



Speech on World Family Doctor Launch at The Korle-Bu Polyclinic Held on 19th May 2017 Delivered by *Dr. Charles Quaafio*

Protocol

Her Excellency, the 2nd Lady of the Republic of Ghana, Mrs. Samira Bawumia
The Chairperson for this program, Dr. Pinaman Apau
The Acting C.E.O, Korle Bu Teaching Hospital (KBTH)
Directors and Heads of Departments and Units, KBTH
Special Invited Guests
Fellow colleagues
Ladies and Gentlemen

I consider it a great privilege to be called upon to deliver this speech on the occasion of the launch of the World Family Doctor Day by the Society of Family Physicians of Ghana.

The World Family Doctor Day is held every year on May 19, to highlight the role and contribution of family doctors in health care systems around the world. This important day was first declared in 2010 by the World Organization of Family Doctors (Wonca) and is currently celebrated globally.

The objectives of the World Family Doctor Day celebration are to increase the morale of family doctors, however, since its declaration, the day has also been used to address vital health issues globally and locally.

This year, we want to highlight depression and suicide in accordance to a worldwide theme declared by the World Health Organization (WHO) and Wonca. The theme for this year's event in Ghana is DEPRESSION AND SUICIDE: THE ROLE OF THE FAMILY PHYSICIAN. Wonca is determined to reduce the impact of depression on our patients' lives. Family physicians all around the world are determined to play a central role in ensuring that patients receive the best care they deserve.

Depression is a common mental disorder that presents with low mood, loss of interest or pleasure, feeling of guilt or low self-worth, decreased energy, disturbed sleep or appetite and poor concentration. Depression can cause enormous suffering and make people feel that life is no longer worth living. It affects patients' ability to carry out even the most basic activities of living and interfere with the ability to earn a living. Depression may also lead to suicide, homicide and accidental deaths.

Madam Chairperson, the degrees of suffering and disability associated with depression are comparable to those in most chronic medical conditions. The economic burden of depressive illness cannot be overemphasized and includes individual costs (suffering, treatment side effects, possible suicide, and work disability), cost to family and friends, employers and the nation at large.

The WHO identifies depression as the eleventh greatest cause of disability and mortality in the world among 291 diseases and causes of injury. Depression results in a very poor quality of life. Absenteeism

and Presenteeism (being physically present at work but functioning sub-optimally) are common among depressed patients and leads to colossal economic losses to both the individual and the nation. The WHO has predicted that depression will be the leading cause of disease burden by 2030. Children with depressed parents have emotional and behavioral difficulties.

Globally, the prevalence of depression varies widely and ranges between 2-8% percent in the general population. The life time prevalence of depression in developed countries averaged around 18 percent and in developing countries was around 9 percent. In Ghana, depression among patients attending primary care clinics is about 14%. That means that doctors in primary care can expect about one in every seven patients to be depressed.

Genetic predisposition, female sex, lack of social support, early childhood adversity, stressful life events, substance abuse and several chronic medical conditions have been associated with depression.

Health care costs are higher in depressed patients compared with non-depressed patients. Depression also creates a lot of burden on the health care delivery system, as depressed patients are usually high utilizers of health care.

Recognizing depression among primary care patients can be very challenging. This challenge arises because patients with depression usually present with somatic symptoms such as fatigue, sleep problems, loss of interest in sexual activities, and non-specific symptoms that sometimes are difficult to describe. Moreover patients, especially men, find it difficult to describe emotional difficulties. This is compounded by the burden of the high number of patients that primary care physicians have to attend to. Despite these challenges, we encourage primary care physicians to screen patients for mental illness during their work to prevent the debilitating effects that can result from missing such cases. Apart from the fact that screening may help to correctly diagnose and manage patients with depression, it can also help to prevent suicide as there is evidence that about half of those who commit suicide visit their primary care physicians prior to performing the act.

Fortunately, early detection and proper management significantly decrease the negative impact of depression in most patients.

Suicide is a tragic event with strong emotional repercussions for its survivors and the family and friends of the victims. Psychiatric illness including depression is a major predictor of suicide. Fourteen percent of cases reported in the media, committed suicide because of psychological disturbances, most of which are due to depression. Lack of psychosocial support may also contribute greatly to this condition. Other factors that predispose to suicide include, conflictual relationships, sexual and physical abuse; and the use of illicit drugs.

