

Dibawah ini kami muat suatu berita dari World Health Organization, yang perlu diketahui oleh dokter-dokter di Indonesia.

Berita ini kami terima dari Dr M.A.M. El-Zawarhy., WHO Programme Coordinator to Indonesia.

DRAFT FOR POSSIBLE EDITORIAL IN MEDICAL JOURNALS OF SELECTED COUNTRIES.

It is proposed that as part of the effort to eliminate the possibility of the escape of variola virus from laboratory stocks during the post-eradication era, a letter might be sent, through WHO Regional Offices, to appropriate medical journals in selected countries. The attached draft letter could be modified as appropriate for particular countries, translated into the appropriate language, and inserted, perhaps as an "Editorial", perhaps signed on behalf of the Global Commission, in the local medical journal of the selected countries.

GLOBAL ERADICATION OF SMALLPOX : WHO 'S INSURANCE POLICY

In the 1960s smallpox was an endemic disease in between 50 and 60 countries, and was periodically introduced into other countries by travellers from endemic areas. In 1967 WHO launched the Intensified Smallpox Programme, and with the collaboration of national health authorities, smallpox was progressively eradicated from one country after another until the last case of naturally acquired smallpox anywhere in the world occurred in Somalia in October 1977. Eradication of this ancient scourge of mankind is one of the greatest accomplishments of preventive medicine and is a tribute to international collaboration for human well-being.

In spite of the confidence engendered by the fact that here has smallpox recurred after a country was declared free of the disease (including such 'high risk' areas as Indonesia, India and Bangladesh, where the last cases occurred in January 1972, May 1975 and October 1975, respectively) the World Health Organization has established an 'insurance policy' to guard against any possible unexpected happening that may cause smallpox to recur. This has several components. Active surveillance is being maintained in Zaire, where a related virus normally circulating in wild animals occasionally sporadic smallpox-like disease (human monkeypox) in humans. The laboratories in the USA and the USSR that provided diagnostic facilities for WHO throughout the eradication campaign maintain their capabilities. Special measures have been taken to destroy stocks of variola virus in all but a very small number of laboratories, in order to minimize the risk of escape of

the virus from the laboratory. WHO has established a large reserve stock of freeze-dried smallpox vaccine located in three strategic places (Geneva, New Delhi, Toronto), and many national governments have established their own reserves.

The last case of endemic smallpox occurred in (country) in (year). Prior to that time specimens for smallpox diagnosis were not uncommonly sent to hospitals, universities, or state diagnostic laboratories. Following common virological practice, aliquots of some of these samples or virus recovered from them might have been put in the deep-freeze units in laboratory units for future reference. Some of these specimens may remain there, long since forgotten. Such material could be dangerous, and might at some future time constitute a source for further cases of human smallpox. National health authorities have been concerned about this possibility and have already collaborated with WHO in a survey designed to identify laboratories that were retaining variola virus. However, we believe that it would be wise for the directors of all laboratories where smallpox diagnosis was ever conducted once more to examine their deep-freeze storage cabinets for any such forgotten material and incinerate any ampoules that may contain variola virus or are not properly labelled.

The other way in which doctors in (country) can help with the global insurance against any possible recurrence of smallpox would be for them to be alert for any suspicious human case and obtain material for laboratory study, and to collect specimens from any wild animals found to have a pox-like infection. All such specimens should be sent to WHO, Geneva.

We believe that the world is now free of smallpox, for ever, but the price of liberty is eternal vigilance, and against this disease it is the doctors who need to maintain this vigilance.

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obat yang mahal-mahal atau perusahaan obat (beberapa) malah menyodorkan kepada dokter. Dalam hal ini etika kedokteran sebetulnya sudah baik tapi pelaksanaannya memerlukan pendirian yang kuat. Seorang dokter seharusnya tidak mudah tergoda oleh apa saja. Janganlah kita mentargetkan misalnya sesudah dua tahun harus memiliki Honda Civic, sepuluh tahun harus memiliki Mercy dan sebagainya, maka bila ada target-target seperti ini dedikasi akan kacau. Kepercayaan itu penting, karena tanpa kepercayaan, hanya dengan kalkulasi saja bisa meleset.

Pada prinsipnya saya tidak pesimis karena ada undang-undang, sumpah dokter, dan kode etik. Jadi tiang-tiang penunjangnya sudah ada tinggal kontrol penertiban mental, bagaimana caranya agar orang-orang itu tidak materialistis.

Harapan saya melalui Cermin Dunia Kedokteran ini agar etika kedokteran dapat semakin dilaksanakan dengan baik dan semoga cerita saya ini ada gunanya.
