We welcome any brief comments on articles published in the Journal or other information of interest to readers. Letters selected for publication that comment on published articles will be forwarded to the original authors of those articles. Final approval of letters to be published remains with the Editor. Please note that only letters of 300 words or less will be considered for publication. Please send your letter to: pjtdv@sun.ac.za or P.O. Box 19063, Tygerberg, 7505

Patient education

To the editor: During a consultation with an asthmatic patient I asked him to demonstrate his use of the spacer device. He grabbed the spacer, put it in his mouth and started to inhale and exhale. I then asked... "and the pump, what do you do with it?" He enthusiastically replied "dis nie nodig nie" (it is not needed). This situation highlights a very important concern, that of patient education. Patients need to be fully informed about the appropriate use of medication. This can save valuable time, money and LIVES!

Sa'ad Lahri
6th year Medical student-UCT

Family Medicine as a New Specialty in South Africa

To the Editor: I wish to commend the Editor of SA Family Practice on the balanced and extremely well presented editorial on 'Family Medicine as a New Specialty in South Africa' in the January/February 2004 edition[1]. Those of you who may have read the article and perhaps forgotten the key issues, and for those of you who have not read it at all, I strongly recommend that you correct the situation and take a careful look at this excellent editorial! A number of key issues are discussed on the past, present position, and future of Family Medicine in SA; hopefully the universities and those involved in under and postgraduate training in SA will take special note.

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Dept of Family Medicine
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To the editor: This is just to say thanks for an excellent editorial on the evolving family practice in the latest copy of our (the) Journal[1]. You summarised the events and complexities of the issues at hand in a most user friendly way. This is something we can use and copy in the field to give feedback to our colleagues.

Zandy Rosochacki
Somerset West

Reference

1. De Villiers PJT. Family Medicine as a New Specialty in South Africa (editorial). SA Fam Pract 2004;46(1): 3

Aids-dissident thinking

To the editor: I am a primary care doctor who has worked with patients with HIV/Aids in the public-sector. I have seen their distress and noted their courage in living with Aids in a hostile social milieu and this is why I am perplexed by the Aids-dissident stance. I am past disbelief, outrage and an adversarial standpoint but yet I remain curious about the Aids-dissident mindset. How is possible to dismiss the death in misery from TB and diarrheal disease of a previously well-nourished urban middle-class young man as yet another instance of under-development and social deprivation?

I have tried to understand it from a range of viewpoints. When a nursing colleague studying for a Public Health degree asked for my opinion on an Aids-dissident tract by Christine Maggiore[1], I resorted to *Straight and Crooked Thinking*[2] by

Robert Thouless in an attempt to understand the thinking underlying this curious phenomenon. As the tract concerned a handful of HIV+ Americans who had reacted badly to anti-retroviral drugs, it seemed to fit best with Thouless's Dishonest Trick Number Three: proof by selected instances.

In South Africa however, Aids-dissident thinking centres largely on Thomas Mc Keown's analysis of the decline in mortality and fertility rates noted in Europe from 1750 – 1900. The publication of *The Role of Medicine* in 1979[3] excited those of us working in primary care then because it so clearly indicated the key roles that nutrition, clean water and safe housing had played in improving the health of populations in Europe. Mc Keown's work stimulated research into preventable deaths here and led to reports[4] which prompted health authorities to apply the primary health care approach. A few encouraging instances were noted of where rates were falling even though in aggregate they were unacceptably high. His work was central to three primary care courses that I regularly taught to medical undergraduates at UCT in the 1980's long before a death from HIV/Aids was anything more to us than an intriguing anomaly occurring in gay men in San Francisco.

What would McKeown make of our situation now? He would, I believe, note that there are far too many stunted children still in need of sufficient food, enough clean water and a secure family income. These are the chronically undernourished children that Professor Sam Mhlongo alluded to recently in a letter to the *Sunday Times*[5] when he remarked on the superior 'stature and height of their forebears who fought the British to a standstill at Isandlwana in 1879'. Nor would Mc Keown miss the worrying emergence of diabetes, hypertension, obesity and coronary heart disease – the diseases of lifestyle - in our urbanising populations. This is the notable 'epidemic of diabetes' to which the Minister of Health has so persistently called our attention. He would note these varied threats to the wellbeing of the people of this country and he would urge us to act on them.

When it came to HIV/Aids however he could not fail to note it's horrific impact. This would become clear to him regardless of whether he examined the recent Human Sciences Research Council report, spoke to an undertaker in KwaZulu-Natal, read the Medical Research Council mortality data, or simply shadowed an intern in a secondary hospital for a day. We could then expect a smart metaphorical *klap* upside the head from him and an exhortation to do the needful now - in medical audit terms: do the right thing, right, right now.

References

1. Maggiore, C (1999) *What if everything you thought you knew about AIDS was wrong*. American Foundation for AIDS Alternative.
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3. MCKeown, T (1979) *The Role of Medicine* (second edition). Oxford: Oxford University Press.
4. *Review of South African Mortality* (1984) (Technical Report No. 1). Pretoria: Medical Research Council.
5. Professor Sam Mhlongo, (Feb 1 2004) *Aids evangelist's blind faith*. Sunday Times.

David Whittaker,
Rondebosch