therapeutic radiopharmaceutical, which destroys diseased tissues. 'Follow-up' is to monitor the success of treatment using the same diagnostic radiopharmaceutical employed in the original diagnosis of the disease.

Nuclear medicine is under-utilised in South Africa. Since a significant cause of this is limited undergraduate teaching, it is important that with revision of curricula at medical schools, the role of nuclear medicine should be emphasised and it should not be regarded purely as a postgraduate subject. Applied appropriately and cost-effectively is has an important role to play in patient management, but with the constraints placed on South Africa as a developing country, we are in danger of falling irrevocably behind rapid developments in the field. Therefore it is vital that nuclear medicine in South Africa continues to reflect these exciting international trends. We invite colleagues to visit the website of the South African Society of Nuclear Medicine at *www.sasnm.de.vu* for more information.

Mike Sathekge
James Warwick
South African Society of Nuclear Medicine

Ethical standards

To the Editor: Discussions with various colleagues (GPs and specialists, including pathologists) show that a great deal is lacking in the behaviour towards, and relationships between, colleagues. It wasn't so in days gone by and the present state of affairs must be corrected.

Pathologists complain that the request forms they receive often omit essential information, e.g. age, sex of patient and suspected diagnosis, and that there is altogether a complete lack of clinical information. An example would be a request for a thyroid profile, without telling the pathologist that the patient is on Eltroxin. How can s/he be expected to interpret results under those circumstances?

This reflects the lack of concern specialists speak of. They seldom receive a letter of referral when a GP refers someone. They need to know why there is a referral, what relevant history has been elicited and what investigations and X-rays have been done. Above all, they need to receive either the results or copies of the results and reports to avoid duplication.

GPs say that if they refer a patient they rarely receive a report back and often never see the patient again as the specialist tells the patient to return in 3 months or so for another EEG or whatever. Alternatively, what often happens is that the specialist refers the patient to one or more other disciplines and the GP — the so-called gatekeeper — is not even informed of this, either by the original specialist, or by his colleagues who see the patient. Personally, I can recall sending a patient to a neurosurgeon who referred the patient to four other specialists. I found all this out from the patient much later.

The 'good old days' of specialised doctors being 'consultants' also disappeared years ago. Was it the advent of the Medical Schemes Act of 1967, or the fact that the Medical Council (now the Health Professions Council) issued an edict stating that it was the right of patients to see any doctor of their choice? Consequently, despite the medical aid injunction that all cases going to specialists must be on a GP's referral, patients in the urban environment all have their own gynae, paediatrician, ENT specialist, etc.

Let's get back to good conduct between colleagues, which at least will show respect for what the other person is doing.

E D Sonnenfeld
PO Box 75107
Gardenview
2047

The Employment Equity Act — putting the record straight

To the Editor: The authors of the 'Personal View' entitled 'HIV testing and the Employment Equity Act — putting an end to the confusion'[1] have been tardy in responding to my first article on the topic,[2] and their information is misleading. It unkindly tries to position my letter published in 2000 as being 'against the EEA and its extremely powerful tools for equity, redress and social justice'.[1]

It was very clear (and this is re-emphasised) that the critique was focused and limited to Section 7(2) of the EEA, which was the only section about which the tripartite stakeholders in Nedlac were not consulted.[2] Furthermore, the attempt by the authors to single out the undersigned as the only party ever to have questioned the legal meaning of Section 7(2) is dishonest (or else a case of denial), as at least one if not all of the authors have been central to the debate and participated in surrounding actions to try to rectify the situation and the interpretation (including senior counsel legal opinion) of that section.

My original piece on the EEA[2] aimed at creating debate to end the confusion, or at least result in constructive efforts to correct it. The fact that it was published as a 'Personal View' was an editorial choice and unfortunate, reflecting the sensitivity of the issue and the reluctance to discuss or even confront it constructively at the time. The very late response from London *et al.*[1] may unfortunately revive the issue rather than put it to bed, as I believe the confusion surrounding section 7(2) of the EEA has been replaced with lenience and