

publish negative research data, for example, are in keeping with the public interest. However, this principle is not clear on the question of what compensation is to be considered “proportionate with the services provided”?

The five organisations deserve to be congratulated for attempting to put patients first. However, as the framework is a living document, the next step is to clarify the indistinct terms. For example, what exactly is “inappropriate influence”? What is “appropriate care”? What is the “legitimate scientific purpose”?

We assume that the needful can be done to make this new framework serve as an instrument of social justice. Otherwise, it may turn out to be just a rhetorical, if not fallacious, framework.

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### Sex education is the need of the hour

An editorial in the *IJME* on sexual assault and the ethical responsibility of health professionals in this context draws our attention to the need to understand and provide solutions to the problem of aberrant sexual behaviours in our society (1). News items about the prevalence of sexual abuse of children by priests in church and such like, and the risk faced by children in such unexpected venues of sexual exploitation point to the need for education. Yet, there is no consensus regarding the inclusion of sex education in school curricula or the method of providing unambiguous sex education, particularly to adolescents. Incidents of the sort mentioned above call into question certain values, such as celibacy, and it appears that any moral principle which goes against human nature fails.

Sex education helps young people to both acquire information on and develop a healthy outlook towards sex and intimate

relationships. It equips them to resist abuse and protect themselves from sexually transmitted diseases and human immunodeficiency virus infection/acquired immunodeficiency syndrome (HIV/AIDS) (2). The focus of sex education should be on helping to reduce the risks of potentially negative outcomes, such as unwanted or unplanned pregnancies and infection with sexually transmitted diseases, and enhancing the quality of relationships. Sex education may help develop young people's ability to make decisions over their entire lifetime.

To provide sex education that is effective, young people should be given opportunities to develop their skills, as it can be hard for them to act only on the basis of information. The useful skills with which young people must be equipped are skills related to communication, negotiation, self-assertion, the identification of sources of help, and development of perspectives on sex and sexuality.

In terms of information on relationships, young people should be given an idea of the kinds of relationships that there are, love and commitment, marriage and partnership, and the law relating to sexual behaviour and relationships. Besides, they should be made aware of the range of religious and cultural views on sex, sexuality and sexual diversity.

Educational programmes in school should provide information on and opportunities for the development of the skills of the students, as well as for the clarification of their attitudes. Community-based projects afford young people with opportunities to access advice and information in less formal ways. The mass media, supported by local governmental and non-governmental agencies, can also help to raise public awareness of sexual health issues. At the same time, it must be ensured that the dissemination of sex education does not clash with regional, religious and cultural values.

The values embedded in the sex education curriculum can create a healthy environment which will enable us to face and fight the threat of AIDS in our region, and in which young minds will aspire to a healthy family life.

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### From physician to anxious parent

It was 1 am when my wife woke me up, saying that our tiny tot (who was six months old) was shivering and had a high fever. We immediately wrapped him in his blankets and rushed to the paediatric ward of my hospital. Surprisingly, there was less