Sensationalist medical reporting

Your comments in the editorial on medicine and the media have been timely. Newspaper reports on medical issues are usually lopsided. They often give the impression that they have been planted by doctors to advance personal interests, with the help of friendly media people. It is rare to read well-researched medical information in the public interest.

The recent media hype over a new method of treating patients of ischaemic heart disease with percutaneous laser myocardial revascularisation (PMR) was one such example. Eminent city doctors made claims and counter-claims as if they had invented the idea or the laser machine. In addition, the modality is still at the investigational stage in the US and Europe. It would have been appropriate if news reporters had studied the subject and taken into consideration the status of this therapeutic modality worldwide today.

We have been distressed at the manner in which medicine has been commercialised in recent times, and the nexus that has developed between doctors and the instrumentation industry. It is therefore a matter of great concern that an investigational tool like PMR is not only brought into the country without any control, and used on patients, but also that these patients pay for this treatment. The media is in a hurry to make sensational copy and advertises the treatment modality as if it has been proved to be the best option.

It is time that such uncontrolled use of technology is regulated by the Medical Council of India, and the government institutes a department for the appraisal of technological advances and their use in the country.

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Reference:

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Trials not reviewed by UNAIDS

The article by Ronald Bayer on placebo-controlled clinical trials for HIV is a thoughtful and well-crafted analysis of the ethical issues prompted by those trials. However, the article contains an error that should be corrected. Bayer writes that the placebo-controlled studies of HIV transmission "have been examined by local review committees and an ethics committee of UNAIDS."

In fact, the UNAIDS-sponsored trials were initiated by the earlier Global Programme on AIDS of WHO, before UNAIDS was established. UNAIDS does have an Ethical Review Committee (ERC), which I chair. The ERC prospectively reviews all protocols sponsored by UNAIDS. The committee did not examine the protocols of the UNAIDS-sponsored perinatal transmission studies, either before the trials were launched or after they were already in progress. At one of its meetings, after the controversy had erupted, the ERC did devote a brief session to discussion of the ethical concerns of those trials. There was no attempt to reach a consensus, and no clear consensus emerged.

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Bayer R: Racist Exploitation or exploitation of racism? *Issues in medical ethics* 1998; 6(2):51-53

Tuberculosis in chronic conflict areas

As an M.Sc. student in public health for developing countries at the London School of Hygiene and Tropical Medicine, I am currently working on a dissertation which examines the management of tuberculosis in countries experiencing prolonged armed conflicts. The choice of topic is based on personal experience in a humanitarian organisation in several war-afflicted areas. My research question is:

> What are the appropriate measures for controlling tuberculosis in countries experiencing prolonged armed conflicts ?

Due to the long treatment schedule for tuberculosis, the question of when to start a control programme in such settings is always a matter of long discussion. Clinicians face ethical dilemmas not offering anti-TB treatment for presumed cases of tuberculosis. On the other hand, public health managers are concerned about the development and spread of drug resistance and about the quality and sustainability of the tuberculosis control programme.

I would like to ask readers if they have any experience on this particular topic. Any reference to literature or personal experience is welcome. I have a comprehensive questionnaire which I would like to send anyone who was faced with this problem, and who was involved in the decision to start or postpone the start of a tuberculosis programme.

Thank you for your interest and co-operation,

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