

CORRESPONDENCE

Responding to victims of sexual assault

In her article on caring for survivors of sexual assault, Amita Pitre (1) writes persuasively about the process that will hopefully lead to a more organised response to victims of sexual assault. Along with prophylaxis for HIV and Hepatitis B, prophylaxis against other STIs such as gonorrhoea and syphilis should be considered. We must also include emergency contraception.

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1. Pitre Amita. Caring for survivors of sexual assault *Ind J Med Ethics* 2006; 3: 90-92.

Laws are not enough

The Selected Summary on the impact of China's one-child policy (1) has rightly emphasised the need for profound changes in social mores and not just laws to reduce son preference. This issue is not often discussed.

With the PNDT Act trying to take care of the "unborn daughters" the Indian poor will be burdened further with "unwanted born daughters" and unmanageable family size as they wait for a son.

Is this scenario conducive to the enhancement of the status of women?

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Doctors and the electronic media

With the advent of 24x7 news channels in India, it seems like everybody will get their 15 minutes of fame and glory. This does not exclude doctors who, because of their special professional role, have more chances of commenting on various issues. The frenzied media coverage of an alleged drug overdose by the son of a deceased politician revealed many loopholes in the way doctors deal with the media and how the media cover medical issues (1). Doctors and the media seem to have forgotten issues of confidentiality. The patient's past medical history and laboratory values were aired without any concern for the rights of the patient. Doctors even called a press conference to discuss the reports of their patient.

Is this acceptable? What can be shown in the media about the treatment of a patient in a hospital? It has become common practice for the electronic media to show scenes from an ICU, or burns patients in all their distress. Recently we saw a patient's body being taken out of the ICU after his death. Some time ago the public was tormented with the details of the diverticulitis of a veteran film actor, ranging from the frequency of his bowel movements to the various possibilities and prognosis of his conditions (2). It is sad to see the doctors playing along and

defying the basic tenets of medical ethics.

The concept of medical reporters has not yet caught on in India. As a result, young journalists without even rudimentary knowledge of medicine comment on a various medical issues and ask irrelevant questions. Guidelines for medical reporting in the media exist in Australia and America (3, 4). But how should doctors behave with the media? There are no guidelines for this in India except in the context of some issues related to advertising.

The Indian Medical Council (Professional Conduct, Etiquette and Ethics) Regulations, 2002 state in Chapter 7 Section 11, "A physician should not contribute to lay press articles and give interviews regarding diseases and treatments which may have the effect of advertising himself or soliciting practice; but is open to write to the lay press under his own name on matters of public health, hygienic living or to deliver public lectures, give talks on the radio/TV/internet chat for the same purpose and send announcements of the same to the lay press (5)." But no guidelines exist for doctors on the discussion of individual cases with the media.

The media and the health "industry" are booming and their nexus needs to be transparent and guided by some restrictions. Doctors should keep the interests of the patients above concerns of fame and glory. They should resist the temptation of "breaking news" and should protect the confidentiality of the patient. It is time the Indian Medical Association or the Indian Council of Medical Research came out with specific guidelines for doctors regarding their interaction with the media.

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3. Johnson T. Medicine and the media. *N Eng J Med* 1998; 337:87-92
4. Van Der Weyden M B, Armstrong R M. Australia's media reporting of health and medical matters: a question of quality *Med J Aust* 2005; 183: 188-189.
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Fewer children are getting the polio vaccine

The number of children coming to receive the oral polio vaccine on national immunisation days has started declining. The parents mainly say that the paramedical worker will come to their home the next day and administer the vaccine, so they need not bother to bring their child to the vaccination booth. The problem is more pronounced in high-rise buildings.