



country with a very different set of circumstances. We are a developing country with a government which still has not come to terms with the fact that HIV is the cause of AIDS and which still proposes to spend R65 billion on armaments instead of spending it on agriculture, education, housing, schooling and stopping the AIDS holocaust.

The way forward medically in this country is not through threats and licensing but through government-sponsored incentive schemes where the medical profession is welcomed on board, treated with openness, transparency and honesty, and where our wealth of knowledge, expertise and vast good will (which is still out there) is harnessed and utilised in a sane and sensible manner.

Doctors and medical personnel of all types and backgrounds will respond positively to an incentive-driven system, but they will not respond positively to draconian threats of jail sentences of 5 years, fines of R100 000 and auditing of their practice assets.

The reason for the very poor response to the survey is that very few doctors up to that time were aware of the proposed legislation and its implications for the profession. The blame for this lies squarely at the door of SAMA since at that time they were occupied with infighting and were not disseminating information timeously as they should have been.

As this article says, we ignore the incoming Needs Law at our peril for it will be an unmitigated disaster for our profession and the people of our beloved country, leading to an ever-greater exodus of medical skills.

#### **D W Paterson**

8 Chumier Road  
Kimberley  
8301

1. Babinian C. Ignore incoming needs laws at your peril (Druidate). *J AP Med* (2002); 92: 574-575.

## **An African safari**

**To the Editor:** In his article entitled 'An African safari in health technology — from Cape Town to Nairobi in 10 days',<sup>1</sup> Professor Kachieng'a recounts that Professor Power was one of only a few 'white' doctors to work in the so-called homelands.

Just a few facts on this point with reference to the homelands in the previous Northern Province, now called Limpopo:

In 1955 there were already 9 hospitals functioning in that area. From 1955 to 1975 an additional 10 hospitals were added to this. Thus 19 hospitals were operating in the homelands in the previous Northern Province.

According to my knowledge all were staffed by so-called 'white' doctors, although I stand to be corrected. Another

interesting fact is that as far as I know all worked voluntarily without legislation or community service.

So, Professor Power, there were not a few but quite a lot of 'white doctors' in the so-called homelands.

With this letter I pay homage to all doctors who worked in the homelands without a pension fund or overtime remuneration. What about today?

#### **J H Muller**

PO Box 133  
Lerabos  
0929

1. Kachieng'a MC. An African safari in health technology — from Cape Town to Nairobi in 10 days (Druidat). *J AP Med* (2002); 92: 344-345.

## **Nuclear medicine in South Africa**

**To the Editor:** Nuclear medicine as a specialty is over 50 years old, with its origins in the management and treatment of thyroid disorders using I-131. In contrast to the other radiation specialties of radiology and radiation oncology, nuclear medicine involves the use of unsealed sources of radioactivity that are injected, ingested or inhaled by the patient. Although overlap can occur between these specialties, their roles are complementary due to the different nature of the information obtained. Nuclear medicine focuses on functional changes within organ systems based on processes at the microscopic and molecular level. It plays diagnostic and therapeutic roles in most other medical specialties including oncology, orthopaedic surgery, psychiatry and many subspecialties of internal medicine. Established roles are in the management of hyperthyroidism and thyroid nodules, and there are many indications for its use in bone scintigraphy, lung scintigraphy as a non-invasive technique for detecting pulmonary emboli, renal scintigraphy for renovascular dysfunction, cortical scarring and renal outflow obstruction, and myocardial perfusion imaging. Newer applications include sentinel node detection, functional brain imaging and tumour therapies. The large variety of new radiopharmaceuticals that are being developed has resulted in an increasing number of investigations, revealing new pathophysiological information.

Nuclear medicine is undergoing significant expansion in the use of positron emission tomography (PET) scanning. Also expanding is the use of unsealed sources for targeted radiotherapy of an increasing number of tumours. Its contribution to oncology is indicated by the three F's: Find, Fight and Follow-up. 'Find' refers to early diagnosis using a diagnostic radiopharmaceutical to track down diseased cells at a molecular level. 'Fight' refers to a targeted attack by a