
EDITORIAL

As 2020 draws to an end, some reflection on the challenges of the past year becomes appropriate. For most of humanity the COVID pandemic will stand out as the major issue of the year. This is especially applicable to the medical world as fatal outcomes in many patients were linked to the interaction of COVID infection with obesity, hypertension and diabetes.

The solution as strategy would dictate lies in 1) the identification of the problem, 2) harnessing the tools at hand to combat the problem, and finally 3) implementing the solution. On a global level it would seem that some national leader(s) are more rational than others and pursue more rational strategies to the challenge. Hopefully the recent ascent of more rational leader(s) will inflect a turning point to the irrationality that now exists – on a Wing and a Prayer vs a Prayer by Wing, that leading, rather than misleading, emerges.

The strategy to improve outcomes in patients with diabetes is equally challenging and the rational clinical solution likewise needs to gain ascent. A series of diabetes-related submissions in this current publication clearly identify some of the issues that contribute to poor outcomes. Identifying the “problem” seems easy enough for the clinician but the problem is very different from the perspective of the patient – Jacobs JKD et al. indicate via a cognitive mind map of perceptions that for many patients the diabetes problem is indeed different. Likewise healthcare workers (nurses working in rural settings) often appreciate the social determinants (causes of the problem) of ill-health (the problem being diabetic foot disease in this instance) with more insight – Kuguyo O et al. report on the role of poverty, religious-cultural beliefs-practices and the health system in place as

important determinants of this complication in addition to the disease itself. When the solution is a technical one, then applying the solution needs to be rational i.e. de-compartmentalised in this instance – thus while the use of point-of-care in assessing HbA_{1c} levels in the primary care setting is certainly of benefit as screening and monitoring solutions, Pillay S reports that the concomitant improvements in glycaemic control remain elusive. Perhaps the rational strategy is to follow-up the efficient measurements with a better standard operating procedure which would include better patient education, better follow-up protocols and, importantly, a more modern medication formulary that addresses current needs better. The HIV epidemic in South Africa has to a large extent been confronted more successfully (than the diabetes epidemic) with the use of modern and up-to-date anti-viral agents. The challenge of treating patients with diabetes with/without concomitant HIV is improving adherence to clinic(s) attendance in the first instance – Pillay S reports that the default rate (to clinic attendance) is high (> 26%) and that coincident diabetes and HIV (a common issue in South Africa) challenges many patients with a high clinic burden – it would seem that a rational solution to this burden is to provide more integrated care, certainly at primary care level.

Two additional papers round off the year’s submissions. Both reflect on rare endocrine disorders but also allude to not so rare manifestations of these disorders.

Happy reading and good health to all colleagues as we await the arrival of 2021.

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