

# EDITOR'S COMMENT

## *Beyond the hype*



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'Thanks to modern screening techniques and the speed and efficiency of the latest computer technology, it is now possible to get a personalised health program (sic) based on the latest genetic research **delivered directly to your door.**' This is the claim on the website of a company that shall remain nameless, based in the USA and now selling directly in South Africa. The article on [iafrica.com](http://iafrica.com) caught my eye — 'Home genetic test kits hit SA'. I suppose it was only a matter of time! A browse through the website reveals that the products are exactly as I thought them to be — and I suspect little better than any of the other widely touted products that sell in huge quantities despite the complete lack of evidence of efficacy. What is different about this one is that it is playing on people's lack of understanding of a basic science — genetics — and how this has been affected by the new understanding of our genome highlighted in this issue of CME.

Professor Raj Ramesar has described the Human Genome Project as 'man's most exciting adventure' and certainly, as I have followed its progress, on the web and through magazines like *New Scientist*, I can only agree. But it is a lot more than simply basic science, albeit enormously interesting in its own right. What is the clinical importance of our new understanding of genetics? It goes way beyond the questionable claims of the genetic test kits available on the website above. Bongani Mayosi and Rik De Decker both highlight the beneficial role that understanding genes has played in cardiology; Bongani in cardiomyopathy and Rik in the long QT syndrome and cot death. Genetic analysis of such conditions is now available in South Africa — obviously for use in specialised situations, but offering another source of help to any GP faced with patients with difficult diagnostic problems. The whole issue of genetic testing raises interesting ethical dilemmas, ably tackled by Jacquie Greenberg. An analysis of the genetics of fragile X syndrome and the way in which bioinformatics will become increasingly important as medicine advances, wrap up the issue.

Something new in this issue, and something that I would like to continue to include whenever possible, is an article by a patient — or rather — a patient's mother. Jeanette Thorpe has a child with Barth syndrome, a serious genetic disorder that affects men. It is caused by a recessive X-linked defect of the G4.5 gene, resulting in an inborn error of metabolism. This account of realising that there was something seriously wrong with Ben, her son, and the long road to finding out what, is well worth reading. We seldom give patients the chance to address us directly in this way and some of the overseas medical journals are starting to carry similar material quite often now.

Otherwise, all that remains for me is to hope that you all have an excellent year in 2005 and that we will try to continue to provide a journal that is full of interesting information.

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