



Science Photo Library

The initial justification for the recommendation of sunscreen use in the prevention of skin cancers rested “not so much on hard ‘evidence of efficacy’ as on a line of ‘evidence-based reasoning’ leading to a highly plausible basis for action”.² But, although sunscreens prevent sunburn, actinic keratoses, and to some extent squamous-cell carcinoma of the skin, they do not show preventive activity against basal-cell carcinoma and cutaneous melanoma.³ Nine cross-sectional studies and two intervention trials have used naevus development in children as a surrogate endpoint to assess the possibility that sunscreens could prevent melanoma. Only one intervention trial found a modest reduction in naevus development confined to children with freckles, whereas several studies found a positive association between naevus numbers and the use of sunscreens.⁴ It was suggested that sunscreen use could encourage longer stays in the sun without protecting completely against cancer-causing radiation.³ And indeed, a more recent review showed that sunscreen use leads to longer duration of sun exposure when sun exposure is intentional, but not when it is non-intentional.⁵

We agree with Lautenschlager and colleagues that sunscreens are to be used as an adjunct on body areas that remain uncovered and should not be used to increase time in the sun. However, young people tend to use sunscreens to increase sun exposure and acquire a “safe tan” without sunburn, and this behaviour is unfortunately being backed-up by commercial advertising promoting “safe sun”.

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- 1 Lautenschlager S, Wulf HC, Pittelkow MR. Photoprotection. *Lancet* 2007; **370**: 528–37.

- 2 Hill D. Efficacy of sunscreens in protection against skin cancer. *Lancet* 1999; **354**: 699–700.
- 3 International Agency for Research on Cancer. Handbooks of cancer prevention, vol 5: sunscreens. Lyon: IARC Press, 2001.
- 4 Doré JF, Boniol M, Chignol MC, Autier P. The usefulness of sunscreens. In: Ringborg U, Brandberg Y, Breitbart E, Greinert R, eds. Skin cancer prevention. New York/London: Informa Healthcare, 2007: 241–78.
- 5 Autier P, Boniol M, Doré JF. Sunscreen use and increased duration of intentional sun exposure: still a burning issue. *Int J Cancer* 2007; **121**: 2755–59.

Medical romance

Romance fiction generates US\$1.2 billion in sales annually and accounts for 39.3% of all fiction sold in the USA.¹ In recent decades, medical romance has emerged as a substantial subgenre within romance fiction and, to explore this area further, I studied 20 randomly selected medical romance novels.

All novels contained heterosexual romantic plots in which both protagonists were involved in medical work. Most were set in primary care or emergency medicine settings (seven each), including emergency medicine departments (five) and airborne medical teams (two). The remainder were set in general hospitals (three) and maternity settings (three).

All central male protagonists were doctors who worked in emergency medicine (six), primary care (six), surgery (five), obstetrics/neonatology (two), or paediatrics (one). 11 central female protagonists were doctors who worked in primary care, obstetrics/neonatology, training or residency programmes, surgery, anaesthesiology, or emergency medicine. The nine other female protagonists consisted of eight nurses and one paramedic. The most common pairing was male doctor with female doctor (11), followed by male doctor with female nurse (eight).

There was a marked preponderance of brilliant, tall, muscular, male doctors with chiselled features, working in emergency medicine; they were commonly of Mediterranean

origin and had personal tragedies in their pasts. Female doctors and nurses tended to be skilled, beautiful, and determined, but still compassionate; many had overcome substantial personal and professional obstacles in their lives. Protagonists of both sexes had frequently neglected their personal lives to care better for their patients, many of whom had life-threatening illnesses from which they nonetheless managed to recover.

These novels draw attention to the romantic possibilities of primary care settings and the apparent inevitability of uncontrolled passions in the context of emergency medicine, especially as practised on aeroplanes. These novels suggest that there is an urgent need to include instruction in the arts of romance in training programmes for doctors and nurses who intend working in these settings.

I declare that I have no conflict of interest.

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- 1 Romance Writers of America. 2005 Market research study on romance readers. Spring, TX: Romance Writers of America, 2006. http://www.rwanational.org/cs/the_romance_genre/romance_literature_statistics (accessed Aug 4, 2007).

Department of Error

Wei B, O’Leary S, Dowell R. Cochlear implantation: one or two? Lancet 2007; **370**: 719–20—In this Comment (Sept 1), authors’ initials were incorrectly edited. The authorship should have been: Benjamin P C Wei, Stephen J O’Leary, Richard Dowell.

LHRH-agonists in Early Breast Cancer Overview group. Use of luteinising-hormone-releasing hormone agonists as adjuvant treatment in premenopausal patients with hormone-receptor-positive breast cancer: a meta-analysis of individual patient data from randomised adjuvant trials. Lancet 2007; **369**: 1711–23—In this Article (May 19), the Acknowledgments section should have included the lead clinical investigators of the four separate study groups of the ZIPP trial: M Baum and R Sainsbury (UK), T Fornander and L Rutqvist (Stockholm Breast Cancer Study Group), A Nicolucci (GIVIO, Italy), and B Nordenskjöld (South-East Sweden Breast Cancer Group).