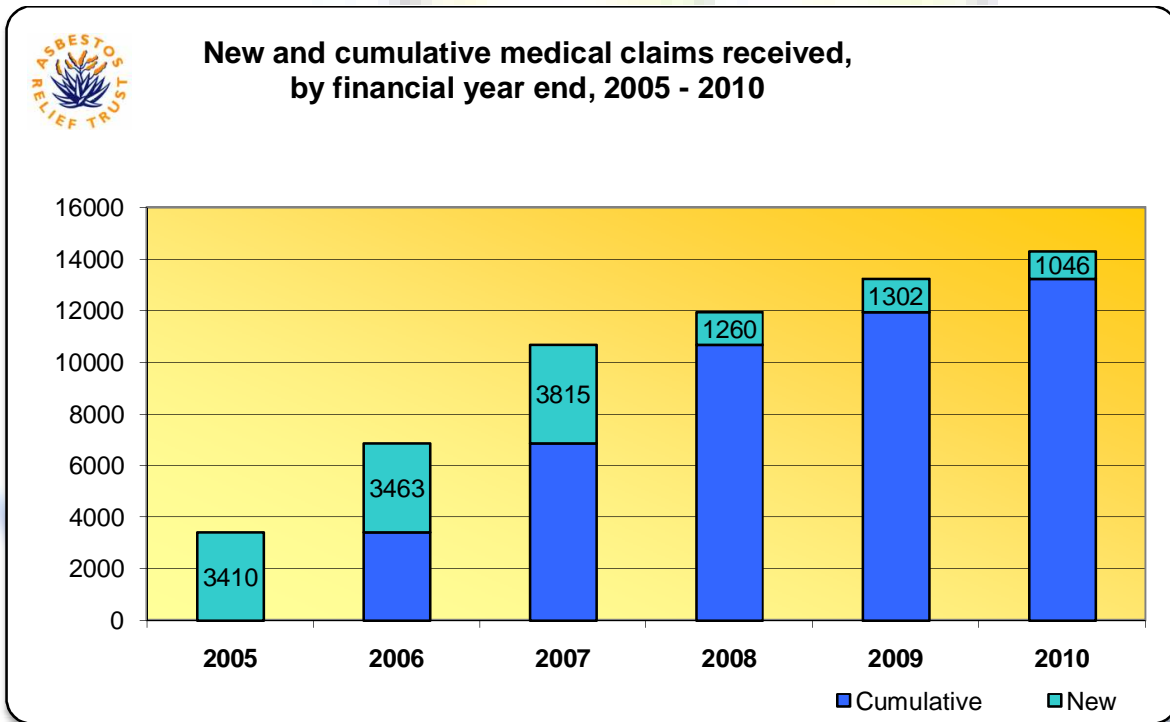


Medical Report for the period ended 28 February 2010

The core work of the medical office of the Asbestos Relief Trust is to adjudicate both occupational and environmental asbestos related lung diseases as defined in the Trust Deed.

In the year under review, the medical office saw 1046 new claims, confirming the trend of the few previous years, with many fewer claimants coming forward. These include all claims for the Kgalagadi Relief Trust, and are shown below. Please note that the number of files received in the medical office is less than the number of enquiries received, and so these numbers are lower than reported in the Administration Report.



In the year reviewed, 96.5% of the claimants had been exposed to blue crocidolite asbestos, 1.3% to brown amosite asbestos and 2.2% to white chrysotile asbestos.

Crucial to our operations are good quality chest x-rays and lung function tests done on the claimants by GPs in remote rural areas of our country. It is very pleasing to note that chest x-rays conforming to good or excellent quality comprised 87.6% of those assessed by our specialist panel, and similarly, 86.6% of the lung function tests were of good or excellent quality. We clearly have dedicated and conscientious GPs doing the work of the ART.

