



scores of patients sleeping on stretchers without linen and covered only in ragged blankets and demanded a report on why the required bedding that had been budgeted for was 'stored away somewhere'.

After encountering a queue of about 200 outpatients at the hospital's Glynn Thomas pharmacy, she confessed to local journalists, 'I always tell people to use public hospitals, but from what I saw today I would also hesitate to come here'. She was quoted as expressing shock at the sick people in long queues, and having added, 'why would we allow our people to suffer like that?'

Kohler-Barnard vehemently denied quoting any out-of-date staff shortage percentages, saying these came directly from answers given in Parliament by the health minister. 'If she's given me out-of-date figures I need to know because then

she's lied to parliament,' she added. She also cited a live 'call in' to an SABC TV programme in early October in which 87% of the callers said public hospitals in South Africa were 'a disgrace'.

'It began with the cleaning staff saying they (the Zulu nurses) had come to take the jobs of their children and asking where their kids would find jobs when they matriculated'.

SAMA weighs in

The new secretary general of the South African Medical Association (SAMA), Dr Aquina Thulare, told Parliament's Portfolio Committee on Health in September that 21% of doctors left the public sector to work overseas or in

private practice because they were abused or treated with disrespect by management. Other reasons for emigrating included poor salaries, poor working conditions and a lack of the 'basic necessities' that their work required.

The London-based South African nurses would almost certainly also have raised the unprecedented control that the imminent Nursing Bill gives the minister over their Nursing Council back home and other impending regulations reducing their domestic professional autonomy.

The bill, due for passing next year, also brings in a year of compulsory community service for newly qualified nurses, with no legal obligation on the state for supervision or for taking their geographical preference into account when being allocated a post.

Chris Bateman

COULD A SNIP IN TIME SAVE LIVES?

Could the acronym VCFC (voluntary counselling for circumcision) one day become as familiar an acronym as VCT (voluntary counselling and testing) in South Africa's battle to contain the HIV/AIDS pandemic?

The debate has landed squarely in the public arena since the first known prospective study, conducted at Orange Farm outside Johannesburg, found that medically circumcised men were 65% less likely to contract AIDS than those who were not. Responses among specialists in various HIV/AIDS disciplines canvassed by *Izindaba* differed, ranging from outright scepticism through cautious optimism to barely contained excitement.

One of the first HIV/AIDS clinicians to respond was Dr Francois Venter, Clinical Director of the Reproductive Health and HIV Research Unit at Witwatersrand University. Venter said that 'if the country had a vaccine that was this effective, we'd probably roll it out tomorrow'.

Reservations

He cautioned that he would first want the results confirmed by other studies currently underway in central Africa,

followed by rigorous interrogation of medical circumcision as an HIV/AIDS prevention tool.

'Is it culturally appropriate, practical, what would the costs be, could we do it across the country, do we incentivise it, boys only or also adults? In other words, do we want this and is it practical?' he stressed.

Led by a team of top French and South African researchers, the study was of more than 3 000 healthy, sexually active men between 18 and 24 years and took place between 2002 and this year. Half of the volunteers were circumcised by medical professionals and the rest remained uncircumcised. All received ongoing counselling on AIDS prevention methods.

After 21 months 51 members of the uncircumcised group had contracted HIV, while only 18 members of the circumcised group got the disease.

Why this is different

This is the first prospective study since a host of earlier cross-sectional studies met with muted derision in the HIV/AIDS scientific community. Said Venter, 'It's a very well designed study – doing it

prospectively allowed them to control for confounders which was the main criticism of previous studies in sub-Saharan Africa'.

One of the lead researchers, Dr Adrian Puren, deputy director of the National Institute of Communicable Diseases (NICD) told *Izindaba* that his team controlled for the majority of confounding factors and had obtained full ethical approval.

Although there was some condom use, it decreased in both groups as the study went on. He emphasised that the study would be followed up on many different levels. 'We need to say up front that this is not a panacea, but can be seen as an important tool. Our view is that we wait for additional studies to come through before we either say aye or nay. If it's aye, it will bolster the argument for a policy review and take the debate to another level,' he added.

The debate over circumcision status and HIV in the medical literature began in 1986 when the *New England Journal of Medicine* published a letter from the late Aaron J Fink, a Californian urologist and outspoken advocate of circumcision.

