

hospitals. The rural service alone transports over 3 000 patients per month to specialist departments only available at the Cape Town central hospitals. The discharge of inpatients from hospitals either to home or step-down facilities in the metropole or rural areas is also an important service in ensuring bed availability in our hospitals.

Expensive and scarce specialist facilities such as magnetic resonance imaging are made available to patients in all hospitals by HealthNET, which ensures that patients are delivered timeously for specific examinations and returned to their hospital of origin. A computer booking system linking hospitals with all the control centres in the metropole and districts ensures that the 900 patient places available daily in the transport fleet are used efficiently.

The HealthNET system is operated by Emergency Medical Services as an integral part of the Emergency Ambulance Service. This has enhanced emergency ambulance availability and provided additional minor patient injury capacity for dealing with multiple casualties occurring daily with minibus taxi accidents.

While difficult to quantify, there is no doubt that a well-resourced, efficient non-emergency patient transport system is a vital link in ensuring patient access to health care, while dealing with the reality, or impossibility, of providing affordable and scarce resources more widely.

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HPCSA emergency care media release

To the Editor: In a media release dated 30 August 2011, the Professional Board for Emergency Care of the Health Professions Council of South Africa states: 'The HPCSA remains committed to the discontinuation of the Basic Ambulance Assistants (BAAs), Ambulance Emergency Assistants (AEAs) and paramedic Registers, thereby halting the current short courses offered.' The closure of the registers is pending the promulgation of the relevant regulations by the Minister of Health.

While the proposed discontinuation of the registers is to be welcomed, the subsequent halting of the short courses is disturbing because it displays a woeful lack of insight by the Professional Board into the real world of operating ambulance services in South Africa.

As far back as 1982 I and other medical colleagues appealed to the HPCSA to register advanced trained ambulance persons from the provincial ambulance colleges in the Cape Province and Natal. The reason for our request was that for the first time ambulance personnel had been trained to administer specific drugs such as adrenaline and atropine to patients.

We did not suggest registration of the basic or intermediate courses, which even today form the backbone of trained ambulance personnel delivering a service throughout the country.

It was predictable that to open registers for thousands of personnel with short courses would lead to an unmanageable administrative nightmare, especially when associated with collection of fees – and to what purpose? Effectively the short courses are upgraded first aid

courses with the accent on ambulance operations in order to provide a professional service to the public – certainly an asset and not a hazard.

To discontinue these short courses as opposed to the registers will be catastrophic to all the state-operated Emergency Ambulance Services, which to a greater or lesser extent depend on these personnel. While the registers should be discontinued, the courses should continue as at present, subject to HPCSA accreditation of training facilities.

If all short courses were to be halted, what remains? (i) A 3-year degree course offered only by the universities of technology, and (ii) the 2-year ECT (Emergency Care Technikon) course.

Apart from the additional financial burden of effectively employing only ambulance personnel with diplomas or degrees in the state health service, it is tantamount to a waste of state resources, as no more than 5% of patients require advanced life support.

The remaining courses are also more theory than practical, so even at greater cost it is more unlikely that the public will be better served!

Is this the role of the HPCSA?

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Breast cancer in antiquity

To the Editor: Retief and Cilliers stated in their interesting article¹ that 'Evidence of cancers in the Egyptian papyri is very uncertain, but the occurrence of the word *weshau* (eating) may on occasion be interpreted as indicative of malignancy, and breast cancer may have been recognised.'

This view is contrary to that held by others, which seems quite specific about breast cancer. The Edwin Smith Papyrus² was written about 5 000 years ago, and is quoted by many. The relevant description is case 45, which has various subheadings (rubrics) in red hieratic:

TITLE: Instructions concerning bulging tumours of the breast.

EXAMINATION: If thou examinest a man [person] having bulging tumours of the breast, and [thou] findest that swellings have spread over the breast; if thou putteth thy hand upon ... these tumours, and thou findest them very cool, there being no fever at all therein ... they have no granulation, they form no fluid, they do not generate secretions of fluid, and they are bulging to the hand ... [from a gloss] touching them is like a ball of wrappings, the comparison is to a green haemat-fruit [probably pomegranate] which is hard and cool under thy hand.

TREATMENT: There is no [treatment].

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1. Retief FP, Cilliers L. Breast cancer in antiquity. *S Afr Med J* 2011;101:513-515.
2. Breasted JH. *The Edwin Smith Papyrus*. Chicago: University of Chicago Press, 1930. Vol 1, case 45:463.