



## Celebrating with Izindaba

In his wilder youth *SAMJ* senior investigative reporter Chris Bateman gained a well-deserved reputation for exposing and fearlessly reporting in the press some of the gross repressive excesses of the police and security forces of the darker years of Apartheid. He has enhanced this reputation since his appointment to the *SAMJ* and is now acknowledged as one of the most influential health care journalists in South Africa. His work is characterised by a remarkable capacity to identify key issues, thorough investigation and often courageous (but not reckless) reporting. Through his work Chris has enhanced the stature and influence of the *SAMJ* in medico-political matters. In this issue (pp. 318 - 330) he covers topics as diverse as XDR TB, Judasa's rejection of proposed gender and race quotas, the increasing threat of rabies in KZN, and Denosa's call for the private health care sector to contribute more to training of nurses.

Chris's great love of fishing has been put on hold for a while as he has taken the big step of marriage, rather later in life than most. Chris and his wife, Suzanne, have started well by having shared values and interests. The *SAMJ* joins in wishing them a happy future together!

## Circumcision challenged

Circumcision reduces HIV/AIDS – right? The medical and public media have had a field day in advocating widespread adoption of male circumcision as an important tool in reducing HIV/AIDS and other ailments. Religion, culture and belief have seemingly found a powerful scientific ally in supporting this practice. A son and father team (Myers, p. 338) consider the wider implications of circumcision and conclude that the question is by no means clear cut.

Male circumcision has long been familiar in the West and continues to be justified and to escape scrutiny. However, there are ethical issues involved in practising genital surgery on non-consenting infants and children in a modern human rights context.

The argument that the circumcised penis is 'cleaner' is unsubstantiated, though often encountered among Jews, Muslims and Americans who circumcise the majority of males in infancy or childhood. The notion is absent in countries such as Scandinavia where circumcision is rare. Medical justifications for circumcision have been steadily overturned. The UK stopped coverage of circumcision via the National Health Service because of lack of benefit, and the American Academy of Pediatrics stopped endorsement of routine circumcision citing no valid indications.

Although trials have shown that circumcision reduces the risk of contracting HIV, the best a circumcised man can hope for is perhaps a longer period of time and/or a greater number of sexual encounters before he becomes infected. The problem is that if people are led to believe that circumcision is actually 'protective' in the sense of conferring full immunity, this could be seriously counterproductive, resulting in behavioural

disinhibition in circumcised men and their abandonment of other protective methods. While trials show that circumcision reduces the risk of HIV transmission, there are more important factors affecting HIV spread than the absence of circumcision. HIV infection is about three times more likely as a result of the circumcision procedure itself in some African settings. The authors conclude that the evidence for preventive benefit of male circumcision is modest and does not warrant heroic policies or practices.

## Menopause and hormone replacement revisited

The medical profession and the public were thrown into confusion about the place of menopausal hormone replacement therapy (HT) by apparently contradictory evidence following the analysis of large-scale trials. The revised consensus position of the South African Menopause Society Council (p. 356) is therefore welcome. Their findings and recommendations are clear and unambiguous and include the following:

- Systemic HT improves vasomotor symptoms and associated sleep disorders in early menopause.
- HT is effective in preventing bone loss associated with menopause.
- The minimal increase in the risk of breast cancer is offset by a reduction in the risk of colon cancer.
- HT does not offer secondary protection against coronary heart disease.
- HT is not indicated for the treatment of Alzheimer's disease.
- HT increases the risk of venous thromboembolism.

Indications for HT are treatment of vasomotor symptoms and associated sleep disorders, symptomatic urogenital atrophy, and prevention of bone loss and treatment of osteoporosis. Contraindications include current, past or suspected breast cancer, known or suspected estrogen-dependent malignant tumours, previous idiopathic or current venous thromboembolism, known coronary heart disease, and porphyria cutanea tarda (absolute contraindication).

## Public figures – disclosing health status

Following controversy about disclosures of the health state of Shabir Shaik and the Minister of Health and a press statement on this matter by the HPCSA, the question has been raised when it is justified for medical practitioners to disclose the medical condition of public figures to the public or other persons.

McQuoid-Mason (p. 334) defines a public figure as people who by their personality, status or conduct exposed themselves to such a degree of publicity as to justify public disclosures of certain aspects of their private lives. He explores the legal and ethical aspects of such disclosure and demonstrates that it is sometimes legally permissible and ethically desirable.

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