News from here and there

Press Council of India guidelines for media coverage of HIV/AIDS

On 16 November 2008, the Press Council of India released 'AIDS and the Media', a set of guidelines for media reporting on HIV/AIDS. These guidelines, a revision of the council's 1993 document, have received a mixed response from activists and journalists.

While the increasing media coverage of issues related to HIV/AIDS has supported advocacy in this area, there are many examples of inaccurate and unethical reporting. Newspapers and the audiovisual media have often published easily identifiable pictures of people affected by HIV, including children, without their consent. Inaccurate reporting has contributed to the stigma experienced by people with HIV or affected by it.

The Press Council of India document highlights the need for accuracy in reporting on this complex and often technical subject. It also presents a framework for reporting: positive stories should be highlighted; stereotypes should be avoided; 'miracle cures' should not be given credence; reporters should not focus on how individuals acquired the virus; and inaccurate language such as 'dread disease' and 'AIDS carrier' should not be used. It is essential to respect confidentiality and the privacy of patients and family members who are interviewed, and their consent must be taken when using photographs or their names and stories.

'The emphasis on confidentiality and consent is welcome,' notes Padma Govindan, founder and co-director of the Shakti Centre, a Chennai-based non-profit organization engaged in advocacy and research in the area of sexuality. 'There have been too many instances of people being identified in photographs or in the text of articles—without their consent, off-the-record conversations being made public, and so on.'

However, Govindan also has some questions. The guidelines ask the media 'to show people living with HIV in a positive light by portraying them as individuals instead of victims'. To this, she says, 'Sometimes, you have to tell things as they are, and this is not always a nice picture.' In the context of social bias, she remarks, 'While you don't want to imply that people of a particular caste, etc., are more likely to be HIV-positive, you may want to point out, for example, that people from certain marginalized sections are less likely to get care.'

The guidelines on the use of visuals state: 'To minimize damaging repercussions, it would be best to avoid identification even when written consent is obtained.' It is true that people may give consent without understanding the reach and power of the visual media. However, such strong recommendations may be against the interests of HIV-positive people.

Mitu Verma, country director of Panos India and director (programmes), Panos South Asia, says, 'It is absolutely necessary to take consent before publishing faces, but there are circumstances in which positive people choose to be identified publicly. The positive community needs to be visible to inspire others.' Panos is an international media network which promotes quality reporting on HIV/AIDS. Loon Gangte of the Delhi Network of Positive People and his family have given consent to have their photographs printed in a book to be published by Panos.

Other guidelines for media coverage of HIV/AIDS focus on helping journalists improve their skills rather than listing 'do's' and 'don'ts'. The International Federation of Journalists' guidelines on media coverage of HIV/AIDS also discuss training journalists, providing them access to sources of information, and creating conditions for good journalism.

SANDHYA SRINIVASAN, *Mumbai, Maharashtra*

No compulsory rural service for some students in Tamil Nadu

Medical students who graduate from the government medical colleges of Tamil Nadu have to serve in rural areas for 3 years. The colleges retain the certificates of the graduates so that they comply with this requirement. Students have to pay the government Rs 300 000 if they wish to skip the rural service. In December 2008, the Tamil Nadu high court ruled that those students who had been admitted to the state government colleges on the basis of the all-India examination need not fulfil the requirement of rural service. The court directed the colleges to return the certificates forthwith. Many students do not wish to serve in the rural areas because they would like to do postgraduation immediately after graduation.

This ruling will work in favour of those from other states as it gives them an earlier opportunity to pursue postgraduate studies. Those with the means to pay the amount fixed by the government are similarly favoured. In a medical career, this advantage has long term consequences. Students who do their postgraduation early can enter a teaching career and become professors sooner than those who have to go through with the rural service.

GEORGE THOMAS, *Chennai, Tamil Nadu*

Cancer will overtake heart disease as major global killer by 2010

The 2008 World Cancer Report was released in December 2008 by the International Agency for Research on Cancer. This report collates and presents information on cancer rates, patterns, diagnosis and causes. One of the alarming predictions of the report is that cancer will be the leading cause of death worldwide by 2010, replacing heart disease.

The report highlights that the global cancer burden doubled during the period 1970–2000. In 2008, more than 12 million new cases of cancer were diagnosed, and there were 7 million deaths from cancer and 25 million persons alive with cancer within 5 years of diagnosis. The report estimates that by the year 2030, the annual incidence of cancer would be over 26 million cases annually.

Data for the Southeast Asian region reveal that lung cancer was the leading cancer among men, while cervical cancer was the leading cancer among women.

