

Welcome to this bumper Christmas issue of the JME. In this issue we have many interesting papers to tide you over the Christmas holiday and provide some intellectual stimulation if you run out of festive cheer and good will to all men.

HIV/AIDS and circumcision

Male circumcision is a controversial subject and papers on the ethics of circumcision tend to generate quite a lot of traffic on the JME correspondence web-pages. Whether this will also be the case for the paper by Fox and Thomson in this issue is too early to tell (*See page 798*). Fox and Thomson analyse the policy response to the 2009 Cochrane review that concluded that there was strong evidence that male circumcision reduces the risk of HIV acquisition in men having heterosexual sex. The paper argues that the move to develop public (health) policy based on this review is premature. It adduces a number of reasons why this is the case. First, the Cochrane review itself called for more research. Second, there is a long history of medical rationales being offered for male circumcision and later found to be unconvincing. And, third any public policy need to be sensitive to the specific ethico-legal context in which it is to be implemented. Fox and Thomson argue that the strong desire to find effective ways of combating the spread of HIV, especially in Africa is very likely to lead to a situation where ethical concerns are marginalised and cultural sensitivities overlooked.

Solidarity, lifestyle and healthcare

Solidarity is often presented as one of the reasons why the public in Northern European welfare states support a public healthcare system. But the empirical scope of solidarity is not obvious when it comes to lifestyle. Do people feel solidarity towards others who have lifestyles that increase their risk of attracting certain diseases? The paper by Bonnie and colleagues investigates this issue in the

Dutch population (*See page 784*). They show that solidarity with smokers and those who are overweight is moderate, and perhaps more surprisingly that solidarity with the old is also only moderate. They furthermore show that the degree of solidarity expressed depends on a range of characteristics of the respondents. If you are young, male, highly educated and have a healthy lifestyle you are prone to show low solidarity.

Embryo donation for research in China

Mitzkat *et al* have studied embryo donation for research in a Chinese IVF clinic using a range of methods, including interviews with five women who were asked to consent to donation of embryos for human embryonic stem cell research (*See page 754*). The paper shows the many complexities that arise when reproductive medicine meets medical research in the fertility clinic. In the Chinese context there is a strong social pressure to become pregnant, but once the desired child has been produced the Chinese one-child policy leads to a situation where 'spare' embryos lose their practical significance. The paper further shows how women use clinical distinctions, like the distinction between good and bad quality embryos as guiding moral distinctions; and how they fill in gaps in the description of the research that is presented to them. This last finding is of great interest since it implies that what the women consent to is not the research that will actually take place, but a constructed image of research aimed at improving fertility treatment.

Banking boys' testicular tissue

Should parents bank testicular tissue from pre-pubertal boys undergoing medical treatment that will lead to infertility, for instance chemo- or radiotherapy? Timothy Murphy provides a nuanced and insightful analysis of this question (*See page 806*). He argues that parents ought to

protect the possible future interests of their sons. And, given that many / most adult men wish to have genetically related children this entails that parents ought to consent if testicular tissue banking is offered. Murphy further argues that although parents ought to consent to banking, clinicians and researchers should respect those parents who decline banking.

Student reporting of clinical misconduct

Are students willing to whistleblow when the misconduct of a colleague endangers the interests of patients? Mansbach *et al* studies this question in a questionnaire study of Israeli physical therapy students (*See page 802*). They show that students report that they are willing to whistleblow by reporting the misconduct to an authority within the healthcare organisation, but that they are considerably less willing to disclose misconduct to an external agency. The finding of a willingness to report misconduct internally is encouraging, although it is difficult to know whether willingness will lead to actually action.

Teaching military medical ethics through visits to Nazi death camps

Military medical ethics is not a topic taught in most medical schools and this means that when doctors become military officers they need specific training in this area. The paper by Oberman *et al* discusses one of the ways in which the Israeli Defense Force (IDF) teaches military medical ethics to members of its Medical Corps (*See page 821*). The 'Witnesses in Uniform' programme takes groups of IDF officers on structured tours of Holocaust memorial sites and Nazi death camps. Apart from the visits the programme involves group discussions of ethical dilemmas relevant to IDF officers during active missions. The authors show how this programme adds to more traditional didactic approaches to the teaching of ethics.