



Refusal of consent on religious grounds unlawful

Doctors have long battled with the dilemma of what course of action to take when parents refuse consent for a life-saving blood transfusion for a minor child solely on religious grounds. David McQuoid-Mason (p. 29) reports that this dilemma has now been resolved.

It is common knowledge that if a doctor wishes to overrule a refusal by parents to consent to a blood transfusion for their child the doctor can always approach the High Court as the upper guardian of all minor children. A recent High Court judgment has ruled that such action by parents is unconstitutional and therefore unlawful. The Constitution provides that nobody may be refused emergency medical treatment. The common law states that in emergency situations medical treatment may be given without the consent of the patient, or persons legally competent to give consent for the patient, provided it is not against the consent of the patient or such other persons. Although parents have the right to dignity, privacy and freedom of conscience and religion, the High Court has held that a child's right to life supersedes such rights where the child's life is at risk. In South Africa, as in other countries, refusal of blood transfusions during medical emergencies for minor children by parents solely on religious grounds is unlawful.

Therefore, when the grounds for refusal are solely based on religion it is no longer necessary for doctors to seek a court order to overturn the parent's refusal as such refusal is unlawful.

The rights and obligations of procreation

The thorny issue of the rights versus the obligations of procreation is tackled by Louis-Jacques van Bogaert (p. 32). He notes that, as with all rights, the right to reproduce has a flip-side, namely the duty and responsibility to control it. Matters of life and death and ethical issues surrounding the beginning and the end of life are the heart of bioethical debates. The view that life is a gift that is not ours to give or take is at the heart of the religious and moral tradition. However, the *taking* of life seems to attract more attention than the *giving*.

There are good moral reasons for humankind to restrict the right to procreate. Traditional mores that consider children merely as a means to an end, such as child labour, slaves, warriors, beggars and parents' social security, must change. Not empowering women to make sexual choices condemns many of them to serious morbidity or death and their children are forced to live in poverty or abuse or die prematurely.

Since the planet's carrying capacity is limited we have a

duty to each other and to future generations not to exceed this limit through unrestricted and unilateral procreation. This requires a paradigm shift to put the right to procreate in its social and global perspective.

Herpes zoster ophthalmicus

The 'clinical images' in this edition originate from Nigeria (Dawodu *et al.*, p. 30). Here is a brief update on herpes zoster ophthalmicus (HZO), a potentially serious complication that may result in the loss of sight in the affected eye:

- HZO results from recrudescence of latent varicella zoster virus from the dorsal root of cranial nerve ganglia present since primary infection with varicella (chickenpox).
- The commonest causes of varicella recrudescence are decline in cell-mediated immunity related to age, reduced immunity related to some malignancies, treatment of malignancies with chemotherapy, HIV infection, and use of immunosuppressive drugs such as steroids.
- HZO infection is distributed along the ophthalmic branch of the trigeminal nerve and does not cross the midline.
- Involvement of the tip of the nose is significant because it implies involvement of the nasociliary nerve, and such cases usually involve the cornea on the same side.

Prevention of rheumatic fever flops

In his editorial in the December *SAMJ* the Editor noted that 'Anecdotal evidence in South Africa suggests that clinical guidelines are unevenly or even infrequently adopted by practitioners.' Robertson, Volmink and Mayosi (p. 52) provide clear supporting evidence of this in finding a disturbing lack of adherence to the national guidelines released in 1997 by the National Department of Health on the primary prevention and prophylaxis of rheumatic fever (RF). They found that: (i) patient knowledge of the disease was almost non-existent (despite this lack of knowledge, adherence to secondary prophylactic treatment was good); (ii) physicians most likely to encounter the disease were least likely to comply with the national guideline; (iii) the guidelines do not clearly state how increased detection of acute RF will be achieved; and (iv) the RF notification is dysfunctional, with discrepancies in the reporting of cases at hospital, city and provincial levels.

The implementation of effective notification systems for notifiable diseases is paramount to the health system's ability to assess the burden of disease. It is easier to present fine-sounding guidelines and policies than to provide effective implementation thereof. Witness the chaotic current HIV policies that call desperately for such action!

JPvN