Of the occupational claims, 28.3% were certified as ARD1 or mild asbestos lung disease, and 2.2% as ARD2 or severe asbestos lung disease. These 2 categories are the scarring or fibrotic lung diseases caused by asbestos. Claimants with radiological disease, but normal lung function, comprised 8.5% of those assessed. Asbestos related lung cancer and pleural mesothelioma were found in 1.5% and 6.4% of the claimants respectively. The figures for lung cancer and mesothelioma need to be carefully watched, as they do appear to be higher than previous years. Our actuarial model has however been quite accurate in predicting the incidence of mesothelioma by year. A short research summary of the disease profile found in all occupational claimants is appended to this report.

Environmental claims

We adjudicated 34 claims in the year, of which eight with mesothelioma and five with asbestos related pleural disease were recommended for compensation.

Staff

We were sad to receive the resignation of Sr Faieza Omar, who left our employ at the end of a sterling five years with the Trust, and to whom we owe enduring gratitude for her dedicated capable caring which she was willing to share with us all – colleagues and clients alike.

We wish her all the very best in her new job, and are deeply appreciative of her work for us. She set a high standard, was ethically impeccable and the fact that we worked with her will warm our hearts for many years. From the specialists and the staff - thank you, Faieza, and we hope you blow that vuvuzela!

The medical office moved at the end of 2009 from our home of the past 5 years to Library Square in Claremont, Cape Town, nearby to Kingsbury Hospital. This occurred because the Lung Institute at UCT needed the space for their burgeoning numbers of research PhD and other post-graduate students. We would like to thank Prof Eric Bateman, Ms Carla Burdzik and their staff for the good and busy years we spent there.

The Specialist Occupational Medicine Panel (SOMP) Profs Ehrlich, Goodman and Jeebhay, and Drs Adams Manjra and Pillay have again delivered excellent service to the Trust. They have amassed a vast collective experience in asbestos disease, and have come to view with great respect the many ways that mesothelioma in particular can manifest. We thank them for their loyalty and expertise. A special salutation goes to Professor Jeebhay for his very well-received address at the 2009 ART AGM.

The GPs have continued their good work. Drs Ellis and partners in Kuruman have switched to digital chest radiography, and we have had to adapt our reading systems accordingly – going from light-boxes to computer monitors. Complex cases from Kuruman (where most of the cancers come from) have been managed very well by our physician Dr Bob Mineur in Kimberley, and he has recently been joined by a new cardio-thoracic surgeon in the town, Dr Richard Schulenburg. Together they are covering most of our needs for specialist referrals.

Our palliative care nursing sister Sr Phemelo Magabanyane, despite experiencing an increased workload, has continued to consolidate her work, and is now the only full-time representative of the Trust in Kuruman. She has re-located to the Moffat Mission, but is mobile and delivers a community hospice-like service, with much networking and cooperative work with the oncology service at Kuruman Hospital and community based care structures.

The medical office set itself a number of new goals for 2009-2010, and most of these were achieved. They were a plan for a mobile outreach platform to do outreach and medical screening, better prosecution services for the Kuruman area, an improved and qualified plan for investigation of complex cases, accreditation with the MBOD for cases of silicosis in Lesotho, and a plan to up-skill rural doctors in asbestos skills. All of former have been achieved, and the last in is progress.

We held a number of very successful outreach visits to rural Lesotho, and are planning forays into Swaziland; the NIOH has trained Dr Jood to do prosecution services in Kuruman, and the quality and compassion of this service is now good; our complex cases get good service in Kimberley from a skilled set of specialists; we have submitted a large number of cases directly to the MBOD; and we are – with the National Institute for Occupational Health - in the advanced planning stages of developing a programme to up-skill doctors in asbestos related lung disease knowledge and skills.

Our small staff in the Cape Town office work well together. Mr Thandikhaya Mgoqi continues to shine in his database and computer management, and Sr Nodu Nolokwe has taken over from Sr Omar in an exemplary manner. We feel honoured that we can improve the lives of asbestos disease victims, and again wish to thank the Trustees for their faith in us and for providing us with this opportunity. Our focus in the coming years will be on mesothelioma.

Dr Jim teWaterNaude and medical team, August 2010