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CORRESPONDENCE

Academic boycotts of South Africans

SIR,—The executive committee of the Society of Psychiatrists of South Africa is a subgroup of the Medical Association of South Africa. Both are non-partisan and non-racial professional organisations committed to maintaining professional and ethical standards.

The executive committee considers it necessary to make its position clear in respect of recent events in South Africa. Some of these events are associated with challenges to apartheid and the state's reaction to these but others are associated with Third World problems and the socioeconomic consequences of rapid urbanisation. The situation is complex.

We have openly criticised those aspects of recent events that have impinged on psychiatry; to this end we have made statements and written letters to the medical press on matters of legitimate medical concern despite restrictions due to the emergency regulations.

It must be recognised, however, that the psychiatrists of South Africa do not have a powerful voice. The situation is different in some overseas countries, where professional organisations can bring considerable moral pressure to bear on the authorities. Nevertheless, many of our psychiatrists work in state institutions (with no private practice) and in these contexts have been able considerably to improve services and standards of care for all, but particularly for black and disadvantaged patients. In particular, we have alerted the authorities to shortcomings and inequalities and helped in a more equable distribution of scarce resources. In addition the training of psychiatrists and paramedical staff of all ethnic groups has been actively promoted.

It must also be recognised that many of the current problems in South Africa are beyond the realm of mental health while nevertheless affecting it and certainly beyond the competence of psychiatrists to prevent. A large part of the population is subject to enormous Third World problems such as poverty, rapid urbanisation, huge housing backlog, inadequate educational and vocational preparation, lack of family planning, etc. It is estimated that 66% of the population is currently living in urban areas (1985) and this will increase to 83% by the year 2000, while the total population will increase considerably over the same period.

It must also be understood that there are fewer than 200 psychiatrists for a population exceeding 30 million and that we have heavy clinical and administrative responsibilities. Many colleagues have joined the brain drain to advanced Western countries; those who have stayed continue with concerned and dedicated work under difficult circumstances.

We, the psychiatrists of South Africa, seek the support and help of colleagues overseas. We need encouragement in our everyday professional tasks, in fighting those inequalities and iniquities which arise out of both the socioeconomic and the political situation, and in expanding our psychiatric services. We could profit from the skill of academic colleagues in Western countries who may have a fresh approach to our problems. We also require practical help in the shape of energetic psychiatrists from overseas who are prepared to work in rural and underprivileged areas and face the challenges of developing appropriate psychiatric services for the Third World.

Unfortunately many overseas colleagues have decided to boycott South African conferences or have made it difficult for South Africans to attend conferences abroad. We believe such boycotts are unethical: in our opinion, the situation is analogous to failing to aid a colleague who requires help while resuscitating a patient. Such boycotts isolate us professionally, whereas it is precisely this contact that we need to strengthen our resolve to strive for effective change.

OVED BEN-ARIE
ELEANOR S NASH
L S GILLIS

Society of Psychiatrists of South Africa,
c o Department of Psychiatry,
Groote Schuur Hospital,
Observatory 7925,
South Africa

Time to scrap creatinine clearance?

SIR,—Dr Roger Gabriel has argued for the retention of the creatinine clearance test (1 November, p 1119). This is in direct opposition to the view that renal function is best assessed by plasma creatinine alone, which was expressed by Payne.[1] Both measurements do indeed have their attributes and shortcomings. Yet if used in an appropriate complementary manner their individual deficiencies may to some extent be minimised.

Creatinine clearance provides an easily interpreted estimate of renal function but is poorly reproducible. The coefficient of variation of creatinine clearance measurements in well motivated adults is at least 11%.[2] Therefore, to be 95% confident of a change in renal function two creatinine clearance measurements must differ by 31%—that is, 2·8 × coefficient of variation. The corresponding figure for plasma creatinine at the critical glomerular filtration rate quoted by Dr Gabriel of 30 to 40 ml/min (congruent with a plasma creatinine of 200 nmol/l (2·3 mg/100 ml)) is 16%. This is calculated from estimates of biological and analytical variation for plasma creatinine, which when expressed as a coefficient of variation are 4·3% and 4% respectively.[3] (The analytical coefficient of variation of 2% quoted by Dr Gabriel is not easily attainable at this level of plasma creatinine.[4]) The combined imprecision in the analysis of both plasma and urine creatinine concentrations renders creatinine clearance inherently less reproducible than plasma creatinine concentration alone. Additionally, errors in urine collection are certain to occur, no matter how "foolproof" a collection procedure is devised. Therefore, changes in plasma creatinine concentrations provide an earlier indication of alterations in renal function than would simultaneous clearance measurements.

Since nomograms for predicting glomerular filtration rate and separate reference ranges for different categories of patients are either unreliable or incomplete, an approach making optimal use of both tests is suggested as follows.

A patient is initially assessed with both plasma creatinine and clearance measurements. Hence, for a particular patient a plasma creatinine value with an associated estimate of glomerular filtration rate is available. Changes in renal function may then be followed using plasma creatinine concentrations alone, or, to help interpretation, the

Notice of inadvertent duplicate publication

The *BMJ* regrets that the letter entitled "Obstetrics at the London Hospital Medical College" by Professor M A Floyer (20 September, p 759) was substantially the same as that published in the *Lancet* entitled "Obstetrics and gynaecology at the London Hospital Medical College" (20 September, p 690). Although the same letter was submitted to both journals, neither editor was informed of this.

We regret this inadvertent duplicate publication, for which the author holds sole responsibility and which is in violation of our Instructions to Authors and internationally agreed guidelines.