

community basis or to personal favourites.

Industrialists and management experts control the appointments of doctors, which is usually on a hire and fire basis. Initially they appoint a large number of consultants and slowly weed out the non-crowd pullers. Later on they opt for full-timers who can earn for the hospital on an income-sharing basis.

Recognition is sought from the Medical Council of India, university and other educational institutions, in order to facilitate getting residents at a junior level. These residents get no training or experience, and are not exposed to any responsibility, and there is no teaching programme for them.

In my opinion, every private hospital should have an ethics committee that should go into such issues. The committee should even be empowered to listen to complaints of excessive billing, which is quite frequent in these five-seven star hospitals.

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Routine medical circumcision

I am an American social worker seeking information on the ethics of routine medical circumcision. I find lots of medical arguments for and against the practice, but almost nothing on its ethics.

The practice entails many ethically questionable aspects: Surgery is done in the absence of any pathology. The patient is unable to consent, a problem compounded by the fact that the practice is controversial. Surgery is not delayed until the patient comes of age. It is not the least intrusive, restrictive treatment for urinary tract infection. It results in irreversible infringement of bodily integrity and loss of erogenous tissue. It is done for the family's preference, rather than the patient's medical needs. There is also the question of paternalism: individual doctors "know better" than the American Academy of Pediatrics and other medical societies, none of which recommend circumcision.

This seems worthy of ethicists' attention. Are you aware of any

literature on this topic?

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Hepatitis B campaigns

Two and a half years ago, we put out a press release jointly signed by health professionals and voluntary organisations, excerpts of which are reproduced below:

"There is a major ongoing campaign initiated by some commercial agencies towards Hepatitis-B vaccination through vaccination camps, by providing injections of such vaccines as Engerix-B, Shanvac-B and Hepavac. These are being conducted along with very wide publicity by non-professional agencies, exploiting the ignorance of well-meaning social organisations. The claims made by these agencies do not present an accurate picture of the incidence of this disease, or the imperative for such a massive vaccination programme.

"Such campaigns are continuing without intervention from the relevant health agencies. Instances have been reported of excessive money making by exploiting the public's ignorance. We take strong objection to such developments and aim to awaken the relevant health authorities, local and state governments, and public interest agencies and public-spirited individuals to join us in evolving a relevant and rational policy of immunisation.

"Hepatitis B is only one form of jaundice, and not the most widely communicable or of immediate public health importance. For instance, there are various other types of viruses that cause jaundice, spread through water and foodstuffs, which affect the public more. Other diseases of the liver also cause jaundice.

"Hence, the needless alarm created by the mass vaccination drive and associated information disseminated by the various agencies involved is wholly unjustified in its proportion and not relevant at all from the public health point of view. The ignorance of the people is being exploited, spreading fear and a wrong impression about the disease as well as the effectiveness of the vaccine.

"People have been led to believe that

the vaccine guarantees protection against all forms of "jaundice" and "cancer" of the liver. Dissemination of such misguided opinion gravely limits possibilities of effective community intervention for even more serious diseases prevalent in our society, which are being ignored to the detriment of the public's health.

"The introduction of these vaccines is highly questionable considering that there is no evidence based on community studies to justify their use on a mass scale in Indian conditions. Studies quoted in justification of the present campaign are extrapolations of very limited research based on hospital data, largely supported by drug companies with vested interests. Further, any documented evidence in our context has not proved the extraordinary claims that are being made about the effectiveness of the vaccine. On the contrary, small local studies negate the claims to efficacy of the vaccine.

"The department of health has been silent on the essential facts relating to the disease, vaccine quality, the product's cost and the promotional methods used. This silence has been exploited to the detriment of the public. People feel swindled by the varying costs of the different vaccines at different camps. Most dangerously, there is no legal and medical responsibility being taken in case the vaccines react adversely or if the vaccination is ineffective.

"Considering the gravity of the situation, we demand that:

"Mass vaccination in schools, at public camps and to non-risk groups, must be stopped immediately.

"Drug control authorities and relevant government agencies should take action against the prevailing vaccination campaign and launch an information dissemination exercise presenting the facts of the disease as part of a rational disease control approach.

"The vaccination programme should be conducted only under proper medical supervision and not at all for profit, as is currently the case.

"The government must constitute a committee of experts to prepare

