

that this horrific accident have brought home to us. What we do need to realise though, is that we have to understand the risks involved and therefore perform our duties in such a way as to minimise, remove or at least contain these risks if we are to be truly safe. Safety is vitally important and understanding is the key.

We earnestly appeal to all people contemplating the use of HBO to ensure three things before entering any chamber: (i) ensure that HBO is, in fact, medically indicated and advisable for the particular illness or condition; (ii) ensure that the chamber is tested, licensed and approved by the Department of Labour and that such approval is up to date; and (iii) ensure that the chamber personnel and operators are fully trained and registered in medical HBO administration.

SAUHMA is always very willing to offer expert advice and help to anyone who might need assistance with regard to HBO and its medically approved indications. Simply contact us through Divers Alert Network (DAN) at (011) 254-1991/2. SAUHMA also has in its members a wealth of expertise and we would gladly assist the authorities with their investigation of the incident.

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Psychopathology and coping in recently diagnosed HIV/AIDS patients — the role of gender

To the Editor: Olley *et al.*¹ provide valuable insight into the burden of mental illness among patients with HIV/AIDS and make useful recommendations. However, there is no evidence to support the hypothesis that 'women with HIV/AIDS may face greater stigmatisation'. Stigma is a complex concept and confounds the relationship between HIV and mental illness. Olley *et al.*¹ offer no measure or indication of 'high levels of stigmatisation and stress faced by HIV/AIDS patients in South Africa'. Berger *et al.*² have recently validated an HIV stigma scale, which would have provided valuable information in this sample.

The reliability of assessing sexual risk behaviour in a single interview using an adapted scale is questionable. Gender differences in HIV infection in this sample and the general population indicate that it is women who are more at risk of HIV infection. There is a larger body of evidence to support the claim that women are more likely than men to 'exchange sex for drugs and money'.³ Social inequality and poverty are the factors responsible for women's vulnerability to HIV infection.⁴ This contradicts the assertion that men 'exchange sex for drugs and money'.¹ Scales and other psychometric tests can improve

qualitative research. However Barbour⁵ warns that 'overzealous and uncritical use can be counterproductive'.⁵ Its inappropriate use will threaten construct validity. This, in addition to the selection bias, may have contributed to the inability to detect gender differences in this sample.

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3. Selbourne C, Forge NG, Kung F, *et al.* Personal and psychosocial characteristics associated with psychiatric conditions among women with human immunodeficiency virus. *Womens Health Issues* 2003; **13**: 104-110.
4. Farmer P. Invisible women: class, gender and HIV. *Infections and Inequalities: The Modern Plague*. Berkeley, Calif: University of California Press, 1999: 90-124.
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Tariff relativity

To the Editor: It is most unusual to find in one journal, two writers with whom I served on Federal Council. With Dougie Gurnell we put together the Tariff for GPs. René le Roex was Chairman of the CCCP, of which I was a member. Both wrote in the April issue of the *SAMJ*,^{1,2} and it is to René's article that I refer.² He makes no mention of all the effort we put into maintaining the relativity between the various disciplines, which had been established by several Commissions. I wrote to the Commissioner of the Competition Commission and said that their policy would eliminate the above relativity and create chaos. This is precisely what has happened as each group now negotiates its own tariff with the various Administrators and relativity has gone down the plughole.

All those years of effort are being wasted in this new era where medicine has become a business, no longer a calling, and certainly no longer fun. It used to be a pleasure to take on a family and live with them, at least through their health troubles, visiting them in their homes, when necessary even at night. All gone — now it appears to be survival with no concern but for oneself.

Maybe the bad old days weren't so bad after all, despite the advent of third party payers.

I only hope our profession survives.

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1. Gurnell DR. Fee for service (Letter). *S Afr Med J* 2004; **94**: 241-242.
2. Le Roex RD. The development of medical tariffs in South Africa. *S Afr Med J* 2004; **94**: 261-263.