American Journal of Public Health

Reviewer: Abdoler, Emily

Title: Widening Socioeconomic Disparities in US Childhood Mortality, 1969-2000

First Author: Singh, Gopal

Citation: American Journal of Public Health 2007; 97: 1658-1665

Summary: In order to determine and compare the change in US childhood (1-14 yrs) mortality rates for different socioeconomic levels between 1969 and 2000, the authors utilized the 1990 deprivation index to categorize US counties into five socioeconomic quintiles, connecting country-level mortality data to deprivation level. Socioeconomic disparities became more pronounced in the years analyzed even as nationwide childhood mortality rates fell, indicating that the more socioeconomically-deprived children were experiencing smaller declines in mortality at slower rates. The authors found that this trend holds true for almost all specific causes of death they analyzed. They comment briefly on potential causes and explanations for their findings and provide projected figures for mortality rates if all socioeconomic quintiles had improved at the same rate.

Reviewer: Abdoler, Emily

Title: "Is It Safe?": New Ethics for Reporting Personal Exposures to Environmental Chemicals

First Author: Brody, Jennifer

Citation: American Journal of Public Health 2007; 97: 1547-1554

Summary: Discusses (generally), with the objective to begin a conversation about the issue, the question of providing individual results to participants in studies that measure environmental chemical exposure. Briefly describes other models, but focuses upon the community-based participatory research approach to report-back, offering suggestions for report content and researcher responsibilities in result analysis/interpretation and in making potential recommendations. Discussion based upon the researchers' own experiences and various interviews (with other researchers, IRB members, and study participants) but calls for empirical studies to assess risks/benefits of report-back. Discussion of "ethics" is (very) limited and offers little critique of the method advocated.

Archives of Internal Medicine

Reviewer: lev

Title: German Acupuncture Trials (GERAC) for Chronic Low Back Pain
Randomized, Multicenter, Blinded, Parallel-Group Trial With 3 Groups

First Author: Haake, Michael et al.

Citation: Archives of Internal Medicine 2007; 167: 1892-1898

Summary: This paper compared the effectiveness of acupuncture, either verum or sham and conventional therapy on lower back pain. It found the verum and sham acupuncture were more effective than conventional therapy.

Reviewer: lev

Title: Medical Decision Making for Patients Without Surrogatesw

First Author: Wendler D

Citation: Archives of Internal Medicine 2007; 167: 1711-1715

Summary: The authors address the question of how to make medical decisions for patients that lack surrogates and their preferences are unknown. They point out that a computer-based tool that predicts which treatment a given patient would prefer based on the treatment preferences of similar patients in similar situations has been shown to be as accurate as patient-appointed surrogates and next of kin. They suggest that this tool should be used in the context of patients that have no surrogates.

Reviewer: lev

Title: Effect of Race on Asthma Management and Outcomes in a Large, Integrated Managed Care Organization

First Author: Erickson E., Sara

Citation: Archives of Internal Medicine 2007; 167: 1846-1852

Summary: The authors set out to assess why more black people suffer from asthma compared to general population. The research was done in a managed care organization that provides uniform access to health care. This enabled them to control for differences in SES and other factors. The study concluded that even in a health care setting that provides uniform access to care; black people had worse asthma outcomes, including a greater risk of emergency room visits and hospitalizations. This association was not explained by differences in SES, asthma severity, or asthma therapy. These findings suggest that genetic differences may underlie these racial disparities.

Bioethics

Reviewer: arnon

Title: SURVIVAL LOTTERIES RECONSIDERED

First Author: ØVERLAND, G

Citation: Bioethics 2007; 21: 355-363

Summary: A survival lottery to redistribute organs from one person to a greater number of persons could reduce mortality from organ failure. While arguing against national survival lotteries, the paper argues for the permissibility of some forms of survival lotteries (“local lotteries” among person who are all under a threat of organ failure), that avoid objections of fairness and that do not involve unwelcome consequences (other than the death of the possibly unwilling “donor”).

Reviewer: arnon

Title: USES OF RESPECT AND USES OF THE HUMAN EMBRYO

First Author: GIBSON, S

Citation: Bioethics 2007; 21: 370-378

Summary: UK regulations (The Human Fertilisation and Embryology Act, 1990) permits research on human embryos but restricts it by means of time limit (14 days), and the purpose of research. Argues that permitting, but restricting, research on embryos is justified given the shared uncertainty and fallibility about the moral status of embryos; it is a form of respect for the possibility that either side of the debate might be mistaken in their moral judgment.

Reviewer: Sachs, Ben

Title: Survival Lotteries Reconsidered

First Author: Overland, Gerhard

Citation: Bioethics 2007; 21: 355-363

Summary: In this article Overland argues for the moral permissibility of two kinds of survival lotteries in which X is killed and his healthy organs transplanted into terminally ill Y and Z.

Group Specific Lottery: A, B,…,X, Y and Z have the same antecedent probability of organ failure. Y and Z develop it; nobody else does. A lottery is carried out among A, B,…, and X. X loses the lottery and two of his healthy organs are given to Y and Z.

Local Lottery: X, Y and Z have organ failure, but not the same organs. They are ALL terminally ill. A lottery is carried out among X, Y and Z. X loses the lottery and two of his healthy organs are given to Y and Z.

Overland argues for the moral permissibility of these lotteries on what he calls contractualist grounds, but would more accurately be called contractarian grounds. The argument is well-made and the article accessible.

British Medical Journal

Reviewer: Sarah Lieber

Title: Regulator gives green light to research using human-animal embryos

First Author: Zosia Kmietowicz

Citation: British Medical Journal 2007; 335: 531-531

Summary: The Human Fertilisation and Embryology Authority (HFEA) has declared that “cytoplasmic hybrid embryos” (99.9% human and made using the shell of an animal egg implanted with human genetic material) may be used in research (if strict regulations are put into place). Currently, research is limited by the availability of human eggs and this new ruling should “provide scientists with a more reliable reservoir of stem cells for research purposes.” Restrictions? Individual research teams that want to use these hybrid embryos will have to demonstrate, “to the satisfaction of an HFEA licence committee, that their planned research project is both necessary and desirable. They must also meet the overall standards required by the HFEA for any embryo research…The law already prevents such embryos being implanted in a woman, and they must be destroyed within 14 days. Individual research projects are highly regulated." Critics of new policy claim that creating embryos purely for research is not consistent with the notion of respect for the moral status of embryos protected under British law.

Reviewer: Sarah Lieber

Title: Have charities been silenced by government gold? Charities received a record £900m from the NHS last year—will this prevent them speaking out against government policy?

