

CORRESPONDENCE

do not have the appropriate depth of knowledge – for example data handlers, although very skilful in their own areas of expertise, may be accredited to lecture on subjects such as the scientific method or on ethics, which require a sound academic grounding. In addition, the marketing divisions of pharma may have interests in supporting those who spend more heavily on their products so that there is a risk of selective funding to attend SACRA-organised meetings – a possible platform for the selection and functioning of the working committee.

It is possible to resolve real and potential conflicts of interest in a more inclusive and transparent manner that satisfies ethical norms and also meets the requirements of pharma. Oversight of accreditation might take place through independent professional organisations such as the Colleges of Medicine of South Africa or a continuing medical education (CME) group linked to the South African Medical Association. Under this umbrella, there could be collaborative involvement of universities, industry, researchers and ethicists.

It is recognised that the problem of oversight may be related in part to inadequate funding for bodies fulfilling regulatory roles. This could be addressed by government and industry at a cost that would be a small fraction of the overall budget for research. The separation of funding and course content by means of an unrestricted grant, coupled with disclosures of financial interests by lecturers, is common practice in CME.

All stakeholders wish to take clinical research forward for the benefit of patients and to have high-quality training courses in GCP. Vigilance is required to avoid the conflicts of interest that will inevitably arise from a single stakeholder having a predominant role.

Raymond P Abratt

Alistair J Hunter

*Radiation Oncology
Groote Schuur Hospital and
University of Cape Town
Raymond.Abratt@uct.ac.za*

1. Burgess LJ, Sulzer NU. GCP accreditation – a worthwhile investment? *S Afr Med J* 2006;96:161-116.
2. Shuchman M. Commercializing clinical trials – risks and benefits of the CRO boom. *N Engl J Med* 2007;357:1365-1366.
3. Piccart M, Goldhirsch A. Keeping faith with trial volunteers. *Nature* 2007;446:137-138.

Ethical challenges in an age of overpopulation

To the Editor: 'Humanity is but a blip on the time-scale of life on earth. But that blip is all that we have, and our present global course guarantees its extinction.'¹ Global overpopulation leads to poverty, overcrowding and pollution of air and water. These factors, together with increasing unemployment and food shortages, will decrease the quality of life for millions of people.² For example, the population of

Uganda is projected to triple by 2050 to about 103 million citizens, which will be accompanied by deforestation and soil erosion.³ The tenfold population increase in Ethiopia during the last century, despite land rehabilitation and water conservation measures, resulted in problems threatening agricultural development and food supply.⁴ Soil erosion cannot be overseen: ravines are visible in the fertile highlands in the north of the country. A consequence of excessive birth rates is unemployment, especially among young people.⁴ At the same time, labour productivity is growing, a few can cater for many, and more and more people become occupationless. In the past, similar conditions were turned around by wars and pestilence. This has not been happening of late, and we sit and wait to see what happens, as if there were nothing more that can be done, while the population grows. But there are many things to do. Firstly, the birth rate should be better controlled. Taking into account geographical, ecological, economic and other realities, a maximal number of children per woman should be determined for every area (this figure will hardly ever exceed two). The most reliable method of birth control is female sterilisation. The last (or single) birth should be carried out as often as possible by caesarean section, because this procedure is associated with lesser risk to the baby and expedites sterilisation by fallopian tube resection. Male sterilisation by vasectomy, a simple and harmless procedure, should also be propagated by all means; it would be particularly efficient in a milieu where promiscuity or polygamy is widespread.^{5,6}

Many projects could be accomplished by a globalised mankind: construction of irrigation facilities for drought-stricken lands; and nuclear, solar, tidal and other power plants to reduce the consumption of fossil fuels. Scientific research should be revitalised and purged of scientific misconduct. Such steps would create work for many people. Not much is required for that: a globalised administration and English as the first or second language for everyone. Moreover, should the birth rate decline in the future, it means that the workforce is at its maximum now, and it is an opportunity to accomplish great projects. Therefore, propaganda should popularise the image of hard-working people, which must become a pattern of identification for the youth.

Sergei V Jargin

*Peoples' Friendship University of Russia
Moscow
Russia
sjargin@mail.ru*

1. Van Niekerk JP de V. Humans – a threat to humanity. *S Afr Med J* 2008;98(3):163.
2. Robey B. Asia's demographic future: the next 20 years. *Asia Pac Pop Policy* 1990;(14):1-4.
3. Coombes R. Population: the forgotten priority. *BMJ* 2009;339:b3750. doi: 10.1136/bmj.b3750.
4. Nyssen J, Haile M, Naudts J, et al. Desertification Northern Ethiopia rephotographed after 140 years. *Sci Total Environ.* 2009;407:2749-2755.
5. Jargin S. Overpopulation and modern ethics. *S Afr Med J* 2009;99(8):572-573.
6. Jargin S. Demography and architecture in Ethiopia and elsewhere. Domus. <http://domusweb.it/en/news/demography-and-architecture-in-ethiopia-and-elsewhere> (accessed 5 July 2010).

Erratum

In the article 'Earlier HIV diagnosis – are mobile services the answer?' by Van Schaik *et al.*, which appeared on pp. 671 - 674 of the October *SAMJ*, there was an error in Table I. The two figures at the end of column 'N' under the heading 'Hospital-based VCT' should have been 4 and 12, not 8 and 24. We apologise to the authors for this error, which has been corrected on the web version of the article.