

MEDI BRIEF

FEBRUARY 2018

50 years AMS – member memories

"When I married my husband in May 1970, he was already working at Anglo Research Labs & thus a member of AMS. He passed in Dec 2009 but as his widow I am also a member for life. How much better could that be? I have friends who are paying up to R8 000 pm for two of them, R7 000 if widows. To look back over nearly 50 years of our membership would take too long. Enough to say it dealt with his diabetes, my hysterectomy, my daughter's medical needs (up to 18), and now, when I compare what I could get at this age or more I feel blessed & thankful for AMS.

I go every year to the AMS pensioner benefit presentation & learn something from Sanjay every time. The benefits I could get are truly extensive & I hope not to use them all for a while! Knowing they are there, though, is very comforting.

So well done AMS, well done the teams of Trustees over the years, thanks to the administrators. Keep it up. When one is 72 it is peace of mind and a huge benefit. BTW – posting claims on line is great. Remember when they had to be mailed?

Bette Kun"

We look forward to receiving more memories and stories. Send yours to the AMS Communication Manager
Judith.Friese@angloamerican.com

Call for nominations for the Disputes Committee

During the AGM members elect the Scheme's Disputes Committee. The Disputes Committee is an independent committee that hears and settles disputes between the Scheme and a complainant are settled, should they arise. If you are interested in being a member of the Disputes Committee, or know of another member that would be a suitable candidate, please contact the Principal Officer's office on 011 638 5471 or email Fiona.Robertson@angloamerican.com.

AGM – save the date!

Our forty-ninth Annual General Meeting will take place at 10h00 on 23 May 2018 in the Auditorium, 18th floor, 55 Marshall Street, Johannesburg. Members will receive the official notice and proxy form with the March MediBrief.

Update your 'flu anti-virus programme' now and vaccinate!



Flu sounds harmless. Maybe a couple of days in bed – worst case. You might develop a sudden fever, a runny nose, sore throat, cough (usually dry), headache, muscle and joint pain. Most people can recover from flu symptoms within a few days without medical attention. But high-risk patients could develop severe illness resulting in hospitalisation. Annual flu epidemics result in about 3-5 million cases of severe illness and up to 650 000 deaths globally. Besides keeping up good hygiene habits, drinking enough fluids, having enough sleep and managing your stress, you should also consider getting vaccinated, especially if you belong to one of the high-risk groups. The vaccination might not prevent the flu in totality but it reduces the severity of the disease and incidence of complications and deaths.

The World Health Organization recommends annual vaccinations for pregnant women, children under 59 months, the elderly, individuals with chronic medical conditions (such as chronic cardiac, pulmonary, renal, metabolic, neurodevelopmental, liver or hematologic diseases), individuals with immunosuppressive conditions (such as HIV/AIDS, receiving chemotherapy or steroids, or malignancy) and health-care workers.

The circulating flu viruses change constantly and therefore the compositions of the flu vaccines need to be updated regularly. As soon as the new vaccine is available in South Africa, get your shot and be ready for the new flu season.

Reminder: AMS Ambulance Services – Netcare 911! Please save the number 082 911 under A for AMS Ambulance in your phone. Netcare 911 is our Designated Service Provider. If you voluntarily choose to use another ambulance service, you will incur a co-payment. More information in the Benefit Guide or on www.angloms.co.za.

Antibiotics – Handle with Care!

Antibiotics are supposed to be our back-up plan to treat bacterial infections. Unfortunately, we used this back-up plan too quickly and too often in the past and bacteria have adapted and become antibiotic-resistant. Since the discovery of the first antibiotic substance (penicillin) in 1928, bacteria are adapting and learning to survive. In the 1940s scientists already identified penicillin-resistant bacteria. New antibiotic classes were subsequently discovered and developed in the 1940s, followed by the discovery of new resistance in the early 1950s. This problem is older than our Scheme. As scientists developed new antibiotics over the years, bacteria kept on learning and developing resistance.