First Author: Nigel Hawkes

Citation: British Medical Journal 2007; 335: 592-592

Summary: More and more charities are being funded by government grants and contracts as opposed to donors. Author claims, “Even independent organisations such as the Salvation Army have been dragged in, as donations from its own members and legacies decline and grants for social work from government grow, accounting in 2005-6 for a fifth of its revenues.” Among the bigger charities, two thirds get 80% or more of their income from delivering public services. The worry is that increasing government funding contracts will limit a charity’s ability to act freely. “When the Charity Commission conducted a survey in 2006, it found that only 26% of charities that deliver services agreed they were free to make decisions without pressure to conform to the wishes of their paymasters. A minority—less than 10%—admitted that their activities were determined more by funding opportunities than by their mission.” A nice quote from the Charity Commission report:: "Are charities subsidising public services on the basis of decisions informed by beneficiaries' interests? Or are they doing so accidentally, or because of a lack of negotiating power? What might be the impact of these funding issues upon public perception of charity over time?"

Reviewer: Sarah Lieber

Title: NICE should have bigger role in guiding NHS, says report

First Author: Zosia Kmietowicz

Citation: British Medical Journal 2007; 335: 585-585

Summary: The Institute for Public Policy Research (a think tank aimed at looking at what policies are needed to sustain a high quality health service that is affordable) advised in a recent report that The National Institute for Health and Clinical Excellence (NICE) should "be expanded to enable it to assess all new drugs and treatments more quickly to set priorities about what care should be provided by the NHS in England." The think tank recommend increasing resources for NICE so that they can create "a clear framework for how health resources are rationed." The report claims that there needs to be less political influence and more "public engagement" in deciding what drugs and treatments should be available.

Reviewer: Sarah Lieber

Title: Prisoners are developing resistance to HIV drugs because their care is fractured

First Author: Claire Laurent

Citation: British Medical Journal 2007; 335: 583-583

Summary: In Warwick, Health Protection Agency has found that the "frequent transfer of prisoners around the system has led to a lack of continuity in care." Prisoners with HIV are developing resistance to their antiretrovirals; those with hepatitis C and TB are also experiencing a break-down in care. Many patients don't get follow-ups or do not complete their treatment because of transfers to another prison. Some public health officials want to promote needle exchange programs in prisons: "needle exchange schemes in prisons had been rigorously evaluated and shown to be effective in reducing the harm caused by needle sharing." Critics of needle-exchange programs claim that "periods of imprisonment represent a unique opportunity to engage with [prisoners] to improve their health." Instead we should " focus on empowerment of prisoners: teaching skills and behaviour that bring about positive outcomes."

Reviewer: Sarah Lieber

Title: Advert for breast cancer gene test triggers inquiry

First Author: Jeanne Lenzer

Citation: British Medical Journal 2007; 335: 579-579

Summary: Myriad Genetics released a controversial ad campaign in the US encouraging women to undergo genetic testing to determine their risk of breast cancer. The ad feature women with relatives with breast cancer who want to get "BRACAnalysis" to learn about their risk of breast cancer. The problem is that there is insufficient evidence available regarding whether the interventions offered to women with BRCA mutations, such as prophylactic mastectomy and oophorectomy, could reduce mortality. Moreover, the US Preventive Health Services Task Force cautioned that the risks of testing "include adverse physical outcomes and financial, emotional, legal, and social consequences such as insurance and employment discrimination." There have been no clinical trials showing clinical benefit from these genetic tests. Therefore, some argue that it should not be marketed.

Reviewer: Sarah Lieber

Title: Screening for familial hypercholesterolaemia: Insufficient evidence exists to support universal screening

First Author: Ned Calonge

Citation: British Medical Journal 2007; 335: 573-574

Summary: Study in current issue of BMJ proposes a universal screening strategy for familial hypercholesterolaemia. Report suggests “that serum cholesterol should be measured in children aged 1-9 years during routine visits to primary care, and that those with abnormal total cholesterol (greater than 95th centile) should have genetic tests or clinical investigations to confirm the diagnosis.” Current practice recommends screening in children with a positive family history of hypercholesterolaemia or those with risk factors. But the problem with this strategy is that there are high false positive rates. Author concedes that “A universal screening programme without genetic confirmation will identify a large number of children who do not have the disorder. However, a programme that incorporates genetic confirmation of the diagnosis is likely to be expensive.” The most cost-effective approach would be a “cascade screening” strategy in which relatives of patients with familial hypercholesterolaemia receive a clinical or genetic diagnosis. The author’s main argument is that there is not enough evidence supporting any of these strategies. The main problem is that, “Treatment in children with non-familial hypercholesterolaemia has not been shown to improve health outcomes in children or adults,2 and again the long term safety of lipid lowering agents in young children has not been determined.” It is because of this lack of evidence that author does NOT recommend universal screening.

Reviewer: Sarah Lieber

Title: Medicine and the media: Cosmetic surgery gets under Dutch skin

First Author: Tony Sheldon

Citation: British Medical Journal 2007; 335: 541-541

Summary: Recently released Dutch documentary, in which the film-maker is shown consulting a surgeon on whether to have vaginal surgery, has ignited a campaign in the Netherlands to ban non-essential cosmetic surgery for under-18s. Every year in the Netherlands 1 000 young women seek cosmetic vaginal surgery. Concern raised about the “sexualisation of society"…”where feminine images are defined exclusively by unrealistic ideals of beauty.” Although the article deals mostly about the media effects on perception of identity and female perceptions of their bodies, interesting question of “non-essential” surgery.

Reviewer: Sarah Lieber

Title: Off-label use of erythropoietin may be harmful, doctors are told

First Author: David Spurgeon

Citation: British Medical Journal 2007; 335: 532-532

Summary: Recent editorial in the journal of the Canadian Medical Association claims that doctors should be cautious about the off-label use of erythropoietin to treat anaemia in critically ill patients. Drug is currently approved for the treatment of anaemia "in patients on dialysis, patients who have had major surgery, and those undergoing treatment for cancer." The editorial's conclusion is based on findings from a meta-analysis of nine randomised controlled trials and a commentary on the use of erythropoietin in critically ill patients, which concluded that among critically ill patients, use of erythropoietin seems to be associated with a higher risk of thrombotic events. The main issues is that in the United States, "the hormone's manufacturers have promoted it aggressively through direct to consumer advertising and incentive payments to doctors." This article cites just one example related to the problem of drugs being promoted for off-label use "without sufficient evidence of efficacy." This is one way for drug manufacturers to bypass drug regulation.

Reviewer: Sarah Lieber

Title: Number of serious adverse events doubles in seven years in US

First Author: David Spurgeon

Citation: British Medical Journal 2007; 335: 585-585

Summary: A new study released by the US Food and Drug Administration claims that "the number of reported serious adverse events from drug treatment more than doubled in the United States from 1998 to 2005, rising from 34 966 to 89 842." The data comes from reports of adverse events submitted voluntarily to the agency either directly or through drug manufacturers. " The numbers may be even higher due to under-reporting. Drugs to relieve pain and those that alter the immune system were the drugs that were likeliest to result in death." The report suggests the need for better systems reviewing the risks of prescription drugs. The increase may be partly due to a population increase as well as to greater reliance on intensive drug treatment. Moreover, a new Canadian study has said that "mixing herbal medicines with prescription drugs could pose undiscovered health risks because many negative reactions are not being reported or tracked."

