

### Authors' affiliations

**T De Beer**, Faculty of Medicine, Centre for Health Services and Nursing Research, Catholic University of Leuven, Leuven, Belgium  
**C Gastmans**, Faculty of Medicine, Centre for Biomedical Ethics and Law, Catholic University of Leuven, Leuven, Belgium  
**B Dierckx de Casterlé**, Faculty of Medicine, Centre for Health Services and Nursing Research, Catholic University of Leuven, Leuven, Belgium

### REFERENCES

- 1 **Broekaert B**. België: naar een wettelijke regeling van euthanasie (Belgium: heading for a regularisation of euthanasia). *Tijdschrift voor Geneeskunde en Ethiek* 2001;**11**:62–66.
- 2 Belgisch Staatsblad. Wet betreffende de euthanasie (Law on euthanasia). Available from <http://www.fgov.be> (accessed 20 September 2002).
- 3 **van de Scheur A**, van der Arend A. The role of the nurse in euthanasia: a Dutch study. *Nurs Ethics* 1998;**5**:497–508.
- 4 **Kuhse H**, Singer P. Voluntary euthanasia and the nurse: an Australian survey. *Int J Nurs Stud* 1993;**30**:311–22.
- 5 **Young A**, Volker D, Rieger PT, et al. Oncology nurses' attitudes regarding voluntary, physician-assisted dying for competent, terminally ill patients. *Oncol Nurs Forum* 1993;**20**:445–51.
- 6 **Stevens CA**, Hassan R. Nurses and the management of death, dying and euthanasia. *Med Law* 1994;**13**:541–54.
- 7 **Asch DA**. The role of critical care nurses in euthanasia and assisted suicide. *N Eng J Med* 1996;**334**:1374–9.
- 8 **Asch DA**, Dekay ML. Euthanasia among US critical care nurses: practices, attitudes and social and professional correlates. *Med Care* 1997;**35**:890–900.
- 9 **Matzo M**, Emanuel EJ. Oncology nurses' practices of assisted suicide and patient-requested euthanasia. *Oncol Nurs Forum* 1997;**24**:1725–32.
- 10 **Ferrell B**, Virani R, Grant M, et al. Beyond the Supreme court decision: nursing perspectives on end-of-life care. *Oncol Nurs Forum* 2000;**27**:445–55.
- 11 **Tanida N**, Asai A, Ohnishi M, et al. Voluntary active euthanasia and the nurse: a comparison of Japanese and Australian nurses. *Nurs Ethics* 2002;**9**:313–22.
- 12 Koninklijke Nederlandse Maatschappij tot bevordering der Geneeskunst & Nieuwe Unie '91. Euthanasierichtlijnen arts-verpleegkundige: richtlijnen samenwerking en taakafbakening arts en verpleegkundige bij de procedure rond euthanasie (Guidelines, euthanasia for physicians and nurses: co-operation and professional tasks of physicians and nurses in euthanasia procedures). Utrecht, 1997 (third edition).
- 13 L'euthanasie. Available from [http://www.senat.fr/lc/lc49/lc49\\_mono.html](http://www.senat.fr/lc/lc49/lc49_mono.html) (accessed 10 April 2002).
- 14 **van der Wal G**. Euthanasie en hulp bij zelfdoding door huisartsen (Euthanasia and physician-assisted suicide by general practitioners). *Med Contact* 1991;**46**:171–3, 174–6, 211–15, 237–41.
- 15 **Deliens L**, Mortier F, Bilsen J, et al. End-of-life decisions in medical practice in Flanders, Belgium: a nationwide survey. *Lancet North Am Ed* 2000;**356**:1806–11.
- 16 **Muller MT**, Pijnenborg L, Onwuteaka-Philipsen BD, et al. The role of the nurse in active euthanasia and physician-assisted suicide. *J Adv Nurs* 1997;**26**:424–30.
- 17 **van der Wal G**, van der Maas PJ. Euthanasie en andere medische beslissingen rond het levenseinde (Euthanasia and other medical end-of-life decisions). The Hague: Sdu, 1996.
- 18 **Baume P**, O'Malley E. Euthanasia: attitudes and practices of medical practitioners. *Med J Aust* 1994;**161**:137, 140, 142–4.
- 19 **Meier DE**, Emmons C, Wallenstein S, et al. A national survey of physician-assisted suicide and euthanasia in the United States. *N Eng J Med* 1998;**338**:1193–201.
- 20 **Kitson AL**. Does nursing have a future? *Br Med J* 1996;**313**:1647–51.
- 21 **Titchen A**. Professional craft knowledge in patient centred nursing and the facilities of its development (doctoral dissertation). University of Oxford, UK, 2000.

## ECHO

### Introducing circumcision into a society will not prevent HIV infection



Please visit the *Journal of Medical Ethics* website [[www.jmedethics.com](http://www.jmedethics.com)] for a link to the full text of this article.

Introducing male neonatal circumcision into a non-circumcising society will almost certainly not prevent HIV infection and, in any case, needs to be undertaken with extreme care.

In a critique of a paper proposing to introduce the practice into Botswana the author shows that the idea of HIV prevention through circumcision is based on false premises. In his opinion, the reliance on circumcision to prevent HIV infection can only result in a calamitous worsening on the HIV-AIDS epidemic as it fails to place the main emphasis for prevention on safe sex.

Issues relating to circumcision include medical, psychological, sexual, and social effects, human rights, ethical, and legal aspects that must be considered and that the author explains in detail.

The practice of neonatal circumcision in certain Eastern countries, such as the United States, is to the author not a valid reason for introducing it into Botswana. Once started circumcision tends to persist even when the need is over, as is exemplified by many countries, where it is proving difficult to eradicate.

▲ *Sexually Transmitted Infections* 2003;**79**:427–428.