



## What Islam needs is a pope

**To the Editor:** This was a brave piece of provocative journalism<sup>1</sup> and has certainly achieved its objective of bringing the powerful and emotive issues regarding religious fundamentalism under the spotlight.

The age-old ploy of justifying the commission of atrocities by one group by citing examples of atrocities committed by another must be condemned. Evil deeds remain evil deeds, and evil and evil deeds beget evil deeds. Our only hope is to stop focusing on the bad and start focusing on the good. For conflicting ideologies to learn tolerance for each other, common moral ground must be found. What is perhaps surprising (but should not be) is that if people are prepared to make the effort, much common ground is available. Perhaps the best starting point would be the shared common belief that good must in the end triumph over evil. However, in the light of the current debate this requires that the word evil should not be open to interpretation. The end cannot justify the means.

It is my belief that true evil lies in the wanton taking of innocent lives for whatever reason.

What Islam, Christianity and Judaism all need is a whole lot more introspection.

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1. Ncayiyana DJ. What Islam needs is a pope (Editorial). *S Afr Med J* 2004; **94**: 385.

## SA Heart Association can now officially adopt ESC guidelines

**To the Editor:** As of January this year the South African Heart Association has been accepted as an Affiliated Member of the European Society of Cardiology (ESC). While there are several benefits to our members, a major implication is that we can now officially adopt the ESC guidelines for clinical practice as our own.

It must be understood that these ESC guidelines represent consensus among a group of experts who have deliberated the

matter over many months and after extensive research and review of pertinent literature. I do not wish to detract from the valued input that our local experts have given over the years in developing the various South African guidelines, but it would be very difficult to emulate the standard of the ESC guidelines. The latter are also updated and reviewed regularly and kept contemporary. Furthermore, with publication of the results of the INTERHEART study,<sup>1</sup> credence is given to the universal applicability of risk factors in the development of coronary artery disease and vascular disease in general. The summary of the INTERHEART study by puts the issue into perspective: 'This finding suggests that approaches to prevention can be based on similar principles worldwide and have the potential to prevent most premature cases of myocardial infarction'.

As part of the acceptance of the ESC guidelines as the South African guidelines, the South African Heart Association will have local experts write comments highlighting aspects of the guidelines that may have particular relevance to our population. This task will take place over the course of the year. The comments, and access to the ESC guidelines, will be posted on our website at [www.saheart.org](http://www.saheart.org).

It is hoped that this will clear up the confusion that has existed in South Africa regarding which guidelines we should follow.

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1. Yusuf S, Hawken S, Ounpuu S, *et al.* Effect of potentially modifiable risk factors associated with myocardial infarction in 52 countries (the INTERHEART study): case-control study. *Lancet* 2004; **364**: 937-952.

## Erratum

We regret that there was an error in question 4 of the May 2005 CPD, where the acronym 'PCP' should have read 'CTM'. (Fortunately this was so patently incorrect that readers who answered 'false' were in fact correct!)