Reviewer: Sarah Lieber

Title: US medical authorities are accused of failing to act over doctors in Guantanamo

First Author: Owen Dyer

Citation: British Medical Journal 2007; 335: 530-530

Summary: A letter signed by doctors from 16 countries published in last week's Lancet accused US medical establishment for failing to enforce professional ethics among doctors who serve in the US military. Letter points out that no military doctor has been charged or disciplined for offences committed in "the war on terror." One of organizers, Dr. David Nicholl has made formal complaints with state medical boards against the former hospital commander at Guantanamo Bay, John Edmondson of the US navy, and has notified the American Medical Association (AMA) that Captain Edmondson is a member. These boards and AMA have failed to respond to accusations of "gross negligence" and "falsification of records" by doctors serving in military (either by saying that no evidence to prosecute or they don't have jurisdiction). Main question: are we holding doctors in military to different ethical standards?

Reviewer: Sarah Lieber

Title: Direct to consumer advertising of drugs in Europe: Evidence on its benefits and harms is available but is being ignored

First Author: Nicola Magrini

Citation: British Medical Journal 2007; 335: 526-526

Summary: Recent report from the Institute of Medicine confirmed that direct to consumer advertising (permitted in US and New Zealand) increases the early use of new drugs. European parliament going to consider whether to keep ban on DTCA. Key problem now is that the pharmaceutical industry possesses the key information on their medicines but this info is not made available to patients and healthcare professionals in Europe. Author does not suggest adoption of DTCA but rather that producers of drugs fill in information gaps (quality information is available but consumers don't know how to access it). Partnership b/w drug industry and public should include: 1) transparency: full access to data on the effectiveness and safety of drugs (full access to all clinical trial protocols and to the periodic safety update reports available to regulatory agencies and 2) patients' needs and not industry patents should be the focus of regulatory bodies. "Information should be reliable (evidence based, arising from a systematic evaluation, and unbiased), comparative (with respect to all treatment options), and adapted to users (evaluating the potential problems of generalising to other populations, with consideration of patients' values and preferences). These three principles also apply to prescribers in evaluating the risk-benefit profile of an intervention and in defining the strength of a recommendation when producing a guideline."

Reviewer: Sarah Lieber

Title: Dealing with scientific misconduct: Europe needs policies for good scientific practice and for investigating misconduct allegations

First Author: Xavier Bosch

Citation: British Medical Journal 2007; 335: 524-525

Summary: "Codes of good practice and procedures for handling allegations of misconduct involving research throughout Europe are either underdeveloped or non-existent." Oversight of research in Europe is fragmented and varies widely between countries. Author suggests countries to elect a local ombudsperson to act as an impartial third party. If further investigation is needed, the matter should be referred to the institution where the study was carried out. A legally binding, unified, pan-European oversight framework wouldn't seem to work given different practices and cultures of every country. "A more realistic and timely pan-European scenario would be where most countries (or most research institutions) have regulations in place, which are complemented by additional Europe wide efforts, mainly focused on agencies that fund research." Pan-European research funding bodies, notably the EC and the European Research Council, could set up regulatory mechanisms and compel institutions to formulate rules about research integrity and procedures for handling allegations of misconduct.

Reviewer: Sarah Lieber

Title: The future of smoke-free legislation: Will cars and homes follow bans on smoking in public spaces?

First Author: Simon Chapman

Citation: British Medical Journal 2007; 335: 521-522

Summary: Bans on smoking in public places have become more popular around the globe (i.e. no smoking in restaurants, bars, shopping malls etc.) BMJ study shows that mothers' smoking in homes and cars is "important source of exposure in children". Several US jurisdictions and South Australia have legislated bans on smoking in cars when children are on board. This raises a new issue concerning cars—is this private or public space? There are many legal requirements regarding "seat belts, car standards, driving conduct, mobile phone us"—these are designed to protect public safety and safety of car occupants (a type of "benevolent paternalism"). However, cars are often seen as private space as well. Similarly, homes are significant source for exposure to secondhand smoke. Even though we are reluctant to outlaw smoking at home, author suggests "encouraging homes" to "implement smoke-free rules." Strategies include public health campaigns and more active role of health professionals to communicate risks of smoking in homes/cars (especially for children). (The actual studies investigating the effects of smoking in the private sphere are available in this issue of BMJ).

Reviewer: Sachs, Ben

Title: Head to Head: Should terminally ill patients have the right to take drugs that pass phase I testing? No

First Author: Gesme, Dean

Citation: British Medical Journal 2007; 335: 479-479

Summary: This opinion piece is about two issues: The FDA's proposal to relax its policy on compassionate use and the Abigail Alliance's effort to secure a legal ruling granting a right on the part of terminally ill patients to get off-study access to investigational therapies when such patients are ineligible to participate in the clinical testing of these therapies. The author deals with both issues at once and appears to adopt the extreme position that it is always wrong for doctors to prescribe non-FDA-approved therapies, his main argument being that a doctor's first responsibility is to do no harm.

Reviewer: Persad

Title: The three official language versions of the Declaration of Helsinki: what's lost in translation?

First Author: Carlson, RV

Citation: British Medical Journal 2007; 33: 545-548

Summary: Translating the DoH into other languages leads to the meaning of some concepts changing, producing ethical problems. For instance, the French DoH claims that subjects must be "assured of benefit" for research to be ethical. Interesting article for those doing int'l research ethics.

Reviewer: Persad

Title: Embryos and pseudoembryos: parthenotes, reprogrammed oocytes and headless clones

First Author: Watt, Helen

Citation: British Medical Journal 2007; 33: 554-556

Summary: Apparently "a headless clone can't move ahead towards happiness, because she can't actualize her head." Seems to argue that based on an Aristotelian analysis of happiness/function, it is in the interest of headless clones to have their head-producing genes turned on, and for human body parts that are "geared, or partly geared, to support the human brain that they lack" to have that brain instantiated.

Reviewer: Sachs, Ben

Title: Should terminally ill patients have the right to take drugs that pass phase I testing? Yes

First Author: Freireich, Emil J.

Citation: British Medical Journal 2007; 335: 478-478

Summary: This opinion piece is about two issues: The FDA's proposal to relax its policy on compassionate use and the Abigail Alliance's effort to secure a legal ruling granting a right on the part of terminally ill patients to get off-study access to investigational therapies when such patients are ineligible to participate in the clinical testing of these therapies. However, the author never clearly separates the two issues and offers an incredibly superficial treatment of both.