But, we made the problem worse. Most of us don't afford our bodies the time to heal, but rather take antibiotics to get better more quickly. Some of us don't even mind eating food full of antibiotics. Antibiotics are used in agriculture to increase the production of meat or milk, improve reproduction or to prevent diseases in healthy animals.

As a result, infections caused by bacteria, are getting more difficult to treat, as antibiotics become less effective. While today there are new antibiotics in development, none of them seem to be effective enough to treat the most dangerous forms of antibiotic-resistant bacteria. This leads to higher medical costs, longer hospital stays and increased mortality.

It is long overdue for society to change the way we use antibiotics to protect us against the threats of antibiotic resistance. 'Standard' operations like a caesarean section could become more dangerous without effective antibiotics. Infections plaguing South Africa will be much harder to fight, such as pneumonia, foodborne diseases and tuberculosis.

Prof Andrew Whitelaw, a microbiologist from the University of Stellenbosch and member of the Ministerial Advisory Committee (MAC) on anti-microbial resistance, has been raising alarm bells for many years. In an interview with health24.com in 2014 he warned:

"In hospitals, many of the bacteria (up to 60 or 70% in some centres) are resistant to most available antibiotics, leaving only one or two options available for treatment". We have all heard about hospital-acquired infections and superbugs killing patients that were only admitted for quick routine surgery. This is a global emergency which requires us to all work together – patients, health care providers and science.

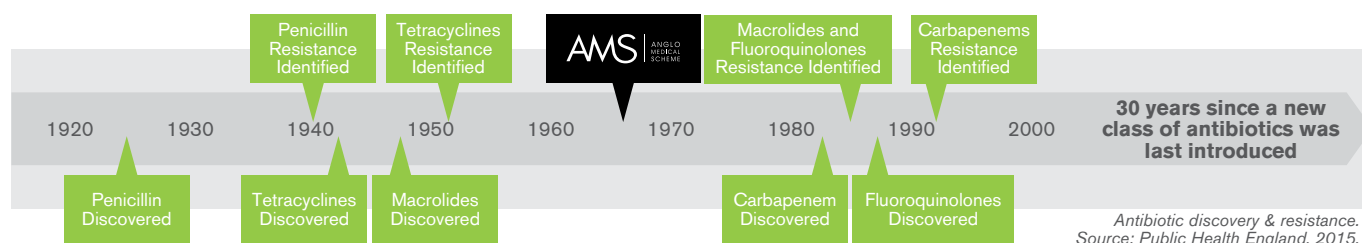
What can we as patients do?

- Prevent infections by looking after your health and body, not to get sick in the first place.
- Practice hygienic habits, live a healthy lifestyle and vaccinate where appropriate. Antibiotics in general do not cure viral infections. Immunisation protects against viruses.
- Only use antibiotics when and how your doctor prescribes them.
- Never demand them when your doctor says you don't need them.
- Never share or use leftover antibiotics.
- Watch what you eat and which food you buy. Many food producers use antibiotics unnecessarily for growth promotion or to prevent disease in healthy animals.

What does the health care industry need to do?

Health care professionals should only prescribe and dispense antibiotics when they are appropriate and needed. Professionals need to educate their patients and staff on this topic. Furthermore, the health care industry will have to invest heavily in research and development of new antibiotics, vaccines and diagnostics.

Handle antibiotics with care. Don't just take them to get rid of an infection a little faster to be back at work quicker or to go to a function in a few days' time. You may one day need effective antibiotics for a more serious infection. Remember infections caused by viruses, such as colds, flu, most coughs, and sore throats cannot be treated with antibiotics, even though we regularly take them for these conditions. When we hopefully get these new, expensive antibiotics we can't afford to keep on misusing them!



Visit www.angloms.co.za to learn more about your Scheme and benefits.

Find all previous MediBrief editions in the Info Centre > MediBrief Archive.

Member Queries:

Value Care Plan: 0861 665 665, anglo@primecure.co.za

Standard and Managed Care Plan: 0860 222 633, member@angloms.co.za

Claims: claims@angloms.co.za