opportunity to access these powerful resources, which enable the concentration of clinical, molecular, and computer approaches, should be seized in order to obtain a deeper understanding of the various genetic diseases that collectively afflict so many South Africans.

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SAMA and sexuality – breaking the silence

To the Editor: Jon Larsen’s letter entitled ‘Doctors and sexuality’ is commendable for its clear, forthright approach. It adds an important dimension to the politically correct view offered by the SAMJ’s Deputy Editor on the subject.

Yes, SAMA is silent on these issues, but it should speak out against all practices that affect the mental, physical, emotional and spiritual health of the population. Jon Larsen’s comments are particularly pertinent. It is indeed amazing that despite every major religion denouncing premarital and extramarital sex, the medical profession remains silent on the issue. To be practical these goals may not be attainable for the majority in our present culture, but do we give up promoting abstinence before marriage and faithfulness within it? Do we simply cut and think about how to break that silence. If we only adhere to what seems politically correct then the medical profession, which has the ability to set a precedent, may lose the opportunity to take the lead on those moral issues that impact on the physical, mental, emotional and spiritual health of our people.

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Legal, but is it right?

To the Editor: Specialists in private practice have the legal right to charge whatever fees they wish, but sometimes they leave behind frustrated people.

A 59-year-old widow developed a breast lump. The surgeon told her that she would need ‘an operation and a reconstruction’ and that ‘medical aid will take care of the payment’.

Medical aid paid the hospital fees. The surgeon’s fees were three times higher than the medical rate. The medical aid refused to pay the reconstructive surgeon, demanding an adequate motivation as to why she needed reconstruction. The widow had no extra finances. A relative paid R4 000 to the primary surgeon over the medical aid rate and R8 000 to the second surgeon.

When the patient tried to obtain a motivation for the reconstructive surgery to send to the medical aid, the primary surgeon’s practice refused to provide one. ‘This is a super-specialist practice and not a discount supermarket. The patient was fully informed about our fee structure,’ she was told. This was not true! She was also told that ‘the reconstructive surgeon must write the motivation’.

The old medico-legal adage applies. If it was not written down, it was not done.