



The limits of medical science and the right to procreate

To the Editor: The January issue of the *SAMJ* included two fascinating and related articles side by side.^{1,2} Bernard Brom¹ is very articulate in reminding us of the limits of our knowledge, and the necessity that we therefore walk humbly before the complexities of creation and the wonder of human diversity and uniqueness. This requires that we live with a certain degree of tentativeness about what we observe as scientists, knowing that the limits of our observations are such that our conclusions may not be accurate. What he did not say, but what is obvious from a thoughtful reading of his paper, is the fact that such complexity, which is held in order and creativity, is good evidence for a Creator God who is greater than all of creation.

Those realities speak into the subject of the right to procreate. Van Bogaert² argues strongly for the necessity of limiting the right to procreate. He points out that various governments have attempted to impose such limitations in the 20th century and have got into various serious difficulties. But historically (excluding social experiments like Pharaoh's in 500 BC), procreation has been limited in every generation up to our own primarily by the acceptance of the godly injunction to nurture children in the stable and permanent relationship of marriage. Every human community up to that time accepted the norm that premarital chastity and marital faithfulness were the way to do that. Contraception was accepted by a majority in such generations as a welcome aid to limiting reproduction to help achieve more effective nurturing.

It was the sexual revolution of the 60s that turned 'It's my right' into 'an individualistic stance relying on autonomy, privacy and bodily integrity to defy outside scrutiny or comment'.³ That is one of the values enshrined in the secular agenda which informs most of our attempts to address the catastrophe of AIDS and the population explosion, and it is the average value system of our media. Growing scientific humility must necessarily demand that as a generation of scientists we open ourselves up to the wisdom of previous generations, and reject the arrogance of secular humanist thinking and its thesis that ours is a generation that has come of age. It implies that we must be willing to rediscover what our forefathers knew, and re-invest time and energy in helping our young to understand and strive for traditional morality as the greatest buttress against irresponsible procreation in any generation that accepts it, and also in the subsequent generations who can be properly nurtured as a result. All that we know about developmental psychology supports such an approach.

The tragedy of our nation is that the vision of stable marriage and faithfulness to the task of nurturing children has been all but lost for so many because of the combined influences of migratory labour, rapid urbanisation and an

irresponsible media. It is going to be a huge task to regain lost ground, but in fact the AIDS epidemic and population explosion are excellent opportunities to address this issue, if only our profession and our leaders will have the courage to grasp it.

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1. Brom B. The limits of medical science. *S Afr Med J* 2005; 95(1): 35-38.
2. Van Bogaert L-J. The right to procreate - freedom and necessity. *S Afr Med J* 2005; 95: 32-34.
3. Hadley J. *Abortion. Between Freedom and Necessity*. London: Virago, 1996. (As quoted by Van Bogaert L-J. *S Afr Med J* 2005; 95(1): 32-34.)

Cover caption contested

To the Editor: On the cover of the March 2005 issue of the *SAMJ* is a splendid picture of *Erythrina lysistemon*, the common coral tree, known as *umsinsi* in isiZulu. The accompanying caption mentions that the tree has no known medicinal value. I would like to take issue with this.

Coral trees are very common in KwaZulu-Natal, Mpumalanga and Limpopo provinces. In KwaZulu the powdered bark of the tree is often used by traditional healers to treat open wounds and sores. Also the leaves and bark are used to relieve the pain of tooth- and earache. I have frequently seen the bark for sale in local markets near our hospital.

The coral tree has been found to contain several alkaloids known to be toxic, but it may have anti-inflammatory and antibacterial properties.¹

A Natural/Integrative Approach to Medicine.

5 CPD points. Accr. No: A016/022/02/2005

Presenter: Dr Arien van der Merwe MBChB FRIPH FRCAM

Target group: Medical Practitioners and all health care professionals

Dates: 28 July, 30 Aug, 29 Sept, 20 Oct

Venue: Health Stress Mngm. H/O, 21 20th St, Menlo Park, Pretoria

Time: 9h00 - 12h00 + 2 points for completed quiz

Bookings, more info: Craig Swanepoel 012 - 460 0191 / arienvdm@samedical.co.za / www.wellnessempowerment.com

Cost: R350 per person, incl. refreshments. Books will be available @ discounted price.

Dr Arien van der Merwe is a medical doctor who specialises in stress management, wellness and health promotion. Arien is the appointed Stress Expert for Discovery Health. She is a Fellow of the Royal Institute of Public Health and Fellow of the Royal College of Alternative Medicine, as well as the author of 19 books and a CD-Rom on health and wellness. Her latest book 'Stress Solutions' ('Stres Strategie'), was released late 2004. Her other recent books are 'Health & Happiness' and 'Herbal Remedies' - all also available in Afrikaans.



Although the value of traditional medicine is sometimes disputed, the majority of patients in areas such as ours visit a traditional healer before attending an allopathic practitioner and they must frequently be satisfied with the results as there is no shortage of either traditional healers or stalls selling plant products in our markets. It is premature to consider these products to be of no medicinal value until their actions have been tested.

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1. Van Wyk BE, Van Outdshoorn B, Gericke N. *Medicinal Plants of South Africa*. Pretoria: Briza Publications, 2000.

HPCSA – and now the sound of music

To the Editor: The following is a record of my experience when phoning the Health Professions Council (HPCSA) at the end of March to find out whether the new CPD points system was fully operational, and if not about the date for submission of CPD certificates.

22 March

09h00. An automatic voice assured me that my call was valuable and would be answered. A second voice told me that there were 9 calls ahead of mine. A third voice told me the answer to the above question, which I was about to ask, and said 'The date for submission of CPD certificates has been extended to 30 June'. However I decided I had better confirm

this with an official, so I held on. Thirty minutes later the first voice said that there were 5 calls ahead. I could not wait any longer, so rang off.

11h00. I tried again. Same routine, with apologies for the delay due to its being peak period. The second voice said that there were 11 calls ahead. I rang off straight away.

23 March

08h45. Same routine. Still peak period, and 19 calls ahead. I rang off.

13h07. Peak period and 5 calls ahead, but in desperation I decided to wait. The first voice repeated the apology and peak-time message very frequently.

13h20. Now 3 calls ahead. All three voices then gave up, and there was only music from then on.

13h30. Esther answered and said she would put me through to the CPD division. More music, no voices.

13h35. Esther returned and said that the message about 30 June was for last year! She also said that the CPD system was not working and so they could not answer the telephone!

She said, however, that she had found out that the submission date had been postponed indefinitely, and that we would be notified when the time came.

The cost of my telephone calls was R35.

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