

interest and inadequate resources harm others, autonomy loses integrity.

As local resources fail, fertility treatments that bring more life into an overpopulated community; or resource intensive treatment of individuals that prevents cheaper and easier treatment of very many others; or heroic life prolonging treatments in a climate of mass death naturally become harder to justify or provide. Hopefully we will soon wake up to the fact that this is becoming the global situation. When we do, let us hope that all that is good about humanity comes to the fore and that the relatively safer communities do not continue their highly disproportionate use of resources while more vulnerable ones struggle and even die. Such insularity could ultimately be the death of us all.

Good of the global community deserves highlighting in its own right as an ethical principle. Autonomy must bow to justice. Such a sea change applied across all human activity is surely the right medicine to counteract some of the damage of manmade global environmental change.

John C Chambers Macmillan consultant and medical director
Katharine House Hospice, Adderbury, Oxfordshire OX17 3NL
john.chambers@khh.org.uk

Competing interests: None declared.

- 1 McMichael AJ, Friel S, Nyong A, Corvalan C. Global environmental change and health: impacts, inequalities, and the health sector. *BMJ* 2008;336:191-4. (29 January.)

Too many people

It goes without saying that climate change will have a dramatic impact on health—personal, global, and planetary. Yet I disagree that climate change is the defining issue for public health in the 21st century.¹

What can be done to promote sustainable population growth? Reducing poverty, eliminating gender inequalities, and increasing access to education and family planning are essential. The diversity of these endeavours teaches us about the need to employ a multidisciplinary perspective when addressing population growth. Failure to achieve sustainable population growth by concerted action will lead to population policies such as those implemented by China. The one child per family policy, draconian though it was, resulted in 400 million fewer people in a country whose current economic growth (driven in large part by the needs of the 1.3 billion people currently living in China) is causing enormous environmental harm. Had the one child per family policy not been implemented, one can only imagine the greater negative impact that 400 million additional people in China would have had on individual health and on the environment (and not just in China: pollutants released into the atmosphere by coal burning



plants in China travel around the world).

Gerry Silverstein emeritus lecturer in health sciences,
University of Vermont, Burlington, VT 05405, USA
gsilvers@uvm.edu

Competing interests: None declared.

- 1 Godlee F. Climate change: permission to act. Editor's choice. *BMJ* 2008;336. (26 January.)

CONDOMS IN PREVENTING STIs

No magic bullet

The data from Alberta reported by Genuis (massive promotion of condoms followed by upsurges in gonorrhoea and chlamydia) are mirrored in Spain.¹

Spain, together with Greece, stands out as the European country with the highest levels of condom use among young people, with 90% of sexually active young people reporting using a condom the last time they had sexual intercourse.² Nevertheless, the rates of sexually transmitted infections (STIs) are increasing year after year, despite more than a decade of intensive official educational campaigns transmitting the message to young people that condoms and only condoms are the magic bullets to prevent all STIs and unintended pregnancies.³

There is no room for dissent, no consideration for the accrual of persuasive scientific evidence strongly supporting that other behaviour changes, such as partner reduction, should be promoted as a priority.⁴ The ideologies, prejudices, stigma, and social agenda of some governing officials seem to precede the scientific evidence when building public health policies. The escalating figures for youth pregnancy and abortion in Spain⁵ also demand criticism of the apparently sacred “condoms and only condoms” dogma.

Miguel A Martinez-Gonzalez professor and chair
Department of Public Health, University of Navarra, Spain
mamartinez@unav.es

Competing interests: None declared.

- 1 Genuis SJ. Are condoms the answer to rising rates of non-HIV sexually transmitted infection? No. *BMJ* 2008;336:185. (26 January.)
2 *Health Behaviour in School-aged Children Survey*. www.hbsc.org/publications/reports.html
3 Instituto de Salud Carlos III. Ministerio de Sanidad y consumo. Comentario epidemiológico a las enfermedades de declaración obligatoria y sistema de información microbiológica. *Boletín Epidemiológico semanal* 2006;15:109-15.
4 De Irala J, Alonso A. Changes in sexual behaviours to

- prevent HIV. *Lancet* 2006;368:1749-50.
5 Ministry of Health. IVE 2006. Official statistics of abortion in Spain [in Spanish]. <http://www.msc.es/profesionales/saludPublica/prevPromocion/embarazo/home.htm>.

Not used in oral sex

Despite widespread availability of condoms, people are still having unprotected sex, which is reflected in increased sexually transmitted infections (STIs) and unintended pregnancies.¹

People simply don't use condoms for oral sex. We have had outbreaks of syphilis in gay men in London followed by Manchester, and the enhanced surveillance that followed suggested transmission of syphilis through oral sex. I have also seen several cases of gonorrhoea acquired through unprotected oral sex both in men and women. Many GUM clinics now routinely take oral swabs for culture of gonorrhoea in all suspected cases of gonorrhoea. We have seen rises in genital herpes predominantly caused by herpes simplex virus (HSV) type 1, or the “cold sore” virus, again owing to increases in oral sex.

Young people consider it “uncool” to carry condoms. The condoms available in vending machines in clubs are expensive, and many people simply hate condoms. We must look at other issues such as change in behaviour and use of alcohol and drugs, in addition to sex education and safe sexual practices.

Ravindra Gokhale lead clinician, Department of GU Medicine and Sexual Health, Wirral University Teaching Hospital NHS Foundation Trust, Wirral CH49 5PE
ravindragokhale@doctors.org.uk

Competing interests: None declared.

- 1 Genuis SJ. Are condoms the answer to rising rates of non-HIV sexually transmitted infection? No. *BMJ* 2008;336:185. (26 January.)

Sex is fun, remember?

Genuis suggests that young people have risky sex because they are trapped in miserable lives.¹ I'm not sure how long it is since Genuis was a young person, but I would suggest that most young people have sex for the same reasons most old people do: because it is lots of fun. As others have pointed out, sex often goes hand in hand with other things that are fun, like going out dancing with your mates, taking drugs, and getting plastered.

I don't wish to lower the tone of this debate; it is certainly useful to have all the evidence of condom efficacy and effectiveness brought together so clearly. But so long as we expect rational responses to the most irrational area of human experience, we will be disappointed.

Elizabeth Pisani epidemiologist, London N7 8PJ
pisani@terryata.org

Competing interests: None declared.

- 1 Genuis SJ. Are condoms the answer to rising rates of non-HIV sexually transmitted infection? No. *BMJ* 2008;336:185. (26 January.)