To the Editor: Dr Du Toit 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 1½ - 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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To the Editor: 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, anaesthesitist, oncopathologist 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 R35,00. 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