Reviewer: Persad
Title: Am I my brother's gatekeeper? Professional ethics and the prioritisation of healthcare
First Author: Hunter, David
Citation: British Medical Journal 2007; 33: 522-526
Summary: It can be good to teach doctors about health resource prioritization, and doesn't undermine their professional responsibilities to patients.

(Really from J Med Ethics)

Reviewer: Persad
Title: The body as unwarranted life support: a new perspective on euthanasia
First Author: Shaw, David
Citation: British Medical Journal 2007; 33: 519-521
Summary: People's bodies are just another form of life support that can be withdrawn (e.g. lungs are just like ventilators). Interesting way to collapse the much-attacked distinction between active and passive euthanasia.

Really from J Med Ethics.

Reviewer: Sarah Lieber
Title: Poverty and health: Improving health through wealth
First Author: Lynn Eaton
Citation: British Medical Journal 2007; 335: 538-539
Summary: Feature Article: World Health Organization set up its Commission on the Social Determinants of Health in March 2005 (it's goal is "to investigate the social factors that affect health, including unemployment, unsafe workplaces, urban slums, globalisation, and lack of access to health systems.") Organisations like WHO and the Bill and Melinda Gates Foundation have tended to take a disease based approach to health—often failing to consider the social context in which these treatments are given. The commission is headed by Michael Marmot, director of the International Institute for Society and Health. Article cites one example of how Commission has interacted with a trade union in India –India's Self-Employed Women's Association (SEWA) (it is responsible for the union's health care, child care, and insurance programs and has run a series of campaigns to overcome the social determinants of health—including one for better water). Trade union informs commission of how things work at local level (and how can be model for other locales). Commission informs trade union about govt. health services (like for immunization, family planning, tuberculosis control). Interesting new approach to partnerships trying to improve delivery of health care.

Reviewer: Sachs, Ben

Title: Capitalism is a force for good

First Author: Charlton, Bruce G

Citation: British Medical Journal 2007; 335: 628-629

Summary: Charlton points out that those countries that have recently moved to a capitalist economy have shown the greatest increase in population health. From this he argues that, "What the sick and poor of the world need is more capitalism, more industrialisation, and more globalisation."

Reviewer: Sarah Lieber

Title: UK study will reimburse egg donors for costs of in vitro fertilisation

First Author: Susan Mayor

Citation: British Medical Journal 2007; 335: 581-581

Summary: “Women will be reimbursed about half the cost of their in vitro fertilisation in return for donating "surplus" eggs for stem cell research, in the first study funded by the UK Medical Research Council (MRC) that will pay participants.” MRC claims that the women would be taking no additional risks to their health by providing surplus eggs for research. The payment scheme is meant to create a more steady supply of eggs for stem cell research (currently the availability of eggs is limited). MRC expresses concerns about ensuring informed consent. As of yet, informed consent will be obtained by a research nurse who works separately from the stem cell program. “Women who agree to donate their eggs will sign a written agreement to donate half their eggs, but women who produce fewer than five eggs would not be expected to donate any and would not lose their right to payment.”

Reviewer: Sachs, Ben

Title: UK considers moving to system of presumed consent to transplantation

First Author: Dyer, Clare

Citation: British Medical Journal 2007; 335: 634-635

Summary: "The UK government is considering moving to a system where people will be presumed to have consented to the use of their organs for transplantation unless they have opted out."
"A recent survey by Ipsos MORI for the Human Tissue Authority found that although 68% of respondents said they were likely or certain to donate their body, organs, or tissue, only 5% had taken the necessary steps to do so."

Reviewer: Sachs, Ben

Title: Physician assisted death in vulnerable populations

First Author: Quill, TE

Citation: British Medical Journal 2007; 335: 625-626

Summary: This is a very brief review of studies on legal, borderline/maybe legal, and illegal practices of physician-assisted suicide and euthanasia, specifically the extent to which members of disadvantaged populations may be victimized by them. The author concludes, "Available data suggest the risks and benefits of controversial practices like physician assisted death or terminal sedation are more favourable when practitioners work together with patients and families in an open and accountable environment."

Reviewer: Sachs, Ben

Title: The Declaration of Helsinki

First Author: Goodyear, Michael DE

Citation: British Medical Journal 2007; 335: 624-625

Summary: Scattered musings about the past, present, and future effectiveness of the Declaration of Helsinki. I'm not sure what the point of the article is.

Hastings Center Report

Reviewer: Namrata Kotwani

Title: Managing Reproductive Pluralism: The Case for Decentralized Governance

First Author: Fossett, JW

Citation: Hastings Center Report 2007; 37: 19-22

Summary: Author emphasizes that any attempt to set national reproductive policy is unwise, because no matter how reasonable its bioethical premises, it still cannot bridge profound disagreement among members of the general public, policy-makers, advocacy groups, and ethicists on important moral questions such as the moral status of embryos, federal funding of stem cell research etc. The most likely outcome of national debate over reproductive regulation is likely to end in a deadlock. Thus, states should be allowed to take over reproductive regulation because this is a policy-making process that recognizes moral pluralism. Majorities in individual states have formed consenus views on stem cell research and bioethical issues and it seems reasonable to allow such coalitions to direct policy agendas.

Reviewer: Namrata Kotwani

Title: A Proposal for Modernizing the Regulation of Human Biotechnologies

First Author: Furger F, Fukuyama F

Citation: Hastings Center Report 2007; 37: 16-20

Summary: Authors suggest that reproductive technologies rapidly are evovling "into tools to customize and enhance children" and current regulatory policies governing ARTs are insufficient to address concerns about safety and efficacy as well as ethical problems. They propose a set of ethical guidelines, a series of prohibited and regulated activities, and a new regulatoy agency to modernize the current adminstrative framework. Include reproductive cloning, germline genetic modifications, and certain forms of animal human chimeras as activities that should be banned outright by the Congress. This issue of the journal features several commentaries on specific aspects of the authors' proposals.

Reviewer: Namrata Kotwani

Title: The Cash Nexus

First Author: Schneider, CE

Citation: Hastings Center Report 2007; 37: 11-12

Summary: Perspective piece on the pitfalls of consumer-directed health care, especially the lack of information on actual costs of medical procedures and care for consumers and their very limited bargaining power in contractual relationships with health care providers. Also highlights the reluctance of courts to charcerize hospital charges as "unconscionable" contracts.

Health Affairs

Reviewer: lev

Title: Vulnerable People, Groups, And Populations: Societal View

First Author: Mechanic, David

Citation: Health Affairs 2007; 26: 1220-1230

Summary: This paper provides an overview of the debate over what social policies are required to deal with vulnerable people. It distinguishes between different sources of vulnerability and these are then addressed from a policy stand point.

