not attempted to replicate these studies in real medical settings, that influence strategies are only one factor in human decision-making and that ethicists could raise major concerns about the potential for abuse. None of these limitations, however, justifies a lack of awareness.

The science of social influence is a new field, and our review is not the final word. Furthermore, this science emerged from the military education programs of World War II and is biased generally toward techniques that are effective on healthy people. More nuanced research about medical care may now be considered legitimate as the focus of this science shifts from military conflict to the war against disease.

A tendency exists to become overly enthusiastic about solutions to difficult problems when faced with positive results from psychology. The studies show, however, that influence strategies rarely make all the difference. Concrete barriers and supports are crucial (e.g., inconvenience, incentives and information). As Shear implies, clinicians should have no aspirations of becoming wizards who can govern a person's behaviour.

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Circumcision: Time to deinsure?

Charles Wright is certainly on firm ground when he calls for a reduction in the demand for unnecessary and unproven medical services.[1]

One measure that could easily be taken is to stop providing an insurance benefit for nontherapeutic infant circumcision. The Canadian Paediatric Society has discouraged male circumcision since 1975[2] and now says it should not be performed in the absence of a medical indication.[3] Although there is no medical indication in the newborn period,[2,4] the Manitoba Health Insurance Plan, alone among Canadian health insurance plans, continues to provide a benefit for this outmoded surgery.

By withdrawing funds for nontherapeutic neonatal circumcisions (effective July 1, 2002), Arizona now has joined 6 other American states in denying funding.[5] Arizona expects to reduce demand by about 12 000 nontherapeutic operations a year. Surely, it is time for the Manitoba authorities to review their schedule of benefits and eliminate payments for such unnecessary procedures. Doctors everywhere should discourage circumcision.

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[Editor's note:]

A spokesperson for Manitoba Health confirmed for *CMAJ* that the government pays $19.50 per circumcision. Between Apr. 1, 2001, and Mar. 31, 2002, the cost of 2122 circumcisions was covered by Manitoba Health; 1802 of the procedures involved newborns.

Berries for brains

Severe mental illness such as schizophrenia is rare in children, but it is nonetheless real. The point of Gayle Grass' *Catch a Falling Star* is not to send every child who has trouble concentrating at school to a psychiatric ward, but rather to help that small group of children whose symptoms do not go away but seem to get worse and whose worries grow to the point of acute distress and disorganization. In her review, Jessica Mendes says that the book takes everyday experiences such as restlessness, confusion and frustration and renders them the early signs of mental illness.[1] The fact is that they can be early signs of mental illness. That is not to say that everyone who feels frustrated, confused or worried is mentally ill, but rather when these symptoms persist, when they seem always to be present no matter how much one tries to get rid of them, then it is likely that they signal more than the common ordinary frustrations of everyday life. It is for these children that this book is intended.

Mendes argues that mental health is bred by values we instil. Instead of looking at anxiety as a symptom, we should see it as an attempt to do better. Of course anxiety can be motivating, but Mendes' argument denies the reality of mental illness in children. Nor is mental illness a question of values. To suggest this perpetuates the stigma of mental illness and blames the victim.

Mendes identifies berry-picking for special mention, missing the point that this is a way for the Fish and Iris to connect. The specific activity is not important, but to be active in this way has therapeutic value, even though it is not curative.

Children with mental illness are suffering; they are perplexed and they have no idea why they feel the way they do. Ordinary attempts to assist and console them are not sufficient. It is true that the book does not offer any prescription of how a child in this situation can be helped other than through special doctors. There is no simple prescription or self-help manual for children with mental illness of this kind or their parents; the most therapeutic message that can be conveyed is that there is help and one should not be afraid to ask

for it. This is an important message of hope.

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[The book reviewer responds:]

Two of Joseph Beitchman's assumptions with respect to my book review, "Berries for Brains," are particularly striking: first, that I "missed the point" of berry-picking as a way of "connecting" and, second, that I do not accept the reality of mental illness in children.

Of course mental illness in children exists; it can in any one of us. And the experiences of Fish can be early signs of it, too. They can also be signs of nutritional deficiencies, a strong need for physical exercise, or an unsupportive learning environment, to name a few examples. A responsible book about mental health in children ought to question more than one of these possibilities.

Likewise, berry-picking (or fishing) can be a way for people to connect. *Catch A Falling Star*, though, clearly suggests otherwise: it "exercises brain parts?" Would we suggest this in all seriousness to a respected peer?

There are other components to Beitchman's argument that I must challenge. One is his use of the word "symptoms," which suggests anticipation of oncoming disease and denies the reality that young minds are vulnerable to what we expect. Another is the idea that children suffering from mental illness have no idea why they feel the way they do. I dare say this supposition underestimates the inner resources of children.

Beitchman states there are no simple prescriptions. Ironically, this was part of the point my review was making. We do no service to children by teaching them that healthy minds are as simple as happy trips to special doctors; to the contrary. And although I agree that messages of hope are paramount, what inspires hope is highly subjective. There'll be more than a "small group of children" reading this book, many of which may not find the idea of a "sick brain" very encouraging.

Jessica Mendes
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Opt-out prenatal HIV testing in Newfoundland and Labrador

We read with interest the conclusions of a recent research letter by Ari Bitnun and coauthors[1] and the supporting commentary by Kathleen Steel O'Connor and Susan MacDonald.[2] Although we concur with the recommendation for prenatal HIV screening on an opt-out basis, both articles seem to imply that this is not being offered in Canada. In fact, Newfoundland and Labrador was the first province in the country to recommend routine prenatal HIV testing in 1992 and also to introduce it on an opt-out basis in 1997.

Based on a province-wide anonymous prenatal HIV prevalence study,[3] in 1992 the Department of Health recommended that HIV testing be considered as part of routine prenatal care. During 1993, it was estimated that nearly half of pregnant women in the province underwent HIV testing, rising subsequently to two-thirds. A second prevalence study in 1996 indicated that HIV testing done on a voluntary basis might not include all those at risk for HIV. Consequently, in 1997 HIV testing was introduced across the province on an opt-out basis (long before such a recommendation was made by the US Institute of Medicine[4]). Currently, 94% of pregnant women are being screened for HIV status (internal data).

Since 1992, our prenatal screening program has identified a few HIV-positive pregnant women, with no cases of vertically transmitted HIV infection in children born after 1994. However, our province has a low HIV prevalence; therefore, prenatal screening on an opt-out basis may be more effective and beneficial in populations with a higher prevalence.

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[The authors of the commentary respond:]

Although we thank Christa Mossman and Samuel Ratnam for their response to our commentary,[1] we feel that we did not imply that opt-out screening is not being done in Canada. In fact, we used statistics from Alberta as an example of the increased rates of screening that can be achieved if an opt-out approach is taken.

We have found policy to be a crucial determinant of screening. In the report of our 1997/98 national survey of physicians, we showed that the highest proportion of physicians reporting that they "always or almost always" screened for HIV in pregnancy were those practising in Newfoundland, the only province which then had a policy of routine screening with an opt-out option.[2] Indeed, based on the experiences of Newfoundland and Alberta, we believe that routine screening with the