Media Reportage

Madam Chairperson, there have been concerns on the high reportage of suicide cases in the Ghanaian media. Even though suicide deaths are not acceptable in any age group, we are particularly concerned about the surge of these cases especially among the adolescents and young adults. A media analysis performed by Quarshie et al in Ghana showed media reports of 44 cases of suicide from 2001 to 2014. After this publication, several reported cases have been published in the print media especially in the early part of this year.

The Society of Family Physicians of Ghana (SOFPOG) is concerned about the manner in which suicides cases are reported in the media as it can worsen the condition through a phenomenon

called ‘copycat suicides’ and ‘suicide contagion’. A copycat suicide is the emulation of another suicide in a person who is already contemplating suicide and suicide contagion occurs when a publicized suicide serves as a trigger for suicide in susceptible individuals.

We are thus calling on the various media houses in Ghana to be circumspect with the way they report cases of suicide. They should limit the amount of coverage of suicide stories and avoid sensationalism. Journalists should avoid publishing the method used and the detailed description of the victims’ worth, social status and fame.

We also call on all Ghanaians to desist from circulating sensational information and jokes on suicide in the social media.

Stigmatization Against People with Mental Health

Madam Chairperson, one in four people will experience mental health problems at some point in their lives. Most people with mental health issues will recover or will be able to live with the condition when managed appropriately.

Stigmatization can worsen the condition of people with mental health disorders and complicate their management. Showing compassion and empathy can be of immense help. We call on people with any form of mental health disorders and their relatives to seek care early in any registered health facility in Ghana.

We are also aware that, some patients with mental illness visit faith based facilities for healing and there is a need for collaboration between these facilities and orthodox mental health clinics. SOFPOG will like to call on priests, pastors and other religious leaders to liaise with us to care for these patients.

Criminalization of Suicide

It will not be out of place to add our voice to calls on His Excellency President Nana Addo Dankwah Akufo-Addo, Parliament and the Judiciary to consider reviewing the law that criminalizes attempted suicide in Ghana and put in place measures that will provide the framework for suicide prevention and the management of people who attempt suicide.

Majority of people who attempt suicide have serious mental health conditions and will require medical attention rather than being prosecuted.

Conclusion

Ladies and gentlemen, the challenge that our society faces today with regards to Depression and Suicide is enormous. The time is now propitious for us to do all we can to stem the tide. This requires the collective responsibility of government, health professionals, religious bodies and all other stakeholders. Let’s endeavor to prevent Depression and Suicide and also to reduce the terrible impact they are having on individuals, families, communities and our health systems.

Thank you for your attention.

Summary of Results for March 2017 Examinations

The Primary, Membership and Fellowship Examinations of the College were held from 20th to 22nd March 2017. The written papers were conducted at the College while the orals and practical exams were carried out at the Korle-Bu Teaching Hospital. The following table represents the summary of results:

PRIMARY 2017

Faculty	Passed	Failed	Absent	Total Applications
Anaesthesia	4	-	-	4
Dental Surgery	12	2	-	14
Family Medicine	8	1	-	9
Internal Medicine	15	10	-	25
Laboratory Medicine	3	-	-	3
Obstetrics & Gynaecology	23	18	2	44
Radiation Oncology	1	-	-	1
Paediatrics & Child Health	17	1	-	18
Surgery	20	7	-	27
Ophthalmology	3	1	-	4
ORL	0	2	-	2
Psychiatry	9	1	-	10
Emergency Medicine	4	1	-	5
Radiology 1B	7	2	-	9
Total	126	46	2	175

MEMBERSHIP 2017

Faculty	Passed	Failed	Absent	Total Applications
Family Medicine	1	1	-	2
Internal Medicine	2	-	-	2
Obstetrics & Gynaecology	3	2	-	5
Paediatrics & Child health	1	1	-	2
Radiology	5	-	-	5
Surgery	3	2	-	5
Anesthesia	1	-	-	1
Laboratory Medicine	2	-	-	2
Total	18	6	0	24

FELLOWSHIP 2017

Faculty	Pass	Fail	Total Applications
Obs & Gyn (Family Planning)	2	-	4
Surgery	-	1	1
Public Health	-	-	2
Internal Medicine	-	-	1
Laboratory Medicine	1	-	1
TOTAL	3	1	11

2017 Postgraduate Training Admissions

On the 29th and 30th May 2017 the entrance examinations and selection interviews were conducted respectively. The interview was conducted in order to select candidates to undertake postgraduate medical and dental training commencing in September 2017.