JAMA

Reviewer: O'Neil

Title: Limitations of Applying Summary Results of Clinical Trials to Individual Patients: The Need for Risk Stratification

First Author: David M. Kent

Citation: JAMA 2007; 298: 1209-1212

Summary: Recommendations for treatment of individual patients should not be based (only) on the average benefit of the treatment in clinical trials. Average benefit not only fails to predict the likely benefit for each individual in the trial, but often will not even predict the likely benefit for the typical member of the trial. The reason is that the average benefit usually reflects large benefits to a small number of high risk individuals in the trial.

Reviewer: O'Neil

Title: Physician Scores on a National Clinical Skills Examination as Predictors of Complaints to Medical Regulatory Authorities

First Author: Robyn Tamblyn, et al.

Citation: JAMA 2007; 298: 993-1001

Summary: Doctors who performed well on a standardized assessment of communication skills had fewer patients complaints down the road.

Reviewer: arnon

Title: Vulnerable Elders
Vulnerable Elders: When It Is No Longer Safe to Live Alone

First Author: Dyer, C et. al

Citation: JAMA 2007; 298: 1448-1450

Summary: The problem of self-neglect of the elderly is a growing problem, which may pose extreme health risks, and has financial consequences. The problem has been neglected because of lack of evidence, lack of awareness, the presumption that patients make autonomous decision, and other reasons. The problem needs to be addressed, so that cognitively impaired elders do not to suffer from the consequences of self neglect.

Reviewer: O'Neil

Title: Interest Surging in Electroconvulsive and Other Brain Stimulation Therapies

First Author: Lynne Lamberg

Citation: JAMA 2007; 298: 1147-1149

Summary: Shock therapy is back and better than ever. Kitty Dukakis uses it to treat her depression.

Reviewer: Arnon

Title: Medical News & Perspectives: Weighing Risks and Benefits a Struggle for Both Physicians and Patients

First Author: Hampton, T

Citation: JAMA 2007; 298: 1387-1387

Summary: Briefly discusses some findings on how ways of representing risk estimates to patients affects patient's understanding of such risks.

Reviewer: O'Neil

Title: Mortality Among Hospitalized Medicare Beneficiaries in the First 2 Years Following ACGME Resident Duty Hour Reform

First Author: Kevin G. Volpp, et al.

Citation: JAMA 2007; 298: 975-983

Summary: The authors tried to learn whether new regulations that limited the hours that residents work had influenced mortality rates. The study turned up no change in mortality rates among Medicare patients.

Reviewer: O'Neil

Title: Mortality Among Patients in VA Hospitals in the First 2 Years Following ACGME Resident Duty Hour Reform

First Author: Kevin G. Volpp, et al.

Citation: JAMA 2007; 298: 984-992

Summary: Regulations reducing the workload of residents were associated with a reduction in mortality rates in VA hospitals.

Reviewer: O'Neil

Title: Justifying Patient Risks Associated With Medical Education

First Author: Winston Chiong

Citation: JAMA 2007; 298: 1046-1048

Summary: Sometimes patients are treated by trainees even when a more experienced physician is available. These patients are exposed to extra risks for the sake of others, but this practice can be justified to patients on a number of grounds.

Reviewer: Arnon

Title: Essential Elements of a Technology and Outcomes Assessment Initiative

First Author: Emanuel EJ,

Citation: JAMA 2007; 298: 1323-1325

Summary: Because only a miniscule of health care expenditure is spent on technology assessment, health care expenditure is often inefficient. The article draws attention to the need to invest more in technology assessment, and lists 6 essential features of an effective technology assessment intitiative: independence; dedicated funding; objective and timely research; use of reliable methods; widespread dissemination; organization structure that lends it legitimacy

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Journal of General Internal Medicine

Reviewer: Abdoler, Emily

Title: Implicit Bias among Physicians and its Prediction of Thrombolysis Decisions for Black and White Patients

First Author: Green, Alexander

Citation: Journal of General Internal Medicine 2007; 22: 1231-1238

Summary: The authors administered (to participating internal and emergency medicine residents) three Implicit Association Tests (Racial Preference IAT , Race Cooperativeness IAT , Race Medical Cooperativeness IAT), a survey assessing explicit racial bias, and a clinical vignette that included a picture of either a black or white patient (with related questionnaire about diagnosis, treatment, etc) to investigate whether subconscious racial bias influences clinical decisions in a predictable way. While the participating physicians reported no conscious bias, the IAT results revealed implicit antiblack bias. Furthermore, in terms of the vignette, physicians were less likely to prescribe thrombolysis to black patients they diagnosed with coronary artery disease (CAD) than white patients they diagnosed with CAD; increasing antiblack bias (for race preference IAT and composite IAT) was linked to a decreasing likelihood to recommend thrombolysis.

Reviewer: Abdoler, Emily

Title: Racial and Socioeconomic Disparities in Bone Density Testing Before and After Hip Fracture

First Author: Neuner, Joan

Citation: Journal of General Internal Medicine 2007; 22: 1239-1245

Summary: The authors investigated racial disparities in bone mineral density (BMD) testing by assessing the incidence of such testing in different cohorts of Medicare-eligible women before and after hip fracture. While the lower likelihood of pre-fracture BMD testing in black and Hispanic cohorts may be explained by a potential lower risk of fractures and lack of evidence for BMD test utility for such populations, the authors found that this disparity continued post-fracture (despite the fact that BMD testing is recommended for all cohorts post-fracture). Socioeconomic and education level disparities in BMD testing, however, diminished post-fracture.

Reviewer: Abdoler, Emily

Title: Surviving Surrogate Decision-Making: What Helps and Hampers the Experience of Making Medical Decisions for Others

First Author: Vig, Elizabeth

Citation: Journal of General Internal Medicine 2007; 22: 1274-1279

Summary: The authors interviewed, via telephone, the surrogate decision-makers of patients previously-enrolled in an advanced care planning study about their experiences as surrogates. The interviews focused upon the factors that made decision-making easier or more difficult for the surrogates, with responses being analyzed based upon a coding scheme and grouped into four general categories. The contributing factors determined were consistent with previous literature, not surprising, and intended to provide guidance to clinicians who wish to make the decision-making process easier/less stressful for surrogates.

Reviewer: Abdoler, Emily

Title: Ethnicity and Quality of Diabetes Care in a Health System with Universal Coverage: Population-Based Cross-sectional Survey in Primary Care

First Author: Gray, Jeremy

Citation: Journal of General Internal Medicine 2007; 22: 1317-1320

Summary: Given the existence of a universal health care system and various quality improvement initiatives in the UK, the authors investigated differences in quality of diabetes care and diabetes clinical outcomes between different ethnic groups (black, south Asian, white) in a diverse urban population in the U.K. The authors determined that there were statistically-significant differences between ethnic groups for only a few of the factors used to assess quality of care (recording of process measures – tests underwent and advice offered). Nevertheless, more patients in the white cohort met the three diabetes treatment targets (blood pressure, HbA1c and cholesterol levels) than patients in the other ethnic groups. This trend was true for some (but not all) individual measures as well (such as greater likelihood of HbA1c control for the white cohort as compared to both the black and south Asian cohorts). Thus, quality of care is relatively the same for all ethnic cohorts although there continues to be disparities in outcomes.

