



### Misinformation and lack of knowledge hinder cervical cancer prevention

**To the Editor:** Cervical cancer is the second most common cancer, with an age-standardised incidence rate of 30 per 100 000 per year, and is the leading cause of cancer mortality among South African women.<sup>1</sup> The National Department of Health (NDOH) national screening policy entitles every woman attending public sector services to 3 free Papanicolaou (Pap) smears in her lifetime at 10-year intervals, starting at the age of 30 years. Properly implemented, this policy could decrease the incidence of cervical cancer by more than 50%. Community awareness is the key to achieving optimal coverage and participation in the screening programme.

The causative link between high-risk human papillomavirus (HPV) and cervical cancer has been established.<sup>2</sup> HPV vaccine offers great potential for primary prevention of cervical cancer in South Africa. Two prophylactic vaccines, with a good safety profile and sustained efficacy after 5 years,<sup>3,4</sup> have been licensed for use in South Africa but are not yet available in the public health sector. Secondary prevention of cervical cancer through Pap smears remains vitally important as all women will not be vaccinated, some cervical cancers are caused by HPV types not included in the current HPV vaccines, and the vaccines are not effective in women who already have HPV infection.

We conducted a qualitative study between February 2007 and March 2008 that explored key challenges and opinions towards HPV vaccination introduction in South Africa in three diverse areas in the Western Cape province. Health care providers, policy makers and key policy influentials at national and provincial levels were interviewed, and focus group discussions were carried out with women aged 21 - 57 years who had children who would be eligible for the HPV vaccine.<sup>5</sup> Knowledge and perceptions on cervical cancer and prevention were also explored.

Women's levels of knowledge and understanding of cervical cancer, the causative relationship between HPV and cervical cancer, and the purpose and preventive nature of Pap smears was poor. Many knew of the availability of cervical screening services but did not fully understand the purpose of Pap smears. Some associated Pap smears with 'cleansing or scraping the womb', after possible exposure to a sexually transmitted infection, after having been raped or, in other instances, to ensure fertility. Health care providers confirmed some of these beliefs.

Health care providers displayed differing levels of knowledge of the current cervical screening policy, the rationale for the policy, and the links between HPV and cervical cancer. Some providers were misinformed about the South African cervical screening policy.

Lack of knowledge of cervical cancer is a prime barrier to preventing cervical cancer.<sup>6</sup> We need to develop and evaluate

innovative strategies to raise awareness about cervical cancer and the importance of screening as a preventive measure. For successful screening programmes, health care providers must understand the rationale of policy and the causative relationship between HPV and cervical cancer, and be cognisant of community misconceptions and beliefs.

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### Complaints against doctors

**To the Editor:** The 'patients corner' in the South African Medical Association website prominently displays the following:

COMPLAINTS AGAINST DOCTORS:

The Health Professions Council of South Africa (HPCSA) investigates complaints against medical practitioners on behalf of the public.

Complaints must be lodged in writing to:

The Registrar  
Health Professions Council of SA  
PO Box 205  
PRETORIA  
0001

or on their website: [www.hpcs.co.za](http://www.hpcs.co.za).

Of course the HPCSA accepts complaints. So do litigation lawyers, medical aid societies, fraud lines, consumer columns and the South African Police Services. The South African Medical Association at branch level also has an established structure to deal with complaints.

What possible reason has SAMA to prompt complainants to 'mainline' to the HPCSA, knowing full well the time lags, complexities and costs of defending at HPCSA level, imposing (as it does) considerable duress upon SAMA's members? The foundation principle in resolving a dispute is to attempt