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 webpages. Whether this will also be the case for the paper by Fox and Thomson in this issue is too early to tell (See page 781). 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 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.

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 pressure to become pregnant, but once the desired child has been produced may be lifted and the family may decide to donate their surplus embryos. The paper presents a challenge to the principle of the irreversibility of the donation decision. The paper shows the 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 may be lifted and the family may decide to donate their surplus embryos. The paper presents a challenge to the principle of the irreversibility of the donation decision.

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 with 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 actual 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 it 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.