Journal of Law, Medicine and Ethics

Reviewer: O'Neil

Title: Individuality and Human Beginnings: A Reply to David DeGrazia

First Author: Alfonso Gomez-Lobo

Citation: Journal of Law, Medicine and Ethics 2007; 35: 457-462

Summary: Gomez-Lobo defends the claim, against DeGrazia, that we originate as zygotes. DeGrazia takes the possibility of twinning to show that early embryos must be insufficiently unified to count as human organisms. Since we are essentially human organisms, we could not have been early embryos. Gomez-Lobo seems to agree that we are essentially human organisms, but claims that when we look carefully at the functional organization of early embryos, we see that in fact they are unified in the way a human organism must be.

Reviewer: O'Neil

Title: The Human Genome as Common Heritage: Common Sense or Legal Nonsense?

First Author: Pilar N. Ossorio

Citation: Journal of Law, Medicine and Ethics 2007; 35: 425-439

Summary: Objections against patents on genetic material often rely on the premise that the human genome is our "common heritage." On one interpretation this means that we have equal rights to products or benefits derived from the human genome; on another it means we have duties to protect the genome. She argues that on either interpretation, the genome's status as our common heritage is consistent with (most) patents on genes.

Reviewer: O'Neil

Title: Informed Consent: Physician Inexperience is a Material Risk for Patients

First Author: Richard J. Veerapen

Citation: Journal of Law, Medicine and Ethics 2007; 35: 478-485

Summary: Veerapen argues that the legal requirement of informed consent should be understood to include, where applicable, the disclosure of a doctor's inexperience performing a procedure.

Reviewer: O'Neil

Title: Human Genetics Studies: The Case for Group Rights

First Author: Laura S. Underkuffler

Citation: Journal of Law, Medicine and Ethics 2007; 35: 383-395

Summary: Should some groups have the right to forbid their members from voluntarily undergoing genetic testing? She turns back various challenges to the coherence and fairness of group rights as such, and argues that a group right to forbid testing may be justified if the group interests that would be threatened by testing are substantial.

Reviewer: O'Neil

Title: Genes and Spleens: Property, Contract, or Privacy Rights in the Human Body?

First Author: Radhika Rao

Citation: Journal of Law, Medicine and Ethics 2007; 35: 371-382

Summary: Rao describes three cases (Moore v. Regents, Greenberg v. Miami Children's Hospital, and Washington University v. Catalon) where the courts favored the claims of researchers over the claims of those who provided the researchers with bodily samples. Donors should have greater legal control over what is done with their bodily samples, but property, contract, and privacy law are not (for different reasons) up to the task.

Journal of Medicine and Philosophy

Reviewer: Sachs, Ben

Title: Using the Best Interests Standard to Decide Whether to Test Children for Untreatable, Late-Onset Genetic Diseases

First Author: Kopelman, Loretta M

Citation: Journal of Medicine and Philosophy 2007; 32: 375-394

Summary: Kopelman argues that the professional consensus, among doctors, against testing children for untreatable, late-onset genetic diseases is defensible. However, she also argues that seeking these tests for one's children does not amount to medical neglect, meaning that parents have the legal right to make this choice. The essay is clear and well-argued, and Kopelman has some interesting things to say about what it means to act in an individual's best interests.

Reviewer: Sachs, Ben

Title: Understanding Risks and Benfits in Research on Reproductive Genetic Technologies

First Author: Malek, Janet

Citation: Journal of Medicine and Philosophy 2007; 32: 339-358

Summary: Malek argues that the risk/benefit assessment for clinical studies in reproductive genetic technologies (e.g., preconception genetic diagnoses, preimplantation genetic diagnosis, cloning) is likely to be harder to make than for other kinds of clinical studies. The two most interesting claims Malek makes are, a) the risks and benefits to people who don't exist at the time of the research but may come into existence because of the research should be taken into account, and b) risks and benefits should be discounted for uncertainty.

Reviewer: Sachs, Ben

Title: Grappling with Groups: Protecting Collective Interests in Biomedical Research

First Author: Sharp, Richard R.

Citation: Journal of Medicine and Philosophy 2007; 32: 321-337

Summary: The possibility of studying human genetic variation has led to the creation of ethical guidelines for the protection of genetic groups, who might be harmed by certain sorts of information that such research might reveal about them. The authors propose to investigate whether these ethical guidelines might be useful in regulating research that poses potential harms to other kinds of groups (religious, national, etc.). Their answer is that, no, these guidelines won't help, at least not until certain "conceptual ambiguities and practical challenges" are met. But the problems the authors bring up are both a) obvious, and b) problems with the guidelines themselves as opposed to problems with their applicability to research on non-genetic groups.

Lancet

Reviewer: Millum

Title: Animal-human hybrid-embryo research

First Author: editorial

Citation: Lancet 2007; 370: 909-909

Summary: The Human Fertilisation and Embryology Authority (HFEA), which oversees embryo research in the UK, just ruled that scientists could be licensed to create animal-human hybrid-embryos for stem-cell research. The procedure would introduce a human somatic cell nucleus into an animal egg. Under UK law they would still need to be destroyed after 14 days.

Reviewer: Schulz-Baldes

Title: Financing the fight against AIDS, tuberculosis, and malaria

First Author: editorial

Citation: Lancet 2007; 370: 1190-1190

Summary: Latest numbers on global HIV/AIDS funding. Under current spending levels, which total around $10 billion a year, only two-thirds of the people in need of antiretrovirals would receive them by the target deadline. An increase in spending to $42 billion by 2010 would meet the goal of universal access.

Reviewer: Schulz-Baldes

Title: Women: more than mothers

First Author: editorial

Citation: Lancet 2007; 370: 1283-1283

Summary: Introduction to a Lancet issue dedicated to maternal health, commemorating WHO's Safe Motherhood Initiative from 1987. The issue contains papers on global maternal mortality and morbidity that improve too slowly to meet the millennium development goals; on essentially unchanged unsafe abortion rates worldwide; and on the importance of seeing women not only as mothers ("investing in women and their health pays off for governments as well as families"). No contribution on the problem of research with pregnant women.

Reviewer: Schulz-Baldes

Title: What next for the NHS?

First Author: Darzi, A

Citation: Lancet 2007; 370: 1400-1401

Summary: The UK has released an interim report on the NHS, evaluating the 2000 NHS Plan. Fairness, responsiveness, safety, and effectiveness are identified as the four dimensions of good quality care. Deficiencies are cited in each category. In the accompanying editorial, the Lancet states that the general practitioner's role as a gatekeeper in the community is no longer appropriate in today's specialized and more consumer-oriented medicine.