Tobacco was found to be a strong factor in cancer causation, especially for cancer of the lung and nasopharyngeal tract. China,

Brazil and India are the leading tobacco producers in the world. The Fourteenth World Conference on Tobacco or Health, held from 8 to 12 March 2009 in Mumbai, aimed to build support for concerted action in the area of tobacco control.

The rapid rise in the number of cancer cases is also linked to the increase in longevity (ageing) the world over, as well as the growth of the population. Rising costs associated with the diagnosis and treatment of cancer would be affecting especially the middle- and low-income countries, where the increase in cancer cases would be the highest.

The report details how in many countries, large sections of the population lack access to diagnosis and treatment facilities, as well as palliative care for terminal cases.

Commenting on the report, Dr Surendra S. Shastri, Department of Preventive Oncology, Tata Memorial Centre, Mumbai, and Director, WHO Collaborating Centre for Cancer Prevention, Screening and Early Detection, said, 'By 2010, given the current demographic and cancer trends, India will bear the enormous burden of over one million new cancer cases each year (8% of the cancer cases worldwide and 0.1% of the population of India) and over 0.7 million cancer deaths annually (9% of cancer deaths worldwide and 0.06% of the population of India). The top 3 cancers among men in India are cancers of the lung, oral cavity and oesophagus, while those among women in India are cancers of the uterine cervix, breast and oral cavity. Nationwide cancer prevention and early detection programmes would be the most cost-effective solution to the problem.'

ANANT BHAN, *Pune, Maharashtra*

ENHANCE trial sheds new light on efficacy of ezetemibe

Four years after the drug Vytorin (ezetemibe plus simvastatin) was launched in the USA, the result of a major study has doctors urging a return to older and tested treatments for high cholesterol.

Ezetemibe has been marketed by Schering Plough as Zetia since 2002 and in combination with Merck's Zocor (simvastatin) as Vytorin since 2004. Since their introduction, the two drugs have had blockbuster sales in the USA to the tune of US$ 5 billion. Results of the ENHANCE trial (Effect of combination ezetimibe and high-dose simvastatin *v.* simvastatin alone on the atherosclerotic process in patients with heterozygous familial hypercholesterolaemia) were presented at the American College of Cardiology conference in Chicago on 30 March 2008. In an interesting twist, the unusual release on 14 January 2008, in the news media, of a portion of the ENHANCE trial data resulted in numerous articles and commentaries in the lay media. The availability of only fragmentary information created massive confusion and raised many more questions than answers for patients, physicians, pharmaceutical companies and regulators.

The study tested whether ezetimibe plus simvastatin was better than simvastatin alone at limiting plaque build-up in the arteries of 720 people with heterozygous familial hypercholesterolaemia (HeFH). The results show that the drug had 'no result'. Dr John Kastelein, the principal investigator, said that there was no added benefit in any subgroup or in any segment, for reducing plaque. That happened even though ezetimibe plus simvastatin dramatically lowered low density lipoprotein (LDL) cholesterol, triglycerides and C-reactive protein.

The trial results stated that in patients with very high baseline LDL levels such as those with HeFH, the combination of ezetimibe/simvastatin 10/80 mg does not result in significant changes in the mean carotid intima–media thickness (IMT) at 2 years when compared with high dose simvastatin (80 mg) alone. There was also no difference in the incidence of cardiovascular mortality, non-fatal myocardial infarction, non-fatal stroke and need for revascularization. The incidence of adverse events was similar. However, the LDL-lowering effect of ezetimibe/simvastatin was greater than that achieved with high dose simvastatin alone.

Carotid IMT has been demonstrated to accurately predict the risk of incident cardiovascular events in several studies as has LDL lowering. Hence, although this was a surrogate end-point study, the results seem paradoxical. There was no significant reduction in carotid IMT with ezetimibe/simvastatin compared with simvastatin, despite a significant reduction in LDL cholesterol. One possible explanation is that reduction in LDL, though significant, was not adequate. Mean LDL levels even in the ezetimibe/simvastatin arm were 141 mg/dl. Thus, while setting an inclusion criterion for LDL >210 mg/dl helped to reduce their sample size, it may be the reason for their failure as well.

Other researchers have proposed to expand enrolment in a more pivotal study of ezetimibe/simvastatin to 18 000 people to see if larger ongoing trials will be able to demonstrate any relative benefit of the combination of ezetimibe/simvastatin in improving cardiovascular outcomes in high risk patients, compared with simvastatin alone.

MEGHA CHAVAN, *USA*