enzyme replacement therapy with imiglucerase (Cerezyme), and at present there are about 30 patients on this programme. An alternative form of therapy is substrate reduction; medication with miglustat (Zavesca) reduces the amount of glucocerebroside, allowing the patient's depleted residual glucocerebrosidase activity to cope with the reduced amount of substrate. There are at present 5 patients on substrate reduction therapy in South Africa. Both modalities of therapy are efficacious.

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Choice on Termination of Pregnancy Amendment Bill

To the Editor: The Amendment Bill is being revisited because of a court order. It is a matter of concern that the Department of Health has not taken this opportunity to review this Amendment Bill and the principal Act before presenting it again for public comment.

A full review is necessary because of excellent research showing that maternal death rates are 4 times higher in the year following a pregnancy for Finnish women who chose termination of pregnancy (TOP), compared with women who chose to carry their babies.[1] The higher death rate was due to suicide, death by accident, homicide and natural causes. English researchers corroborated an increased incidence of suicide after TOP.[2] The greater homicide rate is explicable by increased tendencies to anger and violence and substance abuse after TOP.[3] Very young women are especially prone,[4] and women with self-destructive character traits are at particular risk of death.[5] Other studies show that these effects persist for many years, that men and health care workers may behave similarly, and that parents choosing TOP are more likely to abuse their other children.[6] There is no good reason to believe that South African women are any less predisposed in these respects.

The above studies underline the urgent need to rewrite the Amendment Bill so as to address the following:

Counselling: 'Non-mandatory and non-directive counselling' can no longer be accepted as adequate, and compliance with this part of the Act may lay staff open to 'charges of false and deceptive business practices'.[5]

Informed consent: Minors below the age of 16 are more vulnerable than older women to bad outcomes,[4] but they have greater difficulty in grasping information about the risks involved in TOP. Current legislation exposes minors unnecessarily to making TOP decisions without adequate loving adult support.

Health care workers: In view of the long-term consequences to the psychological health of health care workers, amendments should specifically state that health care workers have the right to refuse to participate in TOPs, on grounds of conscience.

Two further defects of the Bill are that it (*i*) does not prevent the initiation of second trimester TOPs on an outpatient basis, thus exposing women to the serious dangers from administering powerful oxytocics in improperly supervised situations; and (*ii*) uncritically accepts the menstrual history alone as an accurate assessment of the period of gestation.

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The art of medicine: heart, head and hands

To the Editor: Your editorial[1] in the *SAMJ*, and Dr Sanders' response,[2] evoked an interesting discussion about whether 'evidence-based medicine' (EBM), based on randomised controlled trials (RCTs), can answer all our needs in medicine. Medicine (for me) is a profession that requires the practitioner's heart, brain and hands.

The 'scientific brain' is sometimes under-represented in medical discussions (I would not dare to guess how many undergraduate medical students or graduates aren't properly able to interpret data). It is obviously not enough to perform medicine only with the heart – we need proper scientific and mathematical skills – otherwise voodoo-like approaches to the HIV/AIDS pandemic (beetroot, sweet potatoes, etc.) should not surprise us. Medicine needs a properly regulated course of training, registration and a sound scientific approach towards acquiring the knowledge that can be applied to individual patients. Western medicine has gone a long way to arrive at this point.[3,4]

But this theoretical and structural framework comes at a price. An undeniable and already clearly recognised shortfall in this type of modern 'Western' medicine is its tendency to

reduce humans ontologically to a 'manifestation of general biological, psychological and sociological theories'.[5] The 'patient' is no longer perceived as a unique entity with an incomprehensible depth of being. Instead, the 'suffering other' is converted into a 'case'.

The theoretical concept underlying RCTs is the fundament of this reductionist approach: Patients, diseases and therapies must be strictly categorised and inclusion and exclusion criteria defined.[6] RCTs play an important and indispensable role in EBM; for methodological reasons, no reliable statement can be made about the usefulness ('effectiveness') of a given drug or intervention without RCTs. But ought the practice of EBM to be as reductionist as RCTs? Should patient care merely consist of the proper categorisation of the patient according to identifiable attributes and then the application of the most appropriate algorithm-determined therapy? There is more to EBM than statistical evidence: 'The practice of evidence-based medicine means integrating individual clinical expertise with the best available external clinical evidence from systematic research'.[7] Physicians need to understand that the art of medicine consists of more than pure reason.[8,9] We have to live with our fears and frustrations and the limitations of our medical skills, which we have to communicate to our patients. 'Take this antibiotic' is easy to communicate; but 'I don't know what you are suffering from', 'There is no known cure for your disease' or 'Your child is likely not to regain consciousness' are more challenging; they challenge the physician as a human being. 'I don't know' and even 'I have failed', which is part of every human life, need to be recognised as a fundamental part of modern medicine, in the same way as RCTs are recognised.

I close with the third body-component. Hearts and brains are needed in medicine (as stated), but so are the hands – an undeniable experience for somebody who studied at a theory-loaded and practice-deprived European medical school and was later confronted with the 'hands-on' practice of South African medicine.

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