Reviewer: Schulz-Baldes

Title: Research integrity: collaboration and research needed

First Author: von Elm, E

Citation: Lancet 2007; 970: 1403-1404

Summary: Report on the First World Conference on Research Integrity in Lisbon, Portugal. Because publishing and grants are vital for academic careers, fabrication, falsification, and plagiarism are frequent. Regulation was thought to be particularly difficult in the private sector.

Reviewer: Schulz-Baldes

Title: The Strengthening the Reporting of Observational Studies in Epidemiology (STROBE) statement: guidelines for reporting observational studies

First Author: von Elm, E

Citation: Lancet 2007; 370: 1453-1457

Summary: The Strengthening the Reporting of Observational Studies in Epidemiology (STROBE) initiative developed recommendations on what should be included in an accurate and complete report of an observational study (cohort, case-control, or cross-sectional studies).

Reviewer: Schulz-Baldes

Title: Changing behaviour, changing practice

First Author: editorial

Citation: Lancet 2007; 370: 1460-1460

Summary: NICE and the UK Department of Health promote “contingency management” in methadone programs. Contingency management works with incentives to modify drug behavior (e.g. financial incentives, shopping vouchers, take-home methadone doses).

Reviewer: Schulz-Baldes

Title: Global health governance and the World Bank

First Author: Prah Ruger J

Citation: Lancet 2007; 370: 1471-1474

Summary: The World Bank has wants to play a bigger role in global health. It has issued a new strategy for Health, Nutrition, and Population that primarily focusses is on strengthening health systems. The author argues the strategy will fail to be effective if it does not consider social and economic determinants of health and mechanisms of policy reform and policy decision-making.

Reviewer: Millum

Title: Debating how to do ethical research in developing countries

First Author: Costello, A

Citation: Lancet 2007; 370: 1025-1026

Summary: Review of J V Lavery et al. (eds.), Ethical Issues in International Biomedical Research: A Casebook. Oxford University Press (2007).
Costello praises the book. However, most of the substance of the review is taken up by his defence of Abhay Bang’s SEARCH programme in India against Marcia Angell’s criticisms. Includes the first academic use I have seen of “retrospectoscope.”

Reviewer: Schulz-Baldes

Title: Generation of political priority for global health initiatives: a framework and case study of maternal mortality

First Author: Shiffman, J

Citation: Lancet 2007; 370: 1370-1379

Summary: How can we generate political priority for global health initiatives? The authors argue that the strength of the actors involved in the initiative, the power of the ideas they use to portray the issue, the nature of the political contexts in which they operate, and characteristics of the issue itself determine whether or not initiatives rank high on political agendas.

Reviewer: Schulz-Baldes
Title: Mental health and human rights
First Author: Dhanda A, Narayan T
Citation: Lancet 2007; 370: 1197-1198
Summary: The Lancet Global Mental Health Group, a big WHO coordinated initiative, lists priorities for mental health research in developing countries. Studies on cost-effectiveness of various interventions are high on the agenda.

Reviewer: Millum
Title: Achieving health equity: from root causes to fair outcomes
First Author: Marmot, M
Citation: Lancet 2007; 370: 1153-1163
Summary: The author is writing on behalf of the Commission on Social Determinants of Health (set up by the WHO in 2005). The article summarizes research on the social determinants of health from a global perspective, and gives a call for action to deal with the causes of health inequity.

Reviewer: Millum
Title: Can we achieve Millennium Development Goal 4? New analysis of country trends and forecasts of under-5 mortality to 2015
First Author: Murray, C J L et al.
Citation: Lancet 2007; 370: 1040-1054
Summary: Global under-5 mortality is expected to decline by 27% from 1990 to 2015; this compares with the Millennium Development Goal of 67%. Though child mortality has fallen globally since 1980, it is falling no faster now than it was 30 years ago.

Reviewer: Schulz-Baldes
Title: Food, livestock production, energy, climate change, and health
First Author: McMichael, AJ
Citation: Lancet 2007; 370: 1253-1263
Summary: An interesting argument in favour of reducing our meat intake: We should eat less meat to prevent increased green-house gas emissions. Livestock production accounts for about a fifth of total greenhouse-gas emissions. Agricultural activity in general is estimated to exceed emissions from power generation and transport.

Reviewer: Schulz-Baldes
Title: Medicines for children: safety as an afterthought
First Author: editorial
Citation: Lancet 2007; 370: 1190-1190
Summary: Brief summary of WHO's report on Safety of medicines for children that highlights the unacceptable state of monitoring medicine-related problems in children worldwide (off-label and unlicensed use, insufficient evidence of long-term effects etc.) .

New England Journal of Medicine

Reviewer: Smith
Title: Thimerosal and Vaccines -- A Cautionary Tale
First Author: Offit, P
Citation: New England Journal of Medicine 2007; 357: 1278-1279
Summary: Summary of the thimerosal scare that was precipitated by poor information dissemination.

Reviewer: Smith
Title: Current Concepts: "Control of Neglected Tropical Diseases"
First Author: Hotez, P; Sachs, J; Savioli, L; et al
Citation: New England Journal of Medicine 2007; 357: 1018-1027
Summary: Article outlines partnership strategies for combating “the 13 parasitic and bacterial infections known as the neglected tropical diseases.” Article proposes taking advantage of “extensive geographic overlap and coendemicity” among diseases. Rapid-impact packages of chemotherapy are shown to be highly cost-effective for 7 of the thirteen at expected costs of $0.40-0.79 per person, yielding an estimated $2-$9 per disability-adjusted life-year. Article proposes that Chagas’ disease, human African trypanosomiasis, and visceral lesihmaniasis will be combated by improved “surveillance, early diagnosis and treatment, and vector control.” Article also points out that vaccines for the neglected tropical diseases may soon be developed.

Reviewer: Smith
Title: Harnessing the Power of Default Options to Improve Healthcare
First Author: Halpern, SD, et al
Citation: New England Journal of Medicine 2007; 357: 1341-1344
Summary: Authors look critically at the potential for default option use in healthcare and attempt to establish some guides as to the usage of such options.

Reviewer: Smith
Title: Cases in Vaccine Court — Legal Battles over Vaccines and Autism
First Author: Sugaman, S
Citation: New England Journal of Medicine 2007; 357: 1275-1277
Summary: Article considers the future for the Vaccine Injury Compensation Program (VICP) proceedings concerning thimerosal and autism. It is believed that the VICP judges will find against the autism linkage claim; the author considers the possibility that families with autistic children will then attempt to sue the program or bypass it in light of the substantial legal and congressional backing that such families have.

Reviewer: Smith
Title: Putting Typhoid Vaccination on the Global Health Agenda
First Author: DeRoeck, D; Jodar, L; Clemens; J
Citation: New England Journal of Medicine 2007; 357: 1069-1071
Summary: Article argues for strategic use of newer Typhoid vaccination particularly in southeast Asia.

