

EDITORIALS

Human papilloma virus

Department of Health continues to ignore implications

Human papilloma virus (HPV) was back in the news on both sides of the Atlantic early this year. The UK press was euphoric about a new vaccine against HPV which would be available 'within the next five years'.¹ This is indeed good news but predictions of women no longer needing cervical smears seemed a little premature, given that the vaccines have not yet completed clinical trials.

The two vaccines currently being developed are Gardasil, made by Merck, and Cervarix, from GlaxoSmithKline (GSK). Both protect against the HPV-16 and HPV-18 strains, which cause over 70% of cervical cancer cases. Gardasil also protects against some other HPV strains that cause genital warts.¹ The hope is that this will improve take up rates of the vaccine in men. Dr Anne Szarewski, of Cancer Research UK considers both men and women will need to be vaccinated in order to maximise the potential reduction in cervical cancer.¹

If the vaccine proves to confer long-lasting protection, the developers quite rightly identify the main problem regarding its use will be the ethical dilemma of vaccinating, say twelve year-old girls, against what is essentially a sexually transmitted disease. Prevention is clearly better than cure, but could prevention of this STI induce complacency in sexual behaviour that may cause a rise in the spread of others? Certainly the complacency associated with the increasing availability of ART for AIDS patients² does not look encouraging for preventative measures depending on an HPV vaccine alone.

HPV is causing other ethical dilemmas in the USA where a controversial study funded by the National Institutes of Health is proposing to research how HPV is passed from men to their female sexual partners. According to lead researcher, Dr Anna Giuliano of the Moffitt Cancer Center, the aim is to learn whether men should be vaccinated against HPV along with women.³ Clearly she needs to talk with Dr Szarewski who already seems sure that they should be.

Another issue for Dr Giuliano is that the men in the study, mostly recruited from Mexico and Brazil, won't be told whether they are infected or not. 'There is no treatment for HPV, so we are not doing any harm by not disclosing infections,' Giuliano said. 'There also is no strategy for prevention of transmission to partners,' she said, 'because condoms aren't protective against HPV.' We should perhaps hear more about that in the UK whilst we await the vaccine, as most condom users are blissfully unaware of this.

One further twist in the tale is that Americans were officially unaware that HPV caused cervical cancer until this year. The National Institute of Environmental Health Sciences and the National Toxicology Program, which maintain the official list of carcinogens and update it every two years, only just added HPV, along with Hep B and C, to the list in January 2005.⁴

So now it's official. HPV is a sexually transmitted disease against which the condom offers no protection; it has carcinogenic strains against which there will be no vaccine for at least five years. This surely has implications for sexual health promotion to which the Department of Health continues to turn its back leaving every sexually active man to 'do what seems right in his own eyes'.⁵ The outcome now is likely to be no better than it was then.

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1. Henderson M. Vaccine could wipe out deadly cervical cancer. *The Times* 2005; 2 February
2. Robinson AJ and Gazzard BG. Rising rates of HIV. *BMJ* 2005;330:320-321
3. www.tampabaylive.com/stories/2005/01/0501131moffitt.shtml
4. ntp.niehs.nih.gov/ntp/roc/eleventh/profiles/s095zpap.pdf
5. Judges 21:25

Chlamydia screening at Boots

De-moralising medicine



Boots the chemist is to offer a screening test and treatment for the UK's most common sexually transmitted infection, chlamydia.¹ This is part of a government-backed national screening strategy² aimed at reducing the effects and spread of chlamydia infection which is asymptomatic in the majority of men and women and can produce late infertility in women (and probably men). This

latest move is a response to the spiralling chlamydia infection rates increasing by about 8% per year. This epidemic has been caused by a huge rise in both the frequency of extra-marital sex and the number of sexual partners.

Christians should be concerned about the expansion of this programme. Consider first the means. Like many of the other sites for chlamydia screening, the high street chemist has been chosen as a location for its potential to provide a confidential environment 'out of communion', except for contact tracing, with the rest of the patient's clinical care by their GP or specialist. It also replaces the valuable clinician/patient relationship with an advice leaflet. Such confidentiality is designed to increase the uptake of the screening. But this clinical fragmentation and impersonal context threatens our caring for the whole patient.

But it is more than this. Such an approach removes all opportunity for the clinician to warn the patient about the dangers of further extra-marital sexual activity. Such a warning never seems easy to give our patients, because it takes time in a hard-pressed day and it runs counter to the 'non-judgemental' attitude that our society so stridently demands. Yet we need to remember that it is never God's desire for medical care to be given outside of a moral context. He expects Christian doctors to take opportunities in their surgeries and clinics to explain to patients the good things that result from obeying God's commands and the bad things that happen when they don't.

We should also challenge the false creed of the programme's promoters who think that it is really possible to reduce the overall harm of extra-marital sex. Those who attend Boots will have avoided hearing warnings about the dangers of further extra-marital sex. Instead they will be relieved to continue their life-style unrestrained by the fear of spreading infection or creeping infertility and so seemingly avoid the consequences of their sin. However, more extra-marital sex will lead to more STIs and more unwanted pregnancies. Like the 'safe(r) sex' campaign the result will be a worsening rather than improving of the sexual health of our nation.

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1. news.bbc.co.uk/1/hi/health/4245585.stm
2. LaMontagne DS et al. Establishing the National Chlamydia Screening Programme in England: results from the first full year of screening. *Sex Transm Infect* 2004; 80:335-341