

# Editor's Choice

## Curb your excitement, unleash your imagination

I remember when I discovered the excitement of medicine for myself. I was playing Theme Hospital, a computer game, at the age of 12. You get to design and run your own hospital. It becomes more difficult to keep your staff and patients happy and alive as you progress and build larger and larger facilities.

Perhaps the game appealed to my creative streak. Real hospitals never struck me as imaginative—exciting, yes—but not imaginative. Just along the road from the *BMJ* offices, the new University College Hospital “has a separate floor in the middle of the building for patients with infections; sloping surfaces that don’t accumulate dust; red and green ping pong balls over the doors to indicate the direction of air flow, and 1200 sinks placed strategically so health professionals can’t ignore them” (p 106). This hospital—where real lives are saved—is no less imaginative and far more exciting than my computer generated efforts.

The design of drug trials seems to afford almost infinite scope for creativity and resourcefulness. In reality, this is checked by regulatory bodies to ensure the safety of research participants (p 121). Multinational drug companies have taken much flak for experimenting on people in the developing world. Concerns often relate to economic vulnerability, and it is important to understand the potentially perverse incentives of different models for paying research participants (p 118).

“Vulnerable” is rarely used to describe actors in the pornography industry. “Virile,” rather, is the adjective that comes to mind—strong, healthy, and daring. After working for two years in a sexual health clinic for this particular group of patients, Lucinda Richards

describes a different reality: “It is hard to know who is the exploiter and who is exploited. Many who seem tough, though, are actually very vulnerable” (p 100). The United Kingdom is following the United States’ lead in enforcing regular screening of performers to prevent the spread of sexually transmitted infections. Neither exciting nor creative, this is potentially useful none the less.

Most programmes to reduce sexually transmitted infections rely heavily on condoms. But this begs the question of how effective they are, which is debated in this issue’s Head to Head (p 96). The authors demonstrate the evidence based efficacy of condoms but also their proved limitations: “We must continue to be vigilant when promoting the use of condoms to avoid giving users a false sense of security; we should refer, for example, to safer sex rather than safe sex.”

Condoms aside, truly safe sex is indeed an option: “People who abstain from intercourse or who are uninfected and mutually monogamous eliminate the risk of infection entirely.” Why does it seem unthinkable for GPs to raise this option with patients (p 98)? Anisa Nasir considers the consequences of unwanted pregnancies and the emotional damage they cause. The World Health Organization defines health as “a state of complete physical, mental, and social wellbeing and not merely the absence of disease or infirmity.” In this light, might it be unimaginable for doctors to talk about safe sex?

Hugh Ip student editor, *Student BMJ*  
hip@bmj.com



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Editorial inquiries:  
The Editor, Student BMJ  
BMA House, Tavistock Square, London WC1H 9JR  
Tel: +44 (0)20 7387 4499  
email: studenteditor@bmj.com

Subscription inquiries:  
Tel: +44 (0)20 7383 6270  
email: subscriptions@bmjgroup.com

Article submissions:  
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Tel: +44 (0)20 7383 6386  
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Marketing:  
Tel: +44 (0)20 7383 6124  
email: marketing@bmj.com

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