



operate in the area of the unknown – what is unknown is unknown. Medical science may be more sensitive in helping people get rid of harmful beliefs. – Editors

Medicine's missing links?

To the Editor: I wish to comment on your editorial.¹ I have been a GP for 22 years in the public and private sectors and have completed my vocational training as a family physician. I also did one year of intensive involvement in adapted behaviour analysis (ABA), a derived programme for autistic children. In the 'autistic world' I encountered an intense amount of disdain for 'biomedical' doctors, ranging from 'not diagnosing my child' to 'giving my child autism through MMR vaccination'. Through this I became aware of the world of Integrative Medicine (IM). I could not believe the amount of misinformation, 'magic cures' and plain quackery that was forced on these poor gullible, intensely unhappy patients and their behaviourally challenged children.

The answer lies in the principles of Family Medicine, which I have been teaching to MB ChB VI students at Stellenbosch University for the past 5 years. The foundations of Family Medicine are *biomedical medicine* (there is no substitute for clinical knowledge, as one cannot diagnose anything one hasn't heard about) and *professional ethics*. This is supported by

three legs: (i) communication and examination skills, within a comprehensive three-stage assessment – *clinical*, *individual* (the patient's agenda – no patient walks into an examination room without an idea of what they expect) and *contextual* (the impact of the disease on the patient's environment and vice versa), ending in mutual decision-making; (ii) community-orientated primary care; and (iii) minor surgical skills.

Tragically, because of time constraints patients often leave the examination room at busy GP and government clinics after a 'no-hands-on' consultation was performed and a swift diagnosis made, feeling totally unfulfilled because their fears, feelings and expectations were not explored and addressed. Spoken words are *not* total communication (ask any person working with autism). Fellow biomedical doctors, we have the knowledge and the methods to help – communicate with your patients!

Perhaps the missing link you were writing about is the modern family physician?

Marlene Wessels

*Extraordinary Senior Lecturer in Family Medicine
Stellenbosch University
mwdutoit@mweb.co.za*

1. Ncayiyana DJ. Communication and the laying on of hands – medicine's missing links (From the Editor). *S Afr Med J* 2006; 96: 1135.

This prostate cancer death should not have happened

To the Editor: This letter is for all doctors who form the first line of contact between patients and more specialised care. Please take heed of the following, so that what happened to my late husband at age 59, should not be repeated.

Despite the fact that he went regularly for PSA (prostate-specific antigen) and digital rectal examinations, my husband's prostate cancer diagnosis came late due, it seems, to casual and inaccurate reading of the pathologist's report by two doctors. The last but one of the pathology reports recommended a prostate biopsy if the free to total ratio of the PSA was below 0.15. Both doctors received the pathology report and both ignored or failed to see this recommendation! Further evidence of their apparent casual perusal of the pathologist's report is that both of them recorded and quoted me the total PSA as being 0.47, while this was, in fact, the free PSA. (Previous total PSA readings were around 4.0, so 0.47 should have struck them as odd.) The specialist urologist who cared for my husband throughout his illness stated that the cancer had been there 18 months before the diagnosis was made, and that the pathology report would have made that clear to any knowledgeable doctor who took the trouble to study the report thoroughly. The pathologist agreed with this statement. The cancer had by this stage spread out of the capsule of the prostate

and my husband could not be saved. He died 3 years after the late diagnosis at age 62.

This is a tragedy, and I understand from the pathologist and urologists that it is far from being an isolated case. Apparently many doctors only glance at the total PSA and if it is less than 4 they become complacent and do not study the pathology report in its entirety. Or perhaps they lack knowledge of the more detailed readings and ratios of the PSA that enable early diagnosis and save lives. So diagnoses are missed, until the total PSA has risen to something very much higher than 4, indicating obvious, easily recognisable pathology which, sadly, comes far too late.

It is surely imperative that all self-respecting general practitioners, and any other doctors doing prostate diagnostic tests, attend continuing medical education lectures to bring them up to date with the evolving tests for prostate diagnosis. Together, the PSA test and digital rectal examination are such simple tools for early life-saving detection of this all too frequently occurring disease. It seems, therefore, almost impossible for me to believe that an early diagnosis was missed in my husband's case.

You owe it to your patients to go out and check your own credentials and abilities.

Don't let this happen to your patients – save their lives!

Name of author withheld