

bar and restaurant owners. However, such an unrestrictive ban is likely to be totally ineffective for the prevention of passive smoking among children and non-smoking adults.

Ultimately, the decision will be made by the Japanese Prime Minister, Shinzo Abe, the newly appointed Minister of Health, Labour and Welfare, Katsunobu Kato, and other lawmakers as to whether Japan can make the 2020 Tokyo Olympics smoke free and maintain population health, or alternatively, whether the country will have one of the most unrestrictive second-hand smoking bans in the world.

We declare no competing interests.

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Prevention of hearing loss in patients with multidrug-resistant tuberculosis

In their *Lancet* Review, Blake S Wilson and colleagues (July 10)¹ describe the

growing global burden of hearing loss caused by a range of possible factors. The use of ototoxic medication is a considerable contributor to hearing loss for both children and adults. The authors suggest a primary prevention strategy for reducing hearing loss, which includes the use of ototoxic drugs only when no alternatives are available and only for serious conditions.

Multidrug-resistant tuberculosis is a serious disease, for which, until 2012, few treatment options were available. In most countries, treatment for the disease includes the use of injectable drugs (eg, capreomycin, aminoglycosides). However, these drugs result in hearing loss in up to 50% of patients.² This iatrogenic adverse effect has a considerable effect on individuals' lives, restricting their ability to find meaningful work and participate in social relationships. Many survivors of the disease and individuals who have been cured describe a fate that is worse than death.

Encouragingly, new drugs to treat multidrug-resistant tuberculosis are now available. Bedaquiline and delamanid, and repurposed drugs such as linezolid and clofazimine, are now recommended and can be used as effective alternatives to injectable drugs.³ However, access to these drugs has been slow to scale up and patients in most settings are still faced with the unenviable choice of death or deaf.⁴

Globally, half a million individuals are estimated to develop multidrug-resistant tuberculosis annually.⁵ Offering these individuals the best possible treatment, without the risk of iatrogenic lifelong hearing disability, is both an urgent ethical responsibility and an essential preventive response to the global burden of hearing loss.

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