

scored highest on the corruption scale!

What I mean is there is a need to appreciate that at least half the cup is filled, even while lamenting that the other half is empty.

You do quite a few book reviews. Most of these books find it difficult to get sold. You can try a symbiotic approach: for subscribers of the journal, offer a discounted sale price of the books. It may help all the three parties concerned - the writer to increase sales, the subscriber to get more value for money spent and yourselves in terms of increasing subscriptions.

There is a need to put on the "what is in it for me" cap and plan out an all-win strategy.

This may be a bitter medicine for you, but I think you can allow sponsorship by ethical firms, just displaying their name and logo without any advertising on their products. It is not unethical to do so.

Finally, I have written a book entitled *Trick or Treat*, to be published with the help of the Consumer International-Regional office for Asia Pacific (CI-ROAP), Penang, Malaysia. I can submit one chapter per issue of *Issues in Medical Ethics*; there are 52 chapters big and small, and this could go on for a few years as a serial. I can also work out a big discount for your subscribers. This is the least I could do to support your cause.

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Pinch of salt

I have been following, for some years now, with great interest, and some amusement, the beliefs of Kothari et al in their crusade against oncologists. Let me state right now, that I enjoy reading their theories - but take them with the proverbial pinch of salt. I refer specifically in this letter to their response to Mamdani's letter on their article (1).

They state, in this letter, that there is evidence "as recently as 1975" that removal of breast cancer often worsens it. My point: 1975 is a quarter of a century ago. It would not qualify as recent in most biomedical circles,

Ethics and AIDS vaccine trials: a response

With regard to Professor Sanjay Mehendale's valuable article on 'Ethical considerations in AIDS vaccine trials' (1), could I make a few critical comments?

In preventive HIV vaccine trials, any participant who gets infected as a consequence of his or her participation in such a trial deserves the best proven HIV/AIDS treatments, and not only whatever is locally available. In my view it simply doesn't make sense to suggest that triple therapy would amount to undue inducement to join such a trial, simply because before these people joined the trial they simply had no need for any treatment. How could providing them with the best proven treatment possibly amount to undue inducement, given that the participant wasn't in need of any medication before he or she joined the trial?

The claim that providing best proven therapy is not financially sustainable is an empirical claim which, as of yet, has not been substantiated. It is being introduced by various people with an interest in cheap access to research subjects. The recently released latest draft of a UNAIDS document ('Ethical Considerations in HIV Preventive Vaccine Research') essentially supports this line of reasoning, but only after conceding that after several years of consultations with treatment access activists and researchers from developing countries, a consensus could not be reached. The UN organisation has taken a regrettable stance on this matter. It allows Western researchers to avoid providing their trial subjects with the best proven therapies in case something goes wrong during the trials they conduct in developing countries.

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Reference:

Mehendale S: Ethical considerations in AIDS vaccine trials. *Issues in Medical Ethics* 2000; 7(4):13-15.

The views expressed in this mail are my own.

although, on a cosmologic scale, of course, things would be different. Important advances have taken place in most fields, especially genetics and immunology, in the last 25 years.

"All cancer therapy is glorified palliation." An impressive statement, backed by sufficient references, at first glance. A close look, though, reveals that all six references are to books written by the same team of authors — Kothari and Mehta. If this is not biasing evidence, what is? I might add, that none of the references are in peer-reviewed, indexed journals.

The authors make a reference to a "small controlled trial" of one patient in each arm of the study. Surely, you're joking, Drs Kothari, Mehta and Kothari? Statistics of this sort are only made use of by toothpaste and

cigarette advertisers, not by responsible doctors.

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Reference:

1. Kothari ML, Mehta LA, Kothari VM. Evidence-biased therapy. Letter, *Issues in Medical Ethics* 1999; 7(3):70.

Banned formulations

The government of India has banned certain combinations of medicines as being non-rational and one among them is a fixed-dose combination of dextropropoxyphene with any other drug other than anti-spasmodics and/or non-steroidal anti-inflammatory drugs (NSAIDs).

I came across two formulations being sold under brand names Spasmo-

