

logic interventions to control diabetes in Aboriginal people.

The question of what "best practices" mean for Aboriginal people, specifically in relation to traditional indigenous knowledge, is an area that deserves special attention. Community control and autonomy,<sup>3</sup> a high level of social integration,<sup>4</sup> community development and local control of health care systems may be important protective factors in preventing ill health and negative social outcomes among Aboriginal groups.<sup>5</sup>

#### Ediriweera Desapriya

Department of Pediatrics  
Centre for Community Child Health  
Research  
Vancouver, BC

#### Ian Pike

Director  
BC Injury Research and Prevention  
Unit  
Vancouver, BC

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### Changing ethics:

#### Where to start?

Nuala Kenny's editorial reminding us of Hippocratic ethics is thought-provoking.<sup>1</sup>

Hippocrates was probably unburdened by the need for a hefty loan or mortgage to complete his medical studies. Persuasive efforts by the pharmaceutical industry and manufacturers of medical equipment were likely minimal or absent, as were the legal hassles and encumbrances for omissions and commissions, advertent or inadvertent, real or perceived. Conflicts of interest would have been minimal or lacking entirely. Furthermore, Hippocrates' patients would have given him a fair share of their genuine love, respect, courtesy

and trust, along with a dignified place in the society. This environment must have led to his proposal of a reasonable ethical code covering many different perspectives for patients who were not overtly demanding. However, even though he took all those perspectives into consideration, he could not have foreseen the factors that now influence the medical profession.

In those earlier times, society also had a code of conduct and certain moral values, which have conveniently been forgotten. Now, society remembers just the Hippocratic ethics to which the medical profession is bound. Things have changed for the medical profession over the years, and we can now either modify the ethics proposed a long time ago or we can try to change the factors that place an undue strain on those ethics. So where do we start?

#### Rajesh Chauhan

Military Hospital Baroda  
Vadodara, Gujarat, India

#### REFERENCE

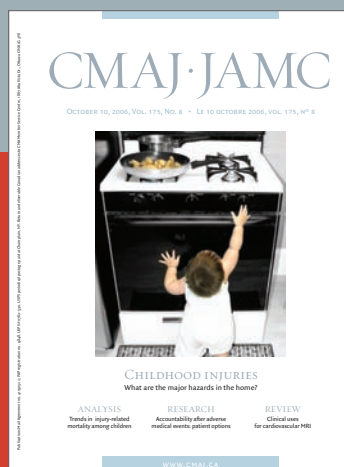
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