



Pediatricians, psychiatrists slam pornography ruling

The British Columbia Supreme Court's January ruling that legalized possession of child pornography is "completely unacceptable and inappropriate," say 3 groups of child health specialists. The Canadian Paediatric Society, Assembly of Canadian University Paediatric Department Heads and Canadian Academy of Child Psychiatry say the decision must be thrown out swiftly.

On Jan. 14, Justice Duncan Shaw struck down a section of the Criminal Code that outlaws the possession of child pornography because of the "profound invasion" of freedom of expression and right of privacy, as guaranteed by the Canadian Charter of Rights and Freedoms. The decision was delivered in the trial of John Robin Sharpe of Vancouver, who

was charged with possession of child pornography and possession for the purpose of distributing and selling. The ruling could be cited as a precedent in similar cases, but it is currently under appeal.

Citing the UN's Convention on the Rights of the Child, the 3 child health groups said the right to be free from exploitation outweighs the right to freedom of expression or the right to privacy. The 1989 convention states that "Parties take all appropriate measure to prevent . . . the exploitative use of children in pornographic performances and materials." The 3 groups state that: "As signatories of this important document, we are obliged to uphold the current Canadian law forbidding possession of child pornography."

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options and establishing whether or not they have been tried, Eisenberg recommends an approach based on targeting symptoms. He discusses his patients' preferences in complementary therapy and asks them to keep a daily diary, describing their symptoms at the same time of day for up to 6 weeks.

He also gives them a list of questions to ask licensed alternative practitioners. If the practitioner is not willing to provide honest responses, he suggests that the patient find someone else. The questions include:

- How many treatments will be needed and at what cost?
- How much experience do you have with this kind of condition?
- How long will it take for results to be evident?
- Are you willing to talk to my doctor?

After the patient has seen the alternative practitioner, Eisenberg likes to review the proposed treatment plan. If he does not like it, "this is the time to say 'I'm concerned,' which is different from [saying], 'If you do this, don't come back here.'"

If the alternative practitioner asks the physician to arrange for a test that the doctor does not consider necessary — a chiropractor requesting an MRI, perhaps — Eisenberg would decline by saying: "Don't ask me to get into this compromising position."

The outcome of a patient's experiment with an alternative treatment is usually clear: it either helps or it doesn't. Whatever happens, the experience potentially strengthens the relationship between doctor and patient and opens a line of communication with the alternative practitioner, says Eisenberg. — © Heather Kent

South African hospitals win subscriptions



Leslie Rourke

Two South African hospitals (Manguzi Hospital, Kwangwanase, and the McCord Hospital, Durban) have been awarded 3-year subscriptions to *CMAJ* and its sister publication, the *Canadian Journal of Surgery* (see *CMAJ* 1999;160:63-4). The nominators, Drs. Leslie and James Rourke of Goderich, Ont., visited the hospitals — one rural and one urban — in September 1997. They report that the HIV epidemic in South Africa, when combined with surging opportunistic infectious diseases such as TB, are "decimating the health care resources and the population in general." The Rourkes added that patients in rural hospitals in KwaZuluNatal Province carry their own charts (top), usually wearing them on their bodies.