In fact, following the Gadchiroli trials, various studies were conducted in other south-east Asian countries, and all these studies adopted more or less the same model of "home-based neonatal care" that was adopted by the Gadchiroli trials. Further, none of them provided "standard care" as per the norms of the US or western Europe. Baqui et al, from Sylhet, Bangladesh, reported a 34% reduction in neonatal mortality by training female health workers to provide home-based newborn care as per WHO's integrated management of childhood illness guidelines (2). Manandhar et al achieved a 30% reduction in the neonatal mortality rate in rural Nepal by introducing community-based newborn care through women's groups (3). Bhutta et al in Pakistan engaged and trained an existing cadre of women health workers for community-based newborn care. In addition, trained birth attendants or "dais" were also trained for newborn care. They eventually reduced the neonatal mortality rate by around 19% in four intervention villages (4). If the standard of care in the Gadchiroli trial is described as unethical, then I must say that the standard of care provided in all of the above mentioned trials is also unethical.

However, now we know that the interventions of the Gadchiroli trial have shown the effective way to reduce infant mortality substantially; instead of debating the ethics of the Gadchiroli trials, researchers should come forward and try to mobilise policy makers to adopt home-based neonatal care. I agree with Abhay Bang's challenge to those who call this trial unethical: "Should one wait until the best standards, and the resources needed for using them in the control area, are made available, and allow children to die until such time?"

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Seeking information on doctors and advertising

I would like to approach the readership of your journal through these columns in order to explore an issue that is assuming alarming proportions here in Pakistan. It has become commonplace for physicians here to appear in commercials, directly or indirectly promoting products. Up till a few years ago we would see professional models dressed in white coats with stethoscopes slung around their necks, pretending to be doctors, promoting products. Gradually one saw young physicians appearing in advertisements, obviously to make some easy money. It is now common to see senior physicians displaying their credentials and institutional affiliations giving what appears to be a public health message, but with the brand name of particular products displayed besides them. Often times the "public health message" is also inaccurate and misleading. Some of these physician models are actually serving professors in leading medical colleges. They have appeared in television and newspaper advertisements, on billboards, and on posters selling products ranging from toothpaste, shampoo and medicated soaps to baby diapers and even socks.

A search of the English language literature reveals practically no material focusing on physicians advertising and promoting products. There is much written on self advertisement, an area already covered by clear guidelines of the Pakistan Medical and Dental Council (PMDC). Another area that has been explored extensively in literature is on physicians associations endorsing products, which also raises major ethical concerns.

There is growing concern among many physician circles about this alarming trend. In response to this concern the Karachi Bioethics Group (KBG) wishes to develop a position statement addressing all aspects of physicians endorsing products which we hope can then become a framework for policy formulation by physicians associations including the Pakistan Medical Association and the PMDC.

The KBG consists of individuals from several institutions across Karachi who have a shared interest in bioethics. The group meets once every two months in their personal capacities and discuss ethical issues. The group has recently launched a set of guidelines on physician- pharmaceutical industry interaction. More information can be obtained from www.karachibioethicsgroup.com.

It would be interesting to learn from your readers if there has been a similar trend in India of physicians willing to become industry poster boys, and if so, what has been the reaction by the public and the physician community.

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Delay in publications: new authors and editorial misconduct

An amendment by the Medical Council of India, in 2009, has introduced, as a criterion for early academic promotion, a compulsory minimum number of publications (1).

Given the many medical colleges in India, one would expect many research publications by medical college