

Links and contacts

South Africa

<http://ageafrica.net/resource-library/>

AgeAfrica.net is an online resource library aimed at facilitating knowledge sharing. The purpose is to provide information and data on ageing issues for country age networks, policy-makers, government, civil society, academic institutions and other stakeholders.

<https://www.gov.za/services/social-benefits-retirement-and-old-age/old-age-pension>

<http://www.pension-watch.net/pensions/country-fact-file/south-africa>

HelpAge is an international network of organisations dedicated to achieving the right to social security so that all people can enjoy a dignified and secure older age.

Pension watch supports this aim by working towards universal pension coverage in developing countries engaging with governments, academics, and donors, the UN and civil society to make income security for older people and their families a reality.

Complaints Handling Procedures Of The South African Human Rights Commission

<https://www.sahrc.org.za/home/21/files/Complaints%20Handling%20Procedures%20-%20SAHRC%20-%20Public%20-%201%20January%202018.pdf>

Form must be sent to the respective regional office:

Eastern Cape

Tel: 043 722 7828/21/25

Contact: Yolokazi Mvovo

E-mail: ymvovo@sahrc.org.za

Gauteng

Tel: 011 877 3750

Contact: Nthabiseng Kwaza

E-mail: nvkwaza@sahrc.org.za

Free State

Tel: 051 447 1130

Contact: Alinah Khompeli

E-mail: akhompeli@sahrc.org.za

KwaZulu-Natal

Tel: 031 304 7323/4/5

Contact: Lindiwe Dlamini

E-mail: ldlamini@sahrc.org.za

Limpopo

Tel: 015 291 3500

Contact: Mahlatse Ngobeni

E-mail: mngobeni@sahrc.org.za

Mpumalanga

Tel: 013 752 8292/5870

Contact: Carol Ngwenyama

E-mail: cngwenyama@sahrc.org.za

Northern Cape

Tel: 054 332 3993/4

Contact: Zukiswa Louw

E-mail: zlouw@sahrc.org.za

North West

Tel: 014 592 0694
Contact: Poppy Mochadibane
E-mail: pmochadibane@sahrc.org.za

Western Cape

Tel: 021 426 2277
Contact: Shafeeqah Salie
E-mail: ssalie@sahrc.org.za

Website: www.sahrc.org.za

E-mail: sahrcinfo@sahrc.org.za

Retirement sites

<http://www.aftreeoorde.co.za/>

<http://www.saherpa.org.za>

www.seniorservice.co.za

South African frail care and retirement homes

<http://frailcare.co.za/>

Organisations to help you

Alzheimer's South Africa

Alcoholics Anonymous Arthritis Foundation

Aryan Benevolent Home Council

Asthma Education Programme

Cancer Association

Caring for the Aged Catholic Women's League

Concerned Friends of the Abused Frail and Aged

Council for the Aged of SA Council for the Aged,

National Dementia

SA Department of Health and Welfare Department of Welfare and Population Development

Depression and Anxiety Disorders Group Diabetes

South Africa Dystonia Association

SA Executive Welfare Council (AFM)

Family Foundation Arcadia

Friends of TARA Gluten Intolerance

Headway Support Group

Heart Foundation of South Africa

Hospice

Human Rights Commission

Johannesburg Association for the Aged (JAFTA)

Meals on Wheels

RSA Mental Health Info Centre of SA Motor Neuron Disease Association
Multiple Sclerosis Society Muscular Dystrophy Association
Natalse Christelike Vrouevereniging
National Jewish Welfare Forum
NG Church Ministry of Caring
NG Welsyn Noord-Kaapland Ondersteuningsraad
Optometric Association
Oranje Vrouevereniging
Osteoporosis Foundation Parkinson Association
SA People living with Cancer
SA Association of Retired Persons SA Blind Workers Association
SA Chiropractic Association SA Federation for Mental Health
SA Home Equity Release Protection Association
SA Inherited Disorders Association SA National Epilepsy League
SA Society of Physiotherapy
AC for the Aged
SANC for the Blind Sandton Goodwill Association
Slovo Women's Organization for the Aged
South African Mental Health Information Centre (SAMHIC)
South African National Epilepsy League
Speech and Hearing Association
Stroke Aid Stoma Centre Stroke Foundation
The Allergy Society of SA
The South African Podiatry Association Witbank Society for the Aged

