

## 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.

**Shah Alam Khan**, Department of Orthopaedics, All India Institute of Medical Sciences, Ansari Nagar, New Delhi 110029 INDIA e-mail: shahalamkhan@rediffmail.com

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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 neurodevelopmental 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.

**Anant Bhan**, Independent Researcher, Bioethics and Public Health, Flat 405, Building A-11, Planet Millennium, Aundh Camp, Pune 411027, INDIA e-mail: anantbhan@gmail.com

### **References**

1. Madhivanan P, Krupp K. Doesn't the public have the right to know that male circumcision protects against HIV? *Indian J Med Ethics*. 2009 Jan-Mar; 6 (1): 5-6.
2. Tobian AA, Serwadda D, Quinn TC et al. Male circumcision for the prevention of HSV-2 and HPV infections and syphilis. *N Engl J Med*. 2009 Mar 26; 360(13):1298-309.
3. Golden MR, Wasserheit JN. Prevention of viral sexually transmitted infections—foreskin at the forefront. *N Engl J Med*. 2009 Mar 26; 360(13):1349-51.
4. Saha S, Barnett AG, Foldi C et al. Advanced paternal age is associated with impaired neurocognitive outcomes during infancy and childhood. *PLoS Med*. 2009 Mar 10; 6(3):e40.
5. Brody JE. Extra vitamin e: no benefit, maybe harm *New York Times*. 2009 Mar 26 [cited 2009 Apr 6]. Available from <http://www.nytimes.com/2009/03/24/health/24brod.html>
6. Shalev V, Chodick G, Silber H. Continuation of statin treatment and all-cause mortality: a population-based cohort study. *Arch Intern Med*. 2009 Feb 9; 169(3):260-8.

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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