LETTERS ♦ BRIEWE

orphaned 5 years from now. Their often symptomless and sexually active parents should have free access to contraception before they die, otherwise they will see another child die before it is 2 years old or leave another orphan to be cared for by their families. In the absence of a vaccine the containment of the AIDS pandemic is impossible to imagine without the use of condoms.

The use of contraceptives is often restricted. This restriction is frequently caused by the direct or indirect influence of the church or sometimes by the church-supported spread of rumours related to the risks of contraceptives, e.g. 'Spotting on the pill — must be cancer'; the pill is stopped and the woman becomes pregnant.

At a workshop on advanced maternal health care at the University of Uppsala, Sweden, in May, participants from all over the Third World had the idea of starting an 'Amnesty International'-like action. We send a letter to the Pope or Islamic religious leaders every time we see a severe complication of unprotected intercourse which could have been prevented if contraceptives were available, discussable and not frightening. We would like those readers of the *SAMJ* who see complications because the church/mosque still has a negative influence on women's health to join us in this action. The letter should contain some details but not the name of the patient. We would appreciate a copy being sent to the address below.

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Cost of breast preservation surgery for cancer

To the Editor: Dr Du Toit[1] is correct — the costs are very high, but they need to be a little better apportioned! The surgeon's fee is put at R574, or 3,1% of the total bill; the chemotherapist makes up 16%, and the radiotherapist 30,6%. This *appears* to be grossly unfair, but so is the analysis. A better way to look at the relative costs would be: surgeon R574 + R5 920 = R6 494, being the fee for the surgeon and the theatre (operating) costs. The R5 520 for radiotherapy includes all radiotherapy-related costs (radiographers, cost of raw materials and *very* expensive apparatus). The patient, who had a lumpectomy and axillary dissection, needed to be in bed in any case so that does not contribute to radiotherapy costs.

The costs of the general practitioner, pathologist, anaesthetist, physiotherapist and scans would have been incurred anyway, so that about R15 000 needed to be distributed between surgeon, radiotherapist and chemotherapist. Then the picture is very different:

Surgeon + surgery-associated costs	R6 494	43%
Radiotherapist + associated costs		36,8%
Chemotherapist		19,46%

The surgeon's involvement with the patient may last 1 1/2 - 2 hours, the radiotherapist's 4 or more hours over the 5-week course of radiotherapy.

The R18 000 is expensive, but so is a normal uncomplicated 'private' confinement at R8 000!

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1. Du Toit DF. Cost of breast preservation surgery for cancer in the RSA (Letter). *S Afr Med J* 1992; **82:** 208.

To the Editor: The National Cancer Association of South Africa wishes to clarify Dr Du Toit's comments[1] on the cost of consultations. Dr Du Toit stated that the Association charged R55,00 for 2 consultations. Consultations are in fact only charged for at the Association's Cancer Care and Resource Centre in Mowbray, Cape Town; in all our other centres throughout the country consultations and support are given free of charge.

The Association runs support groups for breast cancer patients called 'Reach for Recovery', free of charge. We also have a therapeutic and educational course for all cancer patients and their families called 'I Can Cope'. This runs for 8 weeks and a minimal fee of R60,00 is charged as remuneration for experts (e.g. surgeons and oncologists) who participate in some of these sessions.

We believe that this explanation will clear up the matter and assure the public of the Cancer Association's support at all times.

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Executive Director
National Cancer Association of South Africa
Johannesburg

1. Du Toit DF. Cost of breast preservation surgery for cancer in the RSA (Letter). *S Afr Med J* 1992; **82:** 208.

Dr Du Toit replies: The valuable points raised by Professor Smit are taken. Although the analysis appears unfair, the actual costs reflected were the exact amounts paid to each specialty. A patient with breast cancer, requiring one or other modification of mastectomy and chemotherapy in private practice, can therefore confidently be informed that the total cost will be in the region of R18 000, of which the surgeon, anaesthetist, oncotherapist and hospital will receive 3,1%, 2,4%, 46% and 33% respectively, provided Scale of Benefits rates are operating. Provided the medical aid pays the full cost of the hospitalisation, the patient's share of the bill could well amount to R2 400. This clearly emphasises the potential role that health insurance could play to make up the deficit.

Dr Liebenberg's comments are important and reflect the excellent service rendered to cancer patients in the RSA by the National Cancer Association. In the case under discussion, the patient attended the Mowbray centre and paid the counselling fee of R55,00. She also attended the 8-week 'I Can Cope' course and paid an optional fee of R180,00. Positive feedback was received from the patient, who found the course valuable and comforting, especially early after the diagnosis of cancer was made.[1]

1. Fletcher WS. Doctor, am I terminal? *Am J Surg* 1992; **163:** 460-462.