patients, but the findings published in 2001 emphasised the importance of professional accountability at all levels of any system that provides health care.[2,3] As long as doctors, nurses and hospital managers are human (and long may they continue to be so), the eternal risk of human error will prevail, and the challenge will be to constantly examine, modify and sometimes even re-invent medical practice and behaviour, so as to compensate for the inherent risks that threaten every interaction between provider and patient. If we instead opt for scapegoats, we will never achieve true accountability. If we hide our heads in the sand, the litigators and the HPCSA will both draw a bead on our butts, and relish kicking them black and blue.

The SAMA chairman's words may well be what the Association's members want to hear. But tough love in the form of accepting medical fallibility, and providing clear, meaningful guidance towards individual and collective accountability, may be far more effective in the long term if SAMA truly wishes to keep the medico-legal demons at bay.

David Bass

Medical Advisor
Department of Health
Provincial Government, Western Cape
PO Box 2060
Cape Town
8000

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Holy Communion – chalice or challicles?

To the Editor: Holy Communion is practised globally as a symbol of holy communication with one's maker. In many congregations a communal chalice is used to serve wine/water/juice to partipants. In other congregations a choice exists between a chalice and a challicle (small individual glass).

As we enter the age of immune-deficiency diseases we need to be aware that certain diseases may be transferred via lip sputum, with far-reaching consequences to immune-compromised patients such as those with diabetes, cancer patients on chemotherapy, HIV patients or those who are ill and debilitated. Transferable diseases include: (*i*) herpes simplex (winter sore); (*ii*) herpes zoster (shingles); (*iii*) diarrhoea (viral); (*iv*) cholera; (*v*) *Salmonella* (typhoid diarrhoea); (*vi*) *Shigella* (dysentery); (*vii*) hepatitis A (infective jaundice); (*viii*) flu and other respiratory (lung) viruses; (*ix*) viral encephalitis; (*x*) bacterial meningitis; (*xi*) *Streptococcus* group A (sore throat); (*xii*) *Staphylococcus aureus* (diarrhoea and food poisoning); and (*xiii*) TB (sputum transfer – all organs may be infected).

A sputum-contaminated chalice requires medical sterilisation in an autoclave to eradicate the possibility of disease transfer.

If individuals feel strongly that they should use the common chalice, they should be made aware of the above possibilities. The church has a moral and ethical obligation to inform participants of the potential risks involved in using the communal chalice.

To be on the safe side, an individual challicle should be used by each participant.

J B Janeke
G de Bruin

Mulbarton Clinic
Johannesburg

Erratum

In the Childhood Atopic Eczema Consensus Document (part 2, June *SAMJ*), there was an error on p. 439 (first line, right-hand column). Trials have shown that pimecrolimus can be used safely in infants as young as 3 months of age (not 3 years as stated).

The corresponding author has however pointed out that pimecrolimus is only approved by the Medicines Control Council for use from 2 years of age.