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'[1] 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.[2]

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 our losses and promote safe sex for all irrespective of any moral considerations, even those that may impact on health?

We are inextricably linked to our consciences and if our sexual practices do not fall in line with the fundamental teachings of our churches, mosques and synagogues then surely internal tension and in some cases even turmoil may result. That this must impact on individual health is logical. We therefore have the choice of either trying to modify our consciences to stay in line with society's changes, or attempting to halt that change by speaking out against the practices we believe will affect us and our patients at some level at some point in time. The morality of modern day society moves continuously in small increments in the direction it pleases, but never without consequences. Individually and collectively the medical profession has the choice to stand firm or follow. If we choose the latter then what we believe to be unacceptable today we may find acceptable tomorrow, and our practice of medicine will become progressively more devoid of absolutes. (It is worth recalling that in this country the legal abortion of healthy babies on request was once regarded as morally beyond consideration).

In the past medical practitioners were viewed as more than physical healers. We were held in high esteem for our professionalism, our ethics and our adherence to high moral standards highlighted by our Hippocratic oath.

Our silence on these aspects of sexuality may be interpreted by many as condoning the practices outlined by Jon Larsen while showing no regard for the health consequences of such behaviour. It is quite likely that this will lead to our further diminishment in the eyes of those we care for.

Yes, SAMA should not be silent, but perhaps it is time to stop 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.