

Triclosan is a non-agricultural pesticide used in soaps, toothpastes and lotions. It is derived from chlorophenols which are suspected carcinogens (2). Side effects of triclosan include skin irritation and increasing susceptibility to allergies (3). Chlorophenols are chemically related to dioxin, which is a chemical compound that is formed through combustion and chlorine bleaching (4). It is carcinogenic, deteriorates immune systems, leads to reproductive malfunction and damages aquatic environment (3).

Triclocarbon agents used in these products has been found to be bacteriostatic and are only effective against some gram positive bacteria but has no effect on gram negative bacteria, viruses and parasites that cause infectious diarrhoea (5,6).

Third world countries are being considered a productive market for the promotion of antibacterial products because a majority of the population is illiterate, and the electronic media is accessible to all and has great influence on common people. In addition to these factors, the burden of diseases like respiratory tract infections and diarrhoea is high due to unhygienic living and environmental pollution (7).

Cosmetic and pharmaceutical companies are taking advantage of this situation. They are manipulating the public psyche and are putting forth false claims of providing protective shields against the above-mentioned diseases. The objective of such companies is to capture all age groups. To achieve this purpose the advertisements are smartly targeting the impressionable young by using macho figures as well as comic characters to sell the products for diverse product appeal.

Plain soap, without antibacterial agents, is a simple and effective way of removing dirt and bacteria. On the molecular level, it binds with water on one side and grease and dirt on the other side, thereby rinsing away unsafe elements and providing adequate hygiene (8). The antibacterial soap gives no additional benefit. Various studies conducted all over the world have proven this fact (9, 10).

Attention should instead be focused on educating people about proper hand-washing practices rather than diverting their attention to fancy, expensive soaps that are labelled "antibacterial". Good hand-washing technique involves scrubbing hands with warm running water and any soap for about 15-20 seconds (11).

The UN General Assembly pronounced 2008 to be the International Year of Sanitation in order to deal with this global crisis which is a noticeable initiative to educate the masses. As an extension to this agenda, October 15 was declared as World Hand-washing Day which was supported by the Global Public-Private Partnership for Hand-washing with Soap (12).

The inclusion of companies manufacturing antibacterial soaps in this partnership means that the message "proper hand-washing" will be interpreted as "proper hand-washing with antibacterial soaps". Although the intention was good, the idea got hijacked by these companies and a distorted message was conveyed to the public. Instead of motivating people towards

proper hygienic techniques, this campaign turned out to be a publicity stunt for antibacterial products.

The media, medical associations and doctors should focus on educating the masses rather than supporting the false claims regarding antibacterial soaps. Existing public health programmes should integrate proper hand-washing education in order to reduce the prevalence of life-threatening diseases. This approach would be more sensible and useful to society in terms of appropriately utilising public health resources.

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Registering IECs and IRBs in India

To conduct animal experiments in India, the protocol has to be approved by a registered Institutional Animal Ethics Committee (IAEC). The activities of IAECs are monitored by the Committee for the Purpose of Control and Supervision of Experiments on Animals (CPCSEA), New Delhi, which registers and gives approval for IAECs in the country.

To conduct clinical trials and studies on humans, the protocol and the informed consent forms are approved by IECs/IRBs (Independent Ethics Committees/Institutional Review Boards), but these committees do not have to register themselves with any central agency. Nor is there any agency to oversee or monitor the activities of these committees. Institutes are asked to form ethics committees as per Schedule Y of the Drugs and Cosmetics Rule, and it is assumed that all is well thereafter.

The scenario outside India is different. As per ANVISA (the Brazilian regulatory authority) guidelines, the IEC/IRB should be registered under the local government (1). In the USA, the IEC/IRB can function after getting itself registered by the Office for Human Research Protections (OHRP) under the United States Department of Health and Human Service (2). European countries such as France and Germany also have separate councils for registering IRBs/IECs.

In India, many pharmaceutical companies, research institutes, contract research organisations and medical colleges are involved in clinical trials and bioequivalence and bioavailability studies and they form their own IEC/IRB as per E6 Guidelines (Guideline for Good Clinical Practice) or Schedule Y to approve their study protocols (3). But there is no mechanism to check whether the members of the committees are qualified and experienced enough to run the committees in the best interests of subjects and patients volunteering to take part in clinical studies.

Further, one often hears complaints about inefficiency and bias of the committees which adversely affects the researchers. In the current scenario, there is no way one can get IRB-related grievances redressed. There seem to be no regulations on the formation and functioning of Independent Ethics Committees (4). Registration and monitoring by a central agency, along the lines of the CPCSEA for IAEC, will solve some of the problems associated with the current functioning of human research ethics committees. The total number of committees, details of the members, and the activities, will be readily available if a database of all the ethics committees in the country is created. Such a database is a must for administrative reasons and it would make things easy for the registering authority to monitor, educate and direct them when new developments occur. The registering authority will also be able to take corrective action in case of complaints or grievances against a committee or any of its members.

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Corrections

In the article: "A new approach for teaching nursing ethics in Iran" (Nasrabadi AN, J Soodabeh, Parsa-Yekta Z, Bahrani N, Noghani F, Vydellingum V. *Indian J Med Ethics* 2009 Apr-Jun; 7(2): 85-89) the affiliation of the corresponding author, Soodabeh Joolae, is the Iran University of Medical Sciences.

In the article by S Chhattopadhyay, "Teaching ethics in an unethical setting" (*Indian J Med Ethics*. 2009 Apr-Jun; 7(2): 93-6). the author's affiliation details were incorrect. They should have been given as follows: Professor of Physiology and Member, Institutional Ethics Committee, Kalinga Institute of Medical Sciences, Bhubaneswar 751 024 Orissa INDIA email: linkdrsc@yahoo.com

In the article by Geetha Desai and Prabha Chandra, "Ethical issues in treating pregnant women with severe mental illness" (*Indian J Med Ethics*. 2009 Apr-Jun; 7(2): 75-7), the statement that the paper was presented at the Second National Bioethics Conference in November 2007 should be corrected; the Second NBC was held in December 2007.

Workshops on biostatistics and research ethics

SGPGI will be organising workshops on biostatistics and research ethics between July and September 2009 at Lucknow. Travel support may be available.

Those interested in further details may please contact Dr Rakesh Aggarwal at the Department of Gastroenterology, SGPGI, Lucknow at sgpgi.course@gmail.com