

presents *potential* complications and should not be interpreted as common occurrences. Overall, complications were rare, but if they did occur, the most common ones were needle site bleeding and bruising. The evidence for Table 1 was from the two prospective studies discussed in the paper. Though we did not discuss the studies in great detail, the purpose of Table 1 was to summarize their results. Dr Rapson mentioned that, in her 11 years of practice, she did not witness any significant bleeding in patients taking anticoagulants. Her experience simply supports the fact that complications are generally rare; however, her observations are unsystematic. Our point is that anticoagulation therapy is a risk factor for bleeding but should not be interpreted as an absolute contraindication to acupuncture treatment.

Acupuncture offers an effective treatment option for various health conditions with a relatively low risk. The benefits of acupuncture might outweigh its potential risks, but it is still important that acupuncture practitioners keep in mind some of these risks. Awareness of potential adverse effects will better prepare practitioners to deal with them. Awareness is the first step in prevention.

—Ainee Chung, ND

—Luke Bui, MD

—Edward Mills, DPH

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## Dr Paul Hooker

I am writing to let *Canadian Family Physician* know that Dr Paul Hooker

has passed away. My husband wrote a Reflections piece,<sup>1</sup> which was published in the February issue. He had chronic myeloid leukemia and had had a stem cell transplant last November in Calgary, Alta. At the time the transplant was done, he was already on the cusp of blast phase leukemia. He died of complications in May 2003. Thank you for publishing his article. It meant a lot to him and to us, his family. His son, Ross W. Hooker, is taking up the family tradition and studying to become a doctor.

—Jan Gordon-Hooker  
by e-mail

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## Evidence sketchy on circumcision and cervical cancer link

Dr Rivet<sup>1</sup> has failed to review criticism of the article<sup>2</sup> by Castellsagué et al in the *New England Journal of Medicine*. The article has been criticized for its poor methodology,<sup>3</sup> because circumcision removes specific erogenous tissue<sup>4,6</sup> and because male and female partners have different types of human papillomavirus (HPV).<sup>7</sup>

Castellsagué and colleagues admit to being "puzzled" by these findings. In addition, they emphasize that they did *not* recommend circumcision.<sup>8</sup> These comments place Castellsagué and colleagues' findings regarding circumcision's protective effects against cervical cancer in the dubious category.

A vaccine for HPV has been tested and found to be effective.<sup>9</sup> It is probable that, by the time infants born today reach maturity, a vaccine will be available to prevent cervical cancer.

In view of the above, neonatal circumcision cannot be recommended to prevent cervical cancer. Human papillomavirus causes cervical cancer; the

foreskin does not. Safer sex, not circumcision, prevents the spread of HPV.

The recent cautionary statements by three provincial colleges of physicians and surgeons regarding non-therapeutic circumcision of male children should be of greater concern to family physicians.<sup>10-12</sup>

—George Hill  
Executive Secretary, Doctors Opposing Circumcision  
Seattle, Wash  
by e-mail

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Dr Christine Rivet<sup>1</sup> presents evidence suggesting that circumcision reduces risk of human papillomavirus (HPV) infection in men and cervical cancer in their female partners.

This evidence should be put in perspective. Other studies have found no significant correlation between circumcision and either HPV or cervical cancer.<sup>2,3</sup> Moreover, a large and well controlled American study found that circumcised men were slightly *more*