Documents A living will or Power of Attorney (for health care)

Both documents are from (Section 7B) Schedule 3 National Health Act 61 Of 2003 of South Africa

Guideline For A Durable Power Of Attorney For Health Care (Section 7A)

I, (full name), in granting this Durable Power of Attorney for Health Care, wish to confirm that I
am 18 years or older;
am of sound mind;
act of my own free will, free from duress induced by others; and

have carefully considered my own values, beliefs and preferences, as well as misfortunes of body and/or mind that may befall me.

Hence, should I, as a result of illness, injury or any other trauma, at a future date, develop any condition as a consequence of which I lack the requisite competence to have or communicate any rational preferences regarding my future health care,

I wish to appoint (full name) as my agent (proxy) health care decision-maker, mandating him/her to act as my substitute for any and all of my health care and medical decisions, and instructing any person or institution to act on the directives of this duly appointed health care agent.

Should my first choice as health care agent be unable to assume this responsibility,

I wish to appoint
. (full name) as my alternative agent (proxy) health care decision-maker, mandating him/her to act as my substitute for any and all of my health care and medical decisions, and instructing any person or institution to act on the directives of this duly appointed health care agent.

I understand that this Durable Power of Attorney for Health Care mandates my health care agent to make health care and medical decisions on my behalf for the duration of my biological life, thus enduring while I am no longer competent to revoke it. Should I, however, regain the requisite competence, I understand that I would have the authority to revoke this health care mandate.

In making health care and medical decisions on my behalf, my health care agent should give due recognition to my known values, beliefs, principles and personal preferences. Should it be impossible or difficult to know the practical implications of these considerations in particular circumstances, my health care agent should act in my objectively determined best interest.

In particular, I authorise my health care agent (proxy) decision-maker to make any and all of my health care and medical decisions on my behalf, that is, any and all decisions I would have made while still competent. In this mandate to my health care agent decision-maker,

I specifically include decision-making directives that would be routinely included in a Living Will, that is, directives relating to refraining from life-sustaining medication, treatment or procedures that would otherwise prolong life, thus impeding a natural death. [This clause may be excluded.]

In addition, I mandate my health care agent to make decisions on my behalf regarding the donation of my organs or tissue for any legitimate medical or scientific purpose. [This clause may be excluded.] [The grantor/maker of a Durable Power of Attorney for Health Care is free to issue specific instructions or directives to his/her health care agent about any medical intervention that the grantor/maker chooses to include in or exclude from the mandate.

GRANTOR/MAKER of health care mandate/proxy Name (print in full)

Identity or passport number

Signed at (name of place)

Signature

WITNESS 1 to the signing of this Durable Power of Attorney for Health Care I declare that I have witnessed the signing of this Durable Power of Attorney for Health Care by (i) its grantor/maker and (ii) witness 2.

Name (print in full)

Identity or passport number

Relationship to the maker

Contact telephone number

Email address

Full residential address

Signature

Date

WITNESS 2 to the signing of this Durable Power of Attorney for Health Care I declare that I have witnessed the signing of this Durable Power of Attorney for Health Care by (i) its grantor/maker and (ii) witness 1.

Name (print in full)

Identity or passport number

Relationship to the maker

Contact telephone number

Email address

Full residential address

Signature

Date

Guideline for a living will

I, (full name), in making this Living Will, wish to confirm that I

am 18 years or older;

am of sound mind;

act of my own free will, free from duress induced by others; and

have carefully considered my own values, beliefs and preferences, as

well as misfortunes of body and/or mind that may befall me.

