- 1 Kleinert S. Adolescent health: an opportunity not to be missed. Lancet 2007; 369: 1057–58.
- 2 Department of Heath. National Service Framework documents. http://www.dh.gov. uk/en/Policyandguidance/Healthandsocialcare topics/ChildrenServices/Childrenservicesinfor mation/DH\_4089111 (accessed May 9, 2007).
- 3 Department of Health. Choosing health: making healthy choices easier. http://www. dh.gov.uk/en/Publicationsandstatistics/ Publications/PublicationsPolicyAndGuidance/ DH\_4094550 (accessed May 9, 2007).
- 4 Department of Health. You're Welcome quality criteria: making health services young people friendly. http://www.dh.gov.uk/en/Publication sandstatistics/Publications/PublicationsPolicy AndGuidance/DH\_073586 (accessed May 9, 2007).
- 5 Sawyer SM, Drew S, Yeo MS, Britto MT. Adolescents with a chronic condition: challenges living, challenges treating. Lancet 2007; 369: 1481–89.

# A code of ethics for scientists

As Ching Ling Pang notes (March 31, p 1068),<sup>1</sup> codes of conduct and ethics for scientists have been formulated in recent years, with Sir David King's the most recent. To be useful, such codes need to be effectively enforced, and it might indeed be necessary to add another "R" to Sir David's "rigour, respect and responsibility"—restrict.

In medicine, research on biotechnology can help to prevent epidemics or to create biological weapons; on neuroscience, to better understand mental illness or for chemical weapons; on genomics, to understand the genetic basis of disease or to investigate the possibility of ethnic weapons.<sup>2</sup>

**Eminent** scientists, including Nobel laureates and past present Presidents of the UK's Royal Society,<sup>3-5</sup> have suggested that limits to scientific research might be unavoidable. Such considerations should be part of the remit of local and national ethics committees, and ethics committees should be attached to the Organization for the Prohibition of Chemical Weapons and to proposed similar back-up bodies for the Biological and Toxin Weapons Convention and the (proposed) Nuclear Weapons Convention. To be effective they should be given access to the International Criminal Court and the United Nations Security Council.

I declare that I have no conflict of interest.

## Douglas Holdstock info@medact.org

Medact, The Grayston Centre, 28 Charles Square, London N1 6HT, UK

- Pang CL. A code of ethics for scientists. Lancet 2007; 369: 1068.
- 2 Holdstock D. Chemical and biological warfare: some ethical dilemmas. Camb Q Healthcare Ethics 2006; 15: 356-65.
- 3 Atiyah M. The social responsibility of scientists. In: Bruce M, Milne T. Ending war: the force of reason. Houndmills: Macmillan, 1999: 151–64.
- 4 Rotblat J. Remember your humanity. In: Bruce M, Milne T. Ending war: the force of reason. Houndmills: Macmillan, 1999: 165-71.
- 5 Rees M. Our final century: will the human race survive the twenty-first century? London: Heinemann, 2003: 73–88.

### Remember the links in the causal chain of fetal alcohol effects

Raja Mukherjee and colleagues (Apr 7, p 1149)¹ are to be commended for recognising the need for a sustained and scientific public health debate on hazardous alcohol use in pregnancy.

Potentially there is a constellation of effects of fetal alcohol exposure: on child development, on attachment to parents, and on wider patterns of relationships and resilience that only emerge during the school years.<sup>2,3</sup> The iconic features listed in Mukherjee and colleagues' panel seem to represent an atypical presentation: low birthweight, maternal depression and self-harm, malnutrition and child neglect, and social isolation or homelessness might, for professionals, obscure the developmental problems they do see in many families.

The key challenge to understanding (and reducing) risks to health from alcohol is to explore both upstream and downstream links to dangerous drinking behaviour, and the explicit context in which a person is most exposed to risk.<sup>4</sup> What community

research reveals is that the youngest women are the ones with a recurrent pattern of heavy drinking in particular group settings in which unprotected sex is also likely to proceed.5 The women most at risk also seem to be those with low "health literacy" with respect to alcohol use and reproductive health. Their formative experiences of intercourse are likely to be in early adolescence, while drunk; for some young people, exploitative or abusive relationships also become associated with this pattern. Unsafe sex, of course, also causes pregnancy. A complex chain of events can cause fetal alcohol effects.

I am an honorary consultant at Essex Children's Trust.

#### Woody Caan

#### a.w.caan@anglia.ac.uk

Anglia Ruskin University, Cambridge CB1 1PT, UK

- Mukherjee R, Eastman N, Turk J, Hollins S. Fetal alcohol syndrome: law and ethics. Lancet 2007; 369: 1149–50.
- Caan W. Being of sound mind, in the beginning... Mental Health Promotion Update 2005; 2: 13–15.
- 3 Booth KJ, Caan W. Poverty and mental health. BMJ 2005; 330: 307.
- 4 Caan W, Hillier D. How do we perceive risks? In: Hillier D, ed. Communicating health risks to the public: a global perspective. Aldershot: Gower Publishing, 2006.
- McMunn V, Caan W. Chlamydia infection, alcohol and sexual behaviour in women. Br J Midwifery 2007; 15: 221–24.

## Pelvic organ prolapse: don't forget developing countries

Although pelvic organ prolapse is a significant problem in affluent countries (March 24, p 1027),<sup>1</sup> the situation in developing countries is far worse. This is mainly a result of high fertility with early marriage and childbearing, many vaginal deliveries, and in certain countries such as Nepal, frequent heavy lifting.<sup>2</sup> In Nepal, fertility until recently was very high and most deliveries take place at home, with only 14% in a health facility and less than 3% by caesarean section.<sup>3</sup>

In developing countries, the extent and effects of morbidity associated