



To the Barricades comrades! (sorry — colleagues)

To the Editor: Dr Robert Caldwell's letter to his Aunt Ethel in the December *SAMJ* hits several nails very smartly on the head. I too have a sense of total outrage at the bully-boy tactics of the Board of Health Care Funders in trying to get doctors to pay through the nose for the issue of a practice number. That number is not necessary for a fully qualified, duly registered doctor to practise medicine. It is merely administratively useful for the medical aid schemes themselves, and to penalise doctors who are unwilling to submit to this particularly obnoxious example of institutionalised blackmail by refusing to refund fees to their medical aid patients is, to my mind, a declaration of war. That SAMA has apparently meekly acquiesced to this extortion may already have done it more harm than it has yet realised by perpetuating the feeling that the organisation is still a bunch of 'ja broers' who have not yet tumbled to the fact that there are people out there who will run rings around them, given half a chance.

So, two suggestions: First, please, *please* do not pay that levy. If none of us do, then either the whole ramshackle structure of medical aid reimbursement will collapse overnight, or a suitable alternative will need to be found by BHCF — *not* by us. I personally could not care less who pays that levy as long as it's not me or my colleagues. Second, members of SAMA who feel as I do, and as Robert Caldwell obviously does, should ensure that an urgent request is sent from their local branch to SAMA Head Office asking it to instruct all SAMA members to withhold payment of this levy until further notice. The power is there. For heaven's sake, just for once, let us use it!

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Kruisiging beswaar

Aan die Redakteur: Suid-Afrika se morele prognose is inderdaad baie erger as wat enigeen van ons ooit kon droom. Ons leef tans in 'n land waar 30 - 50% van ons pasiënte in hospitaalsale sterf aan MIV/VIGS, waar jy vanmiddag huistoe ry (as jy nie gekoop en vrekgeskiet word nie) verby 'n omgerolde bus waarin 40 mense gesterf het, waar jy by die huis kom en jou verkragte vrou keelafgesny in die gang vind, en waar die koerante 30 - 50% van hul daaglikse berigte wy aan geweld, moord, doodslag en tragedie en die ander 50% aan sport.

Dit wil voorkom asof ons al so afgestomp is dat selfs iemand soos professor Retief, vir wie ek die grootste agting en respek het, 'n artikel' kon skryf oor kruisiging in die fynste detail. Dit slaan my volkome en totaal dronk. Dat die *SAMJ* kans gesien het om so iets te publiseer, bevestig dat ons as Suid-Afrikaners en selfs die mediese professie wat streef om lewe te bewaar en te koester, die pad volledig byster geraak het. Wat die mees gedetailleerde beskrywing van die mees wrede vorm van menslike sadisme en wreedheid kan bydra tot die opbou en etiese vorming van ons profesie of selfs net tot die verskaffing van verantwoordelike inligting, is vir my 'n raaisel. Ons ontspanningsliteratuur is nou die detaillering van gruwelikhede. Gedurende die maand waarin ons die geboorte herdenk van die Geneesheer van liggaam en siel, pryk op die voorblad die gruwelike afbeelding van 'n gekruisigde lyk!

Ek is seker dat daar minstens 10 artikels wag om gepubliseer te word — dit is dus nie 'n kwessie van 'n tekort aan materiaal nie. Ek is bevrees dat ons die grense van aanvaarbaarheid en normaliteit ongemerk oorgesteek het en dat ons ons nou op die vloer van die sloot bevind. Selfs mense met standvastige inbors en beginsels het oënskynlik balans verloor en ons joernaal sy etiese en 'moral high ground'.

Ek wil 'n beroep doen op ons joernaal om tog te probeer om 'n instrument van opbouwende, morele en aanvaarbare inligting en wetenskaplike feite vir sy lesers te wees. Ek dink werklik dat 'n ekskuus nie heeltemal onvanpas sal wees nie.

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1. Retief FP, Cilliers L. The history and pathology of crucifixion. *SAMJ* 2003; 93: 938-941.

Regional anaesthesia in mountain rescue

To the Editor: I would like to comment on Chris Bateman's Izindaba article on regional anaesthesia in mountain rescue.¹ Firstly it is a very interesting concept and a superb idea. A mountain accident patient rendered pain free using a major limb nerve block only, can probably be transported from the accident site far more easily and safely than one in severe pain or heavily sedated with opiates.

I totally agree with all of Dr Evanepoel's comments and cautions. The safe performance of major peripheral nerve blocks requires regular practice and additionally full anaesthesiology skills to know about, avoid, recognise and treat the potential fatal complications of each different nerve block. Regional anaesthesia can potentially kill with great rapidity.