Hence, should I, as a result of illness, injury or any other trauma, at a future date,

develop a terminal and incurable medical condition; or

become permanently vegetative; or

become completely and irreversibly unconscious,

and, as a consequence, no longer possess the requisite rationality or competence to have or

communicate my health care decisions, I grant authority to and authorise any medical

professional and/or medical facility and/or other carer to execute this Living Will, thereby

allowing me to die a natural death by refraining from keeping me alive by artificial means, or by potentially life-sustaining medical intervention, treatment or procedure, such as:

artificial nutrition;

artificial hydration;

dialysis;

any medication or drug, including antibiotics, administered through

any method, including an IV tube; or

life support of any kind.

[The maker of a Living Will is free to insert a clause instructing an attending or treating medical doctor/health care professional, or any other person, not to discontinue a specific form of life-sustaining treatment, for example, artificial hydration.]

In addition, I authorise any attending medical professional and/or medical facility and/or other carer to administer to me comfort or palliative care, specifically adequate medication to alleviate my pain and suffering, even though it might hasten my natural death as a secondary consequence.

Moreover, I give permission for any of my organs or tissue to be donated for legitimate medical or scientific purposes. [This clause may be excluded.] [Recommend: A clause may also be included on costs as these may be recouped from the family.]

Moreover, I give permission for any of my organs or tissue to be donated for legitimate medical or scientific purposes, however I direct that the costs of such donation should be borne by the recipients of such organs or tissue and not by my estate.

GRANTOR/MAKER of health care mandate/proxy Name (print in full)

Identity or passport number

Signed at (name of place)

Signature

WITNESS 1 to the signing of this Durable Power of Attorney for Health Care I declare that I have witnessed the signing of this Durable Power of Attorney for Health Care by (i) its grantor/maker and (ii) witness 2.

Name (print in full)

Identity or passport number

Relationship to the maker

Contact telephone number

Email address

Full residential address

Signature

Date

WITNESS 2 to the signing of this Durable Power of Attorney for Health Care I declare that I have witnessed the signing of this Durable Power of Attorney for Health Care by (i) its grantor/maker and (ii) witness 1.

Name (print in full)

Identity or passport number

Relationship to the maker

Contact telephone number

Email address

Full residential address

Signature

Date

References used

Moonstone Business school of Excellence (MBSE) Higher Wealth Management Certificate material 2020

Corporate Benefits: Group Retirement Benefits: MBSE Study guides material written by Gail Gibson

Module 6: (Elective) Retirement Funds Fundamentals: MBSE: Study guides material written by Gail Gibson

On Death and Dying: Elizabeth Kübler-Ross; Scribner; Reissue edition 2014; ISBN-13: 978-1476775548

Professional Principal Executive Officer (SAQA ID 93602) training Material (Batseta): MBSE: 2018: BATSETA Study guide amended by Gail Gibson

Papers used

Elder Abuse and Neglect in South Africa: A Case of Marginalization, Disrespect, Exploitation and Violence. A study by: Monica Ferreira, DPhil, (President, International Longevity Centre–South Africa, University of Cape Town, Faculty of Health Sciences, Observatory 7925, South Africa (E-mail: monicaferr@mweb.co.za), and Pat Lindgren is Director, Action on Elder Abuse South Africa, P O Box 16063, Vlaeberg 8018, South Africa (E-mail: Ref pat@actiononelderabusesa.co.za).

Price Index sites

Ref <https://tradingeconomics.com/south-africa/consumer-price-index-cpi>

Ref <http://www.statssa.gov.za/?s=consumer+price+index>

Ref <https://www.statista.com/statistics/274326/big-mac-index-global-prices-for-a-big-mac/>

General Web sites used

Ref <http://www.oecd.org/finance/private-pensions/44633539.pdf> 19/03/2019

Ref <https://saarp.net/>

Ref <https://www.numbeo.com> 21/03/2019

Ref https://www.morningstar.com/content/morningstarcom/en_us/model-portfolios.html:24/04/2019

Ref <https://www.investopedia.com/financial-edge/0412/retirement-plans-from-around-the-world.aspx> 28/08/2019 Court cases referred to

Ref <https://www.who.int/> August 2015 to 2019