The core function of the human and social sciences is critical enquiry concerned with questioning, analysing, interpreting and deconstructing human society and all its works. These disciplines deal with language, imagination, orderly thought, culture, creativity and emotion. They are the conscience of society and define its essential humanity.

Yet one great discovery of the 21st century, namely the deciphering by two large research teams of the near-complete chemical structure of the human genome, has been a largely ignored — and perhaps even unwelcome — non-event for most of the scholars who work in the humanities.

This paper does not seek to indulge in the scientific technicalities of the human genome, but rather to reflect on the reasons for the indifference of the non-molecular biology community towards this discovery, to sketch the conceptual content of the human genome in order to explore its role in human behaviour.

An analogy can be drawn between a conventional book and the human genome, with the latter representing a (very long) book that encodes the possibilities and potentialities of a human life. This book is written in a language that has only 4 letters and leaves no spaces between words. You could say there are 1 million pages in the human book of life, equivalent to 1 000 volumes of 1 000 pages each. Actually, there are 23 chapters called chromosomes which — in the case of the human female — are each repeated once; males leave out one

The social sciences, the human genome and human nature

Adapted from a Graduation Address, University of Cape Town, 13 December 2002

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Maternal deaths in South Africa

The Saving Mothers report 1999 - 2001 was launched on 8 March 2003. It has been driven by a desire to improve maternity care in South Africa.

This report on maternal deaths for the years 2001, 2000 and 1999 is the first triennial report by the National Committee on Confidential Enquiries into Maternal Deaths (NCCEMD). Although the weakness in reporting of the previous (1998) report still exists, the numbers of deaths are again large enough to show trends and to evaluate avoidable factors, missed opportunities and substandard care. Further, while the maternal mortality ratio (MMR) cannot be calculated for the whole country, the NCCEMD believes that a realistic estimate of the MMR is between 175 and 200/100 000 live births. This indicates either an increase in the number of deaths over the previous figure of 150/100 000 live births, or an improvement in reporting. It is likely that both reasons apply. The increase in the number of deaths is largely due to an increase in deaths from non-pregnancy-related infections, mainly AIDS, and is likely to continue because of the natural history of the HIV epidemic.

It is important to note that there has been no epidemiological study of maternal deaths in developing countries equivalent to what is being attempted by the NCCEMD in South Africa. The only benchmark we have is the Confidential Enquiries in the UK. The notable successes achieved by the UK Committee occurred in a developed country, against a background of improving socioeconomic conditions, including the inception of a National Health Service. Any possible impact of the NCCEMD of South Africa therefore needs to be set against the effect of the AIDS epidemic and the socioeconomic conditions in a developing country. Socioeconomic development is occurring in South Africa, but has as yet had little impact in the rural areas where most of the maternal mortality originates. Furthermore, although urbanisation has made access to health care facilities available to a larger proportion of the population, much more effort needs to be focused on public health education, in particular the benefits of proper maternity care.

All health professionals committed to maternal and child health must continue to obtain the necessary data required to build a sustainable evaluation capacity for reliable measurement of maternal mortality in our country. Only in this way can input be made to government to make informed decisions on the allocation of scarce health resources. Furthermore, every woman who becomes pregnant and continues with her pregnancy does so in the expectation of delivering a healthy child and the joy and satisfaction of watching the child grow. Surely it is the duty of society and the health care profession to do the utmost to fulfil this expectation?

J Moodley
R C Pattinson
For: National Committee on Confidential Enquiries into Maternal Deaths

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