Reviewer: Smith
Title: No Child Left Uncovered
First Author: Curfman, G; Drazen, JM
Citation: New England Journal of Medicine 2007; 357: 1036-1037
Summary: Editorial points out weakness of the president's opposition to SCHIP.

Reviewer: Smith
Title: Sidelining Safety -- The FDA's Inadequate Response to the IOM
First Author: Smith, SW
Citation: New England Journal of Medicine 2007; 357: 960-963
Summary: Author recounts FDA's response to the IOM recommendations of Sept. 2006, published in "The Future of Drug Safety." Author sees the FDA's response as "fall[ing] short of what the American public expects and deserves." Author is particularly trouble by FDA's failure to give teeth to both OND and OSE, rather than merely the former.

Reviewer: Smith
Title: The Battle over SCHIP
First Author: Iglehart, JK
Citation: New England Journal of Medicine 2007; 357: 957-963
Summary: Good summary of current SCHIP legislation battle. Author predicts that debate will continue "without a clear resolution in sight" unless on party seizes substantial margin in congress. Author also predicts that federal healthcare spending will continue to increase.

Reviewer: Smith
Title: Shattuck Lecture, "We Can Do Better -- Improving the Health of the American People"
First Author: Schroder, S
Citation: New England Journal of Medicine 2007; 357: 1221-1228
Summary: Author gives account of the US's low public health ratings by suggesting that the US spending is disproportionately distributed to health problems for middle and upper classes (vaccine research, autism research) and that the US would do better to address more behavioral issues. Author traces current public health issues of tobacco and obesity, as cases in which addresing such behaviors and suggests that the success of the former does not apply to the promise of the latter. Author concludes that addressing the needs of the working class will prove most cost-effective and suggests that the solution is one of finding a political voice for the working class as such rather than for particular racial or ethnic groups.

Reviewer: Smith

Title: Health Care for All?

First Author: Bloche, Gregg

Citation: New England Journal of Medicine 2007; 357: 1173-1175

Summary: Author argues that universal health coverage on a European-style will not be possible in the US "barring a catastrophe much more sever than that of 9/11." Author traces the rise of a more egalitarian state model from 1793 Paris through WWII and argues that there was a perceived contract with the state, in which the state would return generous welfare benefits in return for citizen's promise of sacrifice of life in war. Author argues that this contract has been changed in the atomic age when citizens are required to sacrifice less and concludes that, barring said catastrophe, an Edwards/Obama/Clinton model is the closest to universal coverage that we are likely to see.

Reviewer: Smith

Title: Sustaining the Engine of U.S. Biomedical Discovery

First Author: Heining, S.J.; et al

Citation: New England Journal of Medicine 2007; 357: 1042-1047

Summary: Article considers dangers as demand upon NIH budget sharply increase while NIH real budget has significantly decreased. Article makes budget change recommendations for congress and recommendations to academic medicine for “greater coordination and collaboration among diverse institutions.”

PLoS Medicine

Reviewer: Persad

Title: Grand Challenges in Global Health: The Ethical, Social and Cultural Program

First Author: Singer, PA

Citation: PLoS Medicine 2007; 4: e265-e265

Summary: The Grand Challenges in Global Health (GCGH) initiative, which aims to improve health in poor countries, is also attempting to consider ethical and social issues related to the technologies they are promoting. An advisory board has been set up. Part of a set of several articles on this topic in this issue of PLoS Med, which may be of interest to global health fans.

Reviewer: Persad

Title: Racial Categories in Medical Practice: How Useful Are They?

First Author: Braun, L

Citation: PLoS Medicine 2007; 4: e271-e271

Summary: There are problems with doctors and researchers using patients' race as a variable that determines treatment. Race should not be misconstrued as biologically determinative, and current NIH requirements for inclusion of members of certain races may be mistaken.

Reviewer: Persad
Title: Do Abstinence-Plus Interventions Reduce Sexual Risk Behavior among Youth?
First Author: Dworkin, SL
Citation: PLoS Medicine 2007; 4: e276-e276
Summary: Abstinence-plus programs (where abstinence as well as other safer-sex strategies are promoted) can be effective, and are more effective than abstinence only programs. Discussion of a larger empirical paper in the same issue.

Reviewer: Persad
Title: Physician Awareness of Drug Cost: A Systematic Review
First Author: Allan, J
Citation: PLoS Medicine 2007; 4: e283-e283
Summary: Physicians tend to underestimate the cost of expensive drugs and overestimate the cost of cheap drugs. (A new "therapeutic misconception"?)

Science

Reviewer: Wolitz, Rebecca
Title: Policy Forum: The Future of Personal Genomics
First Author: McGuire, Amy L., et al.
Citation: Science 2007; 317: 1687-1687
Summary: This brief article calls for attention to “the ethical, social, and clinical implications of personal genomics”. It is anticipated that in about 5 years the price of technology for sequencing genomes will be such that it will be incorporated into “routine clinical care”. These authors raise worries about social justice and the value of the information obtained from sequencing and testing as a means to improving health.

Reviewer: Wolitz, Rebecca
Title: Infectious Disease: Vaccine-Related Polio Outbreak In Nigeria Raises Concerns
First Author: Roberts, Leslie
Citation: Science 2007; 317: 1842-1842
Summary: The largest known poliomyelitis outbreak caused by the live polio vaccine has occurred in Northern Nigeria, a largely Muslim area deeply suspicious of westerners and the safety of vaccination efforts. Low immunization rates are blamed for the ability of the “attenuated vaccine virus to regain its virulence and trigger an outbreak”. The outbreak actually occurred in September 2006, but has only recently been recently made public; reasons for concealment cite worries that anti-polio vaccination rumors would have again thwarted efforts to vaccinate this area. Some scientists are troubled that this information was not made public earlier as details of each outbreak are instructive for analyzing the risk associated with vaccine-derived strains.

Reviewer: Wolitz, Rebecca

Title: Prospection: Experiencing the Future

First Author: Gilbert, Daniel T., et al.

Citation: Science 2007; 317: 1351-1354

Summary: This article takes a look at how the brain's frontal regions simulate future events and use those simulations to make hedonic predictions. Because mental simulations of the future often lack the "richness and reality of genuine perceptions", these cortex simulations are deficient. "Compared to sensory perceptions, mental simulations are mere cardboard-cutouts of reality".

Reviewer: Wolitz, Rebecca

Title: Accidents Spur a Closer Look at Risks at Biodefense Labs

First Author: Kaiser, Jocelyn

Citation: Science 2007; 317: 1852-1854

Summary: Biosafety Level 3 and 4 labs are not as secure or mishap free as concerned citizens would hope. Workers are afraid to report accidents and so an "anonymous, mandatory reporting system for all laboratory accidents" has been proposed to improve biosafety.
