True (A) or false (B)

Regarding surprising findings when updating workload at the Wits Human Research Ethics Committee:
1. The National Health Act requires that all health research is to be approved by a registered Research Ethics Committee prior to being conducted.
2. Research ethics application data cannot be used as a barometer to indicate early grassroots movements by Faculty to meet demands in postgraduate throughput.

Regarding Boni mores and consent for child research in South Africa:
3. A requirement for informed consent to be valid is that it should not be contrary to the legal convictions of the community or inconsistent with public policy.
4. Section 28(2) of the Constitution states that a child’s best interests are of paramount importance in every matter concerning the child.
5. In terms of South African law there is no requirement for adults to promote a child’s well-being and to protect children from physical, emotional or moral harm.
6. The Children’s Act does not contain any guidance on what factors should be considered when applying the child’s best interest’s principle.

Regarding laws and regulations associated with ownership of human biological material in South Africa:
8. The realisation that both scientific and commercial gains can result from human biological material has led to more stringent control over such materials nationally.
9. The Biodiversity Act of South Africa does not restrict access to genetic material for the purpose of acquiring remuneration.

Regarding whether the seclusion policy of mental healthcare users is a necessary evil:
10. Seclusion in the healthcare context can be defined as the voluntary confinement of an agitated, unstable patient alone in a contained, controlled environment.
11. The regulations of the Mental Health Care Act provide for seclusion if the safety of others is at risk and not when ‘own safety’ is at risk.
12. The Mental Health Care Act specifies a minimum time that patients may be secluded and after what number of seclusions a new order of seclusion should ordered.

Regarding BCMP students’ experiences of professionalism during clinical rotations:
13. As medicine is no longer considered only as a profession par excellence, the humanistic element is not critical in the development of a professional identity.
14. The Health Professions Council of South Africa does not assist practitioners with understanding professionalism as it does not describe any associated core values.
15. Integrity, truthfulness, compassion and professional competence are some core values associated with professionalism in the healthcare context.

Regarding why it is wrong to discriminate against the elderly in healthcare:
16. The South African Constitution is committed to the progressive realisation of the right to healthcare.
17. Trade-offs in the healthcare context do not include prioritising some patients or patient groups at the expense of others.
18. While the Older Persons Act explicitly states that the elderly are entitled to be respected, it is silent on their protection against unfair discrimination.

Regarding doctors call for lawyers to get out of hospitals:
19. Professional negligence results when healthcare practitioners negligently fail to exercise the degree of skill and care of a reasonably skilled practitioner in that field of practice.
20. Patient safety is a component of good quality healthcare services and contributes to improved health outcomes.