A total number of one-hundred and ninety-six (196) people applied for the Membership programme. However, one-hundred and seventy-nine (179) constituting 91% were recommended.

The Fellowship programme also received quite a lot of interest, recording a total number of seventy-six (76) applicants. All applicants were recommended for the Fellowship programme. This outcome clearly depicts the quality of training acquired in the Membership programme. Below is a table representing the distribution of endorsed applicants from the various faculties to their training centers:

Faculty	No. recommended for training	TQMH	KBTH	KATH	37 MH	GCPS	CCTH	SRH	RH	Pan-tang	Acc. Psy. Hsp.
MEMBERSHIP											
Anaesthesia	7	-	7	-	-	-	-	-	-	-	-
Child Health	20	-	9	11	-	-	-	-	-	-	-
Dental Surgery	14	-	12	2	-	-	-	-	-	-	-
Emergency Med.	3	-	-	3	-	-	-	-	-	-	-
Family Med.	14	2	6	3	-	-	-	-	-	-	-
Internal Med.	22	-	14	4	-	-	4	-	-	-	-
Lab. Med.	6	-	6	-	-	-	-	-	-	-	-
Obst. /Gynae.	29	-	14	12	-	-	2	-	1	-	-
Ophthalmology	7	-	5	2	-	-	-	-	-	-	-
Psychiatry	9	-	-	4	-	-	-	-	-	2	3
Public Health	14	-	-	-	-	14	-	-	-	-	-
Radiology	4	-	3	1	-	-	-	-	-	-	-
Surgery	26	-	19	1	-	-	5	1	-	-	-
Radiation Oncology	1	-	-	1	-	-	-	-	-	-	-
ORL	3	-	1	2	-	-	-	-	-	-	-
Total	179	2	96	46	0	14	11	1	1	2	3
FELLOWSHIP											

Child Health	7	-	4	3	-	-	-	-	-	-	-
Dental Surgery	2	-	1	1	-	-	-	-	-	-	-
Family Med.	3	-	1	2	-	-	-	-	-	-	-
Lab. Med.	3	-	3	-	-	-	-	-	-	-	-
Internal Med.	3	-	2	1	-	-	-	-	-	-	-
Obst. /Gynae.	13	-	7	6	-	-	-	-	-	-	-
Psychiatry	3	-	1	-	-	-	-	-	-	1	1
Radiology	5	-	2	2	1	-	-	-	-	-	-
Public Health	12	-	-	-	-	12	-	-	-	-	-
Surgery	9	-	7	2	-	-	-	-	-	-	-
Radiation Oncology	3	-	2	1	-	-	-	-	-	-	-
ORL	2	-	2	-	-	-	-	-	-	-	-
Anaesthesia	5	-	3	2	-	-	-	-	-	-	-
Ophthalmology	1	-	-	1	-	-	-	-	-	-	-
Emergency Med.	5	-	-	5	-	-	-	-	-	-	-
Total	76		35	26	1	12				1	1

Legend

- TQMH - Tetteh Quarshie Memorable Hospital
 KBTH - Korle-Bu Teaching Hospital
 KATH - Konfo Anokye Teaching Hospital
 37 MH - 37 Military Hospital
 GCPS - Ghana College of Physicians and Surgeons
 CCTH - Cape Coast Teaching Hospital
 SRH - Sunyani Regional Hospital
 RH - Ridge Hospital

ACTIVITIES ON PAEDIATRIC FRACTURE SOLUTIONS FOR GHANA PROJECTS

Faculty Education Programme

Each year, the Paediatric Fracture Solutions for Ghana Project holds a Faculty Education Programme for all its faculty members to prepare them for upcoming courses in the year. This year's FEP took place on 23rd February, 2017 at Anita Hotel, Kumasi. Faculty members included Physicians, Surgeons and Operating Room Personnel from the Komfo Anokye Teaching Hospital, Korle-Bu Teaching Hospital, Cape Coast Teaching Hospital, Tamale Teaching Hospital, Effia Nkwanta Regional Hospital, Trauma and Specialist Hospital and St. Joseph Orthopaedic Hospital in Koforidua.

