

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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Reference

1. Chandrasekhar A. Where do you draw the line? *Indian J Med Ethics*. 2009 Apr-Jun; 7(2): 113.

"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 chloroxynol, hexachlorophene, triclocarbon and, most commonly, triclosan.