



Voluntary HIV testing and counselling at the workplace — entirely compatible with the Employment Equity Act

To the Editor: Previous debate in the *SAMJ*¹⁻³ drew attention to the problem (misperceived, in our view) of restrictions placed on workplace HIV prevention programmes by the provisions of the Employment Equity Act that prohibit HIV testing at the behest of employers without permission of the Labour Court.⁴ The Labour Court recently considered an application by a large employer in the fishing industry, supported by the employee's trade union, to conduct voluntary and anonymous testing for HIV.⁵ The ruling of the Labour Court⁶ found that voluntary counselling and testing (VCT), an essential element of public health measures to control HIV, would not require the Court's permission. Indeed, the court went further to include compulsory anonymous HIV testing as permitted without Labour Court oversight, provided that no discrimination could result from such testing. Central to the court's analysis, was the recognition that voluntary consent removes the testing from the ambit of the Act, and that no public interest is threatened by such a waiver of an individual employee's right to protective oversight by the Labour Court.

These findings are entirely consistent with guidelines emanating from the Department of Labour,⁷ the Department of Health,⁸ the Southern African Development Community⁹ and the World Health Organisation,¹⁰ all of whom recognise the important contribution that workplace HIV programmes can make to benefiting employees and the broader objective of HIV control, an opinion explicitly acknowledged by the Labour Court in arriving at its finding. We trust that this legal precedent finally puts to rest the debates circulating regarding the place of workplace voluntary counselling and testing programmes in the strategies available for the control of HIV, misinformation that, in our opinion, can only be of benefit to highly paid lawyers and industry consultants, rather than employees and employers willing to undertake HIV prevention activities. The message should now go out loudly and clearly from the public health community — the Employment Equity Act does NOT prevent the adoption of well-planned non-discriminatory HIV prevention programmes that include VCT, and that ensure that participants are able to give informed consent and to make decisions that benefit their own health and well-being.

Leslie London

*Occupational and Environmental Health Research Unit
School of Public Health and Family Medicine
University of Cape Town*

Paul Benjamin

*Attorney at law
Cape Town*

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Breast cancer management in the new millennium — a multidisciplinary approach

To the Editor: Breast cancer is the most common cancer in women worldwide. In South Africa about 5 000 new patients are diagnosed every year.

Breast cancer is a chronic and unpredictable disease. Over the past three decades, advances in the knowledge of breast cancer biology and its different behavioural patterns have enabled the medical profession to change the management of this disease. Until the 1970s breast cancer was regarded a loco-regional disease, with mastectomy being the first treatment of choice for 'early' disease.

Although breast cancer was primarily diagnosed and treated by surgeons, it is now unacceptable for any single specialty to manage breast cancer without the input of the other role players. The roles of the breast radiologist (preoperative histological diagnosis and extent of disease spread), medical oncologist (preoperative, and adjuvant treatment, preventive hormonal and other), nuclear physician (sentinel node mapping and screening for metastases), breast and reconstructive surgeon and radiation oncologist are important in the preoperative workup of all patients. The mismanagement of breast cancer is eliminated in a multidisciplinary setting as advocated in leading breast care centres all over the world. No surgical procedure should be done at all (surgical excision biopsy included — core needle biopsy is preferable) before multidisciplinary consultation (in which the patient herself has a say and time for more consultation and second opinions). No patient should be hurriedly pushed into a decision.

It is only since 1992 that there has been a rapid worldwide decline in breast cancer mortality (in spite of increased incidence). The progressive advances in early detection using screening mammography, new techniques in breast surgery,