Fig.1



Activities carried out at the programme

Basic Principles of Paediatric Fracture Management for Operating Room Personnel Pilot Course

The pilot course for Basic Principles of Paediatric fracture Management for Operating Room Personnel took place on April 15th 2017 at the Pempamsie Hotel, Cape Coast. Operating Room Personnel from Greater Accra, Central, Eastern and Western Regions respectively convened in Cape Coast to learn about the best practices for paediatric fracture management. Some of the topics covered included paediatric fracture healing and complications, principles of paediatric fracture fixation and positioning of paediatric patient for surgery.



Activities carried out at the programme

Non-Operative Paediatric Fracture Treatment Pilot Course

The pilot course for Non-Operative Paediatric Fracture Treatment came off from April 21st to 22nd 2017 at the Pempamsie Hotel, Cape Coast. About 34 residents from Central, Western, Greater Accra and Ashanti Regions respectively participated in the course. Participants were taken through bone physiology, anatomy and rickets; classification of fractures, injuries around the upper extremity and shoulder joint; injuries around the hip joint and practical sessions on how to apply skin traction, lower circular cast, upper leg circular cast and hip spica.



Activities carried out at the programme

Basic Principles of Paediatric Fracture Management for Surgeons Pilot Course

From June 8th to 10th 2017, the pilot course for Basic Principles of Paediatric Fracture Treatment for Surgeons took place at Akroma Plaza, Takoradi. In attendance were 36 residents and surgeons from Western, Central, Ashanti, Volta and Greater Accra Regions respectively. Participants were taken through various topics including supracondylar fracture, forearm and galeazzi fractures as well as practical sessions on nailing of forearm fractures, pinning of distal radius fractures and elastic nailing of femoral shaft fracture, retrograde and antegrade techniques. The national course chair, Dr. Michael Segbefia, was the main facilitator for this course.



Activities carried out at the programme

Summary of CPDs and Workshops carried-out at The College

Child Health

From 25th to 26th of April 2017, Faculty of Child Health held a CPD themed “Paediatric Dermatology”. This event was facilitated by four (4) doctors all from the department of Child Health in Korle-Bu Teaching Hospital (KBTH). There were sixty-one (61) participants who come to learn and improve upon the knowledge and skills.

Family Medicine

The Department of Family Medicine held the “Sport and Exercise medicine workshop” from 5th to 6th of April 2017. Seventy-two (72) doctors participated and they were facilitated by four (4) doctors from various part of the country.

Surgery

Safety in Surgery CPD took place at the College premises on the 9th of April 2017. There were five (5) facilitators from Komfo-Anokye Teaching Hospital (KATH) and Korle-Bu Teaching Hospital (KBTH). Also, thirty-five (35) doctors from various hospital throughout the country took part in this CPD.

Internal Medicine

An update course in Endocrinology and Cardiology occurred on the 14th of June 2017, there were forty-two (42) participants from various part of the country and fourteen (14) facilitators from Komfo-Anokye Teaching Hospital (KATH) and Korle-Bu Teaching Hospital (KBTH).

ENT

The Faculty of Otorhinolaryngology had a number of programmes this year. The first was “Radiology in ENT” which was held on 31st April 2017, forty-three (43) doctors participated with six (6) facilitators from the department of radiology and ENT in Korle-Bu Teaching Hospital (KBTH).

Also, there was an update course in ENT from the 31st July to 2nd August 2017. Twenty (20) doctors participated and there were seven (7) facilitators.

Psychiatry

The Department of Psychiatry held a CPD themed “Depression and Suicide” on 4th August 2017. Present were three (3) facilitators one each from Korle-Bu Teaching Hospital, Komfo-Anokye Teaching Hospital and University of Ghana. Forty-three (43) doctors participated.

Appointment on Promotion

Ghana College of Physicians and Surgeons is happy to inform you that Dr. Gyasi-Sarborg has been appointed on promotion as “Associate Professor” in the Department of Surgery, College of Health Sciences, with effect from August 01, 2016.