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 timely 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.

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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 a diagnostic and therapeutic role 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 Fs: 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