EDITORIAL

We have reached July, and as this point in 2021 swiftly glides past its midpoint, stock-taking of what has been done and undone, in what we should have done and importantly what we have yet to do, is appropriate. In our last edition, I alluded to burnout in colleagues and now, in similar vein, burnt hospital (academic and others) and still burning shopping malls (some 160 in total) are the order of the day. The turmoil that we witnessed certainly forced us to step back (and this is indeed a massive step back in every sense), but as we can only live in the future, so it must be that we must brace ourselves to take even bigger steps as we proceed forward. Perhaps we can change our state of insurrection to something more akin to resurrection, not necessarily of the soul but rather of the system. And so, where to SA and where to JEMDSA 2022 and beyond – it should surely not be more of the same?

So back to academic endocrinology-metabolism and the current edition of JEMDSA. We host five submissions from SA and one from Sudan.

There are four insightful articles of research on the state of diabetes management which remains direly inflamed and, as such, insightful clinicians need to reach out for fire extinguishers yet again. Hamid WS et al. comment on abnormal nerve conduction measurements in a cross-section of middle-aged patients who have had diabetes for a mean period of 14 years – objective measurements indicate neuropathy is frequent. Chetty and Pillay investigated the complex relationships between glycaemic control (HbA1c), genetic influences (family history) and coincident disease (HIV-positive/negative and receiving ARV therapy/not) – interesting associations emerge. Thompson AT et al. offer a most comprehensive review on the genesis of the diabetic foot – a clear picture emerges of how the dysmorphic metatarsal parabola can be understood and assessed (simple inspection and palpation of the foot), thereby preventing the devastating progress to amputation. Kok A et al. overview the state of diabetes control in the private sector and sadly, a call to douse the fire of suboptimal HbAic control is made yet again – their retrospective observation clearly points to treatment inertia reflected in the poor escalation of therapy and more importantly, in the inappropriate choice of non-protective therapies in the very-high-risk patients with diabetes. So, as we collectively guide our patients to increasing morbidity and mortality we need to reflect – are clinicians misguided, are our guidelines misguided, are glucose-centric diabetologists misguided, or are funding-pricing structures misguided?

The final two submissions offer insights into challenges clinicians frequently encounter. Botha S et al. investigated the prevalence of vitamin D deficiency in a large (n > 15 000) retrospective sample and offer wise comment on the use and misuse of the laboratory in the measurements of vit D levels. As we face the third COVID-19 wave in SA, it is appropriate to recognise that endocrinology is not spared – Coetzee A et al. report on the presentation and management of the hitherto poorly recognised association of thyroiditis and COVID-19 infection.

So, happy reading and please contribute to your journal as a researcher, educator, reviewer, clinical practitioner and more importantly, as a newer era and different future beckons, as a strategist.

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