



Perhaps the exclusion has since been attended to. Failing that: should not eminent South African surgeons take up the cudgels/scalpels on Barnard's and Groote Schuur Hospital's behalf?

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1. Terblanche J, Chris Barnard – a personal tribute to a gifted heart surgeon and a great intellect (Letter). *S Afr Med J* 2007; 97: 550.

Gaucher disease in South Africa

To the Editor: I refer to the abstract by Govender and Newton in the August *SAMJ*.¹

Gaucher disease is a relentless progressive multi-systemic disorder caused by deficiency or inadequate function of

lysosomal β -glucocerebrosidase. The resultant accumulation of the substrate glucocerebroside causes the organ damage. The classic clinical picture of organomegaly, cytopenia and bone pain or disease should always alert the practitioner and place Gaucher disease into the differential diagnosis. This will result in earlier intervention and minimise the risk of irreversible complications of the disease.

While initially Gaucher disease was thought to be more prevalent in the Jewish Ashkenazi population, it is now regarded as being pan-ethnic with a specific genotype, the N370S mutation being more prevalent in that group. There are now some 300 mutations causing the disease.

The Gaucher Clinic at Johannesburg Hospital has been in existence for some 14 years, and 30% of the patients are black Africans. It is interesting to note that there does appear to be a novel mutation for our black population. There are about 50 known patients in South Africa. The treatment of choice is

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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 glucocerebrosidase activity to cope with the 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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1. Govender K, Newton KA. Gaucher disease in an African teenager (Abstract). *S Afr Med J* 2007; 97: 618.

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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1. Gissler M, Kauppila R, Meriläinen J, Toukoma H, Hemminki E. Pregnancy-associated deaths in Finland 1987-1994 – definition problems and benefits of record linkage. *Acta Obstet Gynecol Scand* 1997; 76: 651-657.
2. Morgan CM, Evans M, Peter JR, Currie C. Mental health may deteriorate as a direct effect of induced abortion. *BMJ* 1997; 314: 902.
3. Reardon D. Psychological reactions reported after abortion. *The Post-Abortion Review* 1994; 2(3): 4-8.
4. Fergusson DM, Horwood LJ, Ridder EM. Abortion in young women and subsequent mental health. *J Child Psychol Psychiatry* 2006; 47(1): 16-24.
5. Reardon DC. Abortion is four times deadlier than childbirth. *The Post-Abortion Review* 2000; 8(2): 4-5.
6. Mc Fadden A. The link between abortion and child abuse. *Family Resources Center News* January 1998: 20.

The art of medicine: heart, head and hands

To the Editor: Your editorial¹ 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