The Cochrane review of the medical



literature has subsequently found 'insufficient evidence to support an interventional effect of male circumcision on HIV acquisition in heterosexual men'. The review says that previous studies failed to control for most of the confounding factors, but notably has yet to interrogate the Orange Farm findings.

Cochrane is awaiting the two other prospective trials alluded to by Puren (being conducted in Uganda and Kenya). Their results are expected within 6 months. Over 40 studies over the last decade, none of them prospective, have failed to support the Fink hypothesis that circumcision somehow reduces HIV infection.

Cracking the debate wide open

While the jury remains out on the current findings, the sheer weight of the pandemic has given them valence and raised important sociological questions at the interface of culture and science.

Among the myriad questions is how the research, should it prove groundbreaking and become widely known and accepted, could impact on some indigenous cultures where clumsy circumcision by traditional healers leads to scores of deaths every year.

Says psychologist Pierre Brouard, Deputy Director of the Centre for the

After 21 months 51 members of the uncircumcised group had contracted HIV, while only 18 members of the circumcised group got the disease.

study of AIDS at the University of Pretoria, 'my own take is that it's fascinating, but what can we do with it?' He believes that as a public health policy issue 'this thing is too complicated. There are so many difficulties, never mind individual autonomy. What about sensation and sexual pleasure, never mind religion, faith and culture? I just think it's a minefield in a country like South Africa'.

He added that, compared with using a condom, circumcision was 'an incredibly invasive, if not life-changing, intervention. This is not just an everyday intervention. I can't see it catching on as a public health intervention as it doesn't eliminate risk. Men are generally very attached to their foreskins – and purely biomedical interventions don't give us the whole picture'.

You can snip if you want

However both he and Helen Schneider, former Director, Senior Researcher and Associate Professor at the Wits Centre for Health Policy, agreed that as part of a health risk reduction plan it was 'worth consideration' by individual patients when offered by individual physicians.

Said Schneider, 'I think it's really interesting. People should know and have access to services if they want to do this. I say, if it makes a difference, go for it!' She added that, while very promising, circumcision as an intervention needed to be 'fully understood', particularly at a population level. Its efficacy in the long run remained unproven.

'My hesitancy comes from the deeply social and cultural content of this as an intervention – can you effect the

sociological and behavioural changes over the long term? What about communities where being circumcised (or not) is tied to cultural and religious practices?' She warned about 'unintended consequences', saying she had witnessed, first hand, the sharp division among scientists on this topic while attending international conferences.

Venter said that 'if the country had a vaccine that was this effective, we'd probably roll it out tomorrow'.

Schneider revived the long-standing hypothesis that the difference in HIV prevalence levels between populations in KwaZulu-Natal and the Eastern Cape could be attributed to Xhosa ritual circumcision.

Puren said the Orange Farm community was a mixture of mainly Zulu, Sotho and Xhosa speakers with similar numbers of each in both his control and study groups. He reported little resistance to medical circumcision across the board. Puren said he would be 'fascinated' to research the 'Zulu/Xhosa' provincial HIV prevalence hypothesis.

Other findings of the study were that circumcision appeared to be protective for herpes simplex and that it could 'well play a protective role' with other sexually transmitted infections as well. 'We're busy analysing the data for syphilis and will know shortly,' Puren added.

Chris Bateman

FORGING A NEW DIRECTION – WSU

A pioneer of community-based education and problem-based learning in South Africa, Walter Sisulu University's Health Sciences Faculty at Umtata turned 20 in September. Its Dean of Medicine is convinced that its location suits its approach and philosophy.

Professor Lizo Mazwai, with convincing and urbane logic, takes on detractors who argue that the remoteness of the faculty

and the paucity of specialised supervision of its students remain an Achilles heel.

'We've followed up our graduates (500 so far) over 3 - 4 years and they're performing very well – no less than any other intern trained in any other institution. Subjectively we feel they're well prepared to work in any institution and perform equally well in urban and rural environments,' he says with confidence.

Apartheid 'tinkering'

Apartheid tinkering led to the then University of the Transkei (Unitra) starting up a medical school in 1985 after the De Villiers Committee recommended that existing campuses be opened up to black medical students.

While the committee (1981 - 83) decided that a dedicated 'black' medical school was not then warranted, it noted that