determination; cortical bone density can be measured in the femoral neck.

Concerning the specific modalities, their view is that dual energy X-ray absorptiometry (DEXA) sets the standard, has a low error rate, can be applied to multiple sites and requires a low radiation dose. This dose ranges from 5% up to that of a full chest radiograph. Frontal lumbar spine DEXA remains the reference technique, followed by hip DEXA.

To what extent do promotional issues cloud this debate? — Editor

Legal termination of pregnancy

To the Editor: The September 2002 issue of the *Journal* includes a valuable analysis of legal termination of pregnancy among teenagers and older women in Soweto.[1] The methods used were not indicated, but in all likelihood these were surgical.

I note that in the same issue of the *Journal* (pp. 670 - 671) there is an advertisement for the use of mifepristone and misoprostol in early pregnancy, now legalised for use in South Africa. It has been shown that some applicants for termination of pregnancy prefer this method. Are there any controlled trials being done in South Africa, looking at the practicality of the various methods and client choice? In addition, this challenging work takes its toll on staff, who may appreciate non-surgical methods.

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1. Buchmann EJ, Mensah K, Pillay P. Legal termination of pregnancy among teenagers and older women in Soweto. *S Afr Med J* 2002; 92: 729-731.

The area needs certificate

To the Editor: It was with a profound sense of foreboding and impending doom that I read the article titled 'Ignore incoming needs laws at your peril' by Chris Bateman in the August *SAMJ*.[1]

This sinister legislation as it is proposed will lead to the collapse of private practice in South Africa, the nationalisation and theft of the medical profession's intellectual and physical property, the infringement of our fundamental constitutional right as South African citizens to work and derive an income in a location of our own choosing, and an absolute stranglehold on the entire medical profession as a whole. Eventually instead of solving the maldistribution problem it will worsen it, as it will surely lead to an even greater exodus of skilled medical personnel to other countries.

Once doctors are licensed to geographical areas no doctor will be able to move without the permission of some governmental licensing board or bureaucrat; i.e. a doctor in private practice will not be able to move to a new town of his choice and a state doctor will not be allowed to move into private practice in an area of his choice. Doctors will be locked into a system where their every move will be monitored and necessitate prior approval from the governing boards in the various provinces.

To date no one has spelt out to the doctors the exact nature of these faceless licensing boards. Who will choose them, who will control them, what will be the qualifications of the board members; will there be any doctors on the board, and if so, will they come from any particular group? The very fact that we have not been informed about these questions makes one suspicious of these licensing boards.

The potential for corruption will be enormous, with doctors vying for the best positions and with bureaucrats accepting perverse incentives to place people where they wish to be.

The bureaucratic delays in deciding who goes where will be horrific, with political considerations and ethnicity playing their roles in helping to bog down the whole process.

What recourse to the law will unhappy doctors have if these measures are instituted? This should be spelt out to us before it becomes law.

These boards will be able to blackmail doctors into working where they don't wish to. For instance a busy private practitioner could be coerced into doing casualty night calls in the local government hospital if threatened with the withdrawal of his licence to private practice. It will be used as a weapon, with devastating effectiveness!

Radiologists and pathologists will not be able to acquire new and updated equipment without prior governmental approval. This will remove the incentive to improve their techniques and specialised services, thus dooming these specialties to third-rate mediocrity. No doctor in his right mind is going to invest huge amounts of money in a practice which may be taken away from him at the whim of some unknown board.

State doctors, should they become unhappy with their poor salaries, equipment, safety and working conditions, will have nowhere to go. They will be locked into government hospitals because there will be no place, of their choice, for them in the government-controlled private sector!

Allied medical services and private hospitals will also be affected and sooner or later they too will be hijacked, governed and controlled by nameless faceless licensing boards.

People say that this licensing is the norm in the USA, Canada, Australia, etc. However we are a very different