



he would not allow it. Rather than precipitate an unpleasant situation, the anaesthesiologist who had been requested backed off.

It is the policy of anaesthetic societies in most of the developed world that every effort should be made to accede to patients' wishes in anything other than extraordinary circumstances, e.g. if the anaesthesiologist is technically unable to administer the anaesthetic because it requires specialised skills. In the above case anaesthesia for a laminectomy did not involve any particular expertise.

We believe that our surgical colleagues should make every effort to abide by this policy.

John F Viljoen

M F M James

*Department of Anaesthesia
Groote Schuur Hospital and
University of Cape Town*

THE SOUTH AFRICAN MILITARY INVASION IN LESOTHO

To the Editor: The tragic and untimely death of Dr Johan Nel, nine South African soldiers and the large number of Lesotho citizens during the recent South African military invasion in Lesotho has inevitably left the broad health care profession in South Africa in a political minefield. The public debate around the South African invasion in Lesotho revolves around four main aspects.

Firstly, there is the debate about the constitutionality of the political decision of the government of the day to invade Lesotho.

Secondly, there is the military debate around the execution of the military invasion. How does one explain the large number of South African deaths and wounded? Was adequate provision made for the immediate handling of South African casualties? Does the number of South African deaths reflect a lack of adequate surgical support for priority-one casualties? What provision, if any, was made for civilian casualties (given the urban environment where the attack took place?).

Thirdly, there is the judicial debate around who must be held responsible for the civilian loss of life, as well as the financial implications of the enormous infrastructural damage during the South African invasion.

Fourthly, there is the moral-ethical dilemma of part-time as well as full-time health care personnel of the South African National Defence Force who are contractually compelled to deliver professional services during constitutionally and politically questionable military operations.

The broad health care profession in South Africa cannot remain neutral or cold with regard to recent events in Lesotho. A statement by the Surgeon-General of the South African

National Defence Force to give more transparency to medical aspects of the controversial Lesotho invasion may be a sensible point of departure to conduct this debate further in a constructive way.

J P de la Porte

*PO Box 19171
Tygerberg
7505*

EMG/ENG SERVICES RENDERED BY CLINICAL NEUROPHYSIOLOGY TECHNOLOGISTS IN SOLO PRACTICE

To the Editor: The Neurology Association of South Africa wishes to express its deep concern at the trend noted for clinical neurophysiology technologists in solo private practice to do electromyograms and electroneurograms without the guidance of a neurologist. In our opinion the clinical neurophysiology technologist is not qualified in the necessary clinical and other skills required for the interpretation of the procedure. The full-time EMG/ENG training units (departments of neurology in South Africa) distance themselves from the above practice and confirm that no such training (clinical skills for interpreting diagnostic problems and EMG needle examination, which is an invasive procedure) forms part of the syllabus.

P L A Bill (*Department of Neurology, Wentworth Hospital and University of Natal*), **V U Fritz** (*Department of Neurology, Johannesburg General Hospital and University of the Witwatersrand*), **R W Eastman** (*Department of Neurology, Groote Schuur Hospital and University of Cape Town*), **R F Gledhill** (*Department of Neurology, Ga-Rankuwa Hospital and MEDUNSA*), **A J Kruger** (*Department of Neurology, Universitas Hospital, University of the Orange Free State*), **N A Mafojane** (*Department of Neurology, Kalafong Hospital and University of Pretoria*), **S D Saffer** (*Department of Neurology, Chris Hani Baragwanath Hospital, University of the Witwatersrand*), **J Carr** (*Tygerberg Hospital, University of Stellenbosch, Tygerberg, W Cape*), **C H van der Meyden** (*Department of Neurology, Pretoria Academic Hospital and University of Pretoria*)

RESTORING THE HONOUR OF THE PROFESSION

To the Editor: Thank you for presenting a collection of material on the medical profession's behaviour in relation to human rights in the August issue of the *SAMJ*.¹⁴ The various authors rightly point out that dishonourable actions and omissions by our colleagues have occurred, some on an individual level and some on an institutional level. Personally I have found it of profound interest and a guide to more ethical behaviour on my part, while at the same time I have wondered to what extent I was guilty of similar behaviour in the past.