Surely informed consent in private sector medicine includes telling the patient how much money they are going to have to pay over and above the amount that their medical aid will contribute? There may not be a legal obligation in this regard, but doctors treat people, not isolated organs attached to unlimited bank accounts.

It eventually took 4 months before medical aid refunded 75% of the payment for the second surgeon.

By the end of her chemotherapy this 59-year-old widow had no sensation in her hands and feet, a situation that persisted for months after the end of chemotherapy. Towards the end of her chemotherapy she was informed that because she had had a reconstruction operation it was more important that she have radiology than it would otherwise have been. Surely this is information that she should have been given before signing consent for a reconstruction operation?

Unable to feel the floor or the pedals under her feet, unable to feel her steering wheel, somehow this woman, who lives alone, succeeded in driving 60 km a day for 4 weeks for daily radiotherapy. At the end of radiotherapy her reconstruction was angry, red, painful and extremely tender.

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African traditional healers

To the Editor: Meissner writes of African traditional healers that 'their calling comes from God or the ancestors . . . [they] regard dreams and revelations as the source of their knowledge . . . traditional healing is part of African culture and essential for the health and well-being of a great part of the black population. The healer understands the significance of ancestral spirits, he shares the belief in supernatural forces, and he identifies with the reality of witches.'

In biblical times the ancient Israelites shared such a world view but they featured emphatic rationalists as well: forbidden is a 'soothsayer, or diviner or sorcerer . . . or traffic with ghosts or spirits' (Deuteronomy 18:10, 11); 'men will say to you "seek guidance of ghosts and familiar spirits . . . but what they say is futile"' (Isaiah 8:19, 20); 'do not listen to your prophets, your diviners, your wise women, your soothsayers and your sorcerers' (Jeremiah 27:9); and 'diviners see false signs, they tell lying dreams, and talk raving nonsense' (Zechariah 10:2, *New English Bible*). See also Exodus 22:18 where the word 'witch' may also be interpreted as poisoner; Leviticus 19:26, 31 and 20:6, 27; 2 Chronicles 33:6; Isaiah 47:12, 13, 15; Ezekiel 13:23; and Micah 5:12.

Now while such pronouncements are to be seen in a cultural and political ambience, they do illustrate the fact that such rational views could have extended into medical practice. I do appreciate something of the force of the traditional African attitude to sickness, and four times in over 40 years of practice I have successfully exorcised the fabled *tokoloshe* from the habitations of domestic workers.

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The plague of socialism

To the Editor: Trying to make ends meet, I spent about 2 years in the UK, earning more in a month than in a year here. Yet after experiencing first hand the workings of the National Health Service my conscience drove me to write an article that duly appeared in the *British Journal of General Practice*. The following excerpt explains it all:

Observations:

1. South Africa. Poor 'Third-World' country. 45 million people, about 30 000 doctors (1/1 500).
2. The UK. Prosperous 'First-World' economy. 60 million people, more than 140 000 doctors (1/400).
3. South Africa's *surplus* doctors are desperately needed to relieve the critical *shortage* of doctors in the UK.

As one of these doctors, I have experienced first hand the delivery of health care in both systems. I would fly back to South Africa should I be taken ill in the UK.

Now back in this country, I stand by this assessment. But don't get excited too soon: apparently the 'powers that be' are intent on taking South Africa along the same route as the NHS.

An example: When I left my practice in South Africa, I had been dispensing medicine to my patients for almost 20 years. This saved them costs, time and travel. They received their treatment timeously, which prevented complications. The system was working well and to the advantage of all concerned. By the time I returned, someone had decided that we now need to spend a few thousand rands a year on being 'taught' how to dispense medicine, then thousands more on a licence to do so. This money will eventually have to come from the patient, either directly or indirectly. And what for? I quote verbatim extracts from the academic material from the 'course' I had to study (my comments in square brackets):

- 'The involuntary nerves . . . automatically takes your hand away when you burn your finger'
- '. . . the red blood cells . . . transport glucose through the body . . .'

- '. . . the rate of metabolism . . . is the rate at which food is converted into a usable form'
- 'The skeleton . . . holds the organ systems together using muscles'
- 'Phosphorus is required for the activities of the nucleic acids'
- 'Without the skeleton and muscles the human body could not function'
- 'Pathophysiology is physiology gone wrong. Pathology is its other name'
- 'The chemicals in your food . . . dissolve in your stomach'
- 'Diffusion will continue until all the . . . drug has moved from the intestine into the blood'
- 'Metabolism is aimed at changing the drug to a form that will be easily excreted by the kidneys'
- 'Drugs go through the entero-hepatic circle'
- 'Generic names . . . remain the same . . . wherever you are in the world. Paracetamol is a good example of this' [paracetamol is called acetaminophen in the USA!]
- 'The normal blood pressure is 120/80 . . . Any reading outside this limit should be brought to the attention of the prescriber' [the poor pharmacist will have to call the doctor for every patient!].

Medical school obviously can't possibly have provided this level of insight, so the taxpayer, the doctor and the patient must now support a whole new bureaucracy to make sure we can be trusted to dispense medicine to our patients. We may inject them, and put tablets into their mouths, but we do not have the necessary expertise to put tablets in a packet and let the patient take them home . . . at least not until we have been educated at great expense with the advanced knowledge quoted here.

Now the question is: Shall I work 12 months a year under this system or, for a better income, 2 months a year in the UK? Both systems disempower the doctor as well as the patient by wedging themselves in between them, eroding the scope for professional satisfaction. So I may just as well forget the call to service that lured me to the profession, and have a 10-month holiday each year. Is that what medicine is becoming?

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