CORRESPONDENCE

Noble intentions can be dangerous

A long time ago, I had a T shirt, on the front of which was written: "I took the least travelled path and look where the hell I am!" Dr Binayak Sen's case is no different. Dr Sen, who languished in jail for nearly two years (for a crime which is yet to be established), has taught me some things both about being an Indian and being a doctor. First, in India you cannot be an atheist because if the mighty state machinery wants to keep you behind bars and destroy your peace and well being: only God can save you. So you do need to believe in the almighty! Second, if you are a doctor, be very careful if you intend to practise in the under-served areas of the country. Many young doctors have such noble ideas but they should learn from Dr Sen's experience. Many of us think of going to a downtrodden rural area to serve the ill and the poor. Dr Binayak Sen had the courage to do this, and look where he ended up.

I would like to congratulate the Chhattisgarh government for accomplishing what not many a despot can even think of doing, and that is to demoralise a whole generation of Indians like me through the methodical use of executive and judicial powers. It is even more frightening that the ruling BJP intends to use the so-called "Chhattisgarh model" across the country if it is voted to power in the current elections. I earnestly hope that their dream (and my nightmare) remains unfulfilled so that we do not see many more Binayak Sens languishing behind bars.

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Advocating the benefits of male circumcision: are doctors well informed?

Madhivanan and Krupp rightly point out the health benefits of male circumcision, and this continues to get substantiated through newer reported studies (1-3). The authors conclude that given the reluctance of the government and health authorities to take up male circumcision as a public health prevention strategy, the onus should be on physicians to explain to their patients the usefulness and risks/benefits of the procedure according to current medical knowledge so that patients can make informed choices.

While I agree with this formulation, there are a couple of relevant concerns. One is the fact that this would probably be useful for middle class and upper class patients who have the resources to undergo the procedure in the absence of provision in the public sector (which most poor patients approach for surgical procedures). Though it is true that male circumcision does not cost a lot to perform, it could still be a significant cost for those who are economically disadvantaged.

The second issue is a question about the knowledge of recent evidence about benefits of male circumcision among physicians in India. It is doubtful if most Indian physicians know about it. Medical textbooks are often many years out of date on current medical progress. There is no established system in India for sharing medical updates. Continuing medical education courses and conferences do not reach a large number of physicians and in any case these are often dominated and supported by pharmaceutical promotions – and the pharmaceutical industry (other than perhaps medical device companies) has nothing to gain by promoting the procedure. Medical associations are a possibility, but these have limited memberships.

Information of significance to patients keeps emerging on a regular basis. For example, recent published research has shown that advanced paternal age is associated with neuro-developmental disorders, dyslexia and reduced intelligence in offspring; that extra vitamin E ingestion has no benefit, and could even be harmful; that consistent use of statins is associated with a lower risk for all-cause mortality among patients with and without coronary heart disease (4-6). Most physicians remain unaware of these kinds of recent advances.

We need to devise better systems of regularly updating the medical knowledge of physicians in India to ensure that they can provide patients with information of importance to them, like the utility of male circumcision, thus acting in their patients' best interests.

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Counsellors are human

I just read the review of our film *68 Pages* (1) and would like to thank you for considering the film to be reviewed in the esteemed journal and your positive comments on the film. I

would like to respond to a couple of questions raised by the reviewer.

1. Nowhere does *68 Pages* claim that the epidemic of HIV is not affecting the common man. Every communication around HIV in the country is targeted at general populations. As this film originated within marginalised communities we felt that a film could be done that would bring marginalised communities on centre stage. In fact, your referring to them as stereotypical groups is at best ridiculing them and denying them space.
2. We have a panel of experts under whose guidance the film was developed and we were informed that it would not be considered against ethical practice that in extreme situations the counsellor can touch the person being counselled; the touch can be from shoulder to elbow of the counselee to comfort him or her.
3. Kiran is not Mansi's "counselee" but his friend and they work together in the same organisation. Kiran takes a HIV test every three months. When his report tests positive Mansi is faced with the dilemma of having to differentiate between the personal and professional. Therein lies her failure as a person and a professional. She faces the consequence of her human failure as Kiran disappears without a trace. I think it was clearly expressed in the film that she could not handle the situation. The question is asked: are counsellors not human beings? Can they not fail?
4. The film is seen from the 68 pages of a counsellor's personal diary (to which she refers as her "worry tree" and the place where she vents all her concerns) so that audiences get to learn of her personal views on her professional conduct and the people with whom she interacts in the course of her work. There are some people whom she cannot leave behind in the counselling room and they come home with her and become part of her diary. Nowhere has the film indicated that she is getting personal with Umrao, Nishit or Paayal, or that she tells them how she feels about them. The scene with all four characters coming together to say their goodbyes when Mansi leaves for the USA was a bit of creative licence that we took in order to close the film on a positive note.

Counsellors are human beings. If they are not sensitive human beings, they cannot be good counsellors. This is my experience in my work in the Humsafar Trust that has connected with more than 60,000 gay men and transgenders in the last decade. Even today I have not become immune to the suffering around me. The day I become immune to all the suffering is the day I will stop working with human beings.

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"Show me the medicines"

I was doing my internship those days. Fresh from medical school, I was extremely enthusiastic and keen to apply the textbook knowledge to real-life situations. There were so many things to learn. I enjoyed working with a particular consultant who was always up to date with his specialty. He appeared to be very kind and was in every way, a role model. I very much liked his way of explaining prescriptions to his patients. In addition, he would always ask patients or relatives to get back to him and show him the medicines they purchased and then take the opportunity to reinforce the dosages and other details before concluding the consultation. He would get very upset if the patients did not show him the medicines. I would also copy this style in his absence, putting that extra bit of effort in a very busy hospital out-patient department. The stethoscope, the caring hand, the admonition if the medicines were not shown to me, and the opportunity to pretend to be wise, knowledgeable and in command a perfect setting for a new intern.

One day, I learnt that this consultant had a lucrative deal with the chemist next to the hospital. Because patients were asked to show the medicines they purchased, they would obviously buy from the nearby chemist shop rather than from shops nearer to their homes or elsewhere in order to avoid travelling all the distance again. I felt cheated like never before. The patients, I guess, would never know.

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Antibacterial products: myth or reality?

The media plays a pivotal role in creating public awareness about every aspect of life, including healthcare. This has revolutionised the lifestyles of even those who are not literate. The other side of the story is, however, not so bright. Advertising campaigns of personal hygiene products like soap is one example. The promotion of antibacterial products as being a guard against diseases like diarrhoea is actually misleading.

The escalating load of diseases has created concerns in the general population about preventive measures. Manufacturers have been thrusting antibacterial agents into soaps and other personal hygiene products for several decades but their use has markedly increased in the last eight to ten years (1).

The main purpose of this article is to highlight certain realities in this regard. The involvement of doctors in the publicity campaigns of these products is another area of concern. Most physicians do not know that they are being used to sell the products. But if they do know and they are deliberately associating themselves with the campaign for financial benefits, it is highly unethical and cannot be justified in any way.

The antibacterial agents in these products, particularly soaps, include chemical substances like chloroxylenol, hexachlorophene, triclocarbon and, most commonly, triclosan.