American Journal of Public Health

Reviewer: E. Abdoler

Title: Emergence of Socioeconomic Inequalities in Smoking and Overweight and Obesity in Early Adulthood: The National Longitudinal Study of Adolescent Health

First Author: Yang, S

Citation: American Journal of Public Health 2008; 23: 468-477

Summary: This study utilized data from the National Longitudinal Study of Adolescent Health to investigate potential socioeconomic inequalities in smoking and overweight/obesity that exist in early adulthood. After adjusting for a variety of confounding factors (including family background, adolescent behaviors, race/ethnicity, age, etc.), the authors found that first SEP (socioeconomic position, as determined by tertiary education and/or current career) was inversely associated with smoking rates; indeed, the young adult SEP was a stronger predictor of smoking than family SEP. First SEP (as well as family SEP) was inversely associated with overweight/obesity for young women; however, there was no significant association between the SEP of young men and overweight/obesity.

Reviewer: E. Abdoler

Title: Ethics in Public Health Research: Changing Patterns of Mortality Among American Indians

First Author: Kunitz, SJ

Citation: American Journal of Public Health 2008; 98: 404-411

Summary: In this review of mortality data from American Indians (with particular attention paid to information from Navajos) since the 1970s, the author examines trends in mortality and health care expenditures for this population as compared to the nation as a whole. Generally speaking, the author reports that the increase in mortality rate for American Indians since the 1980s may be partially attributed to diabetes (accounting for more than 50% of the increase) and other non-infectious, chronic diseases “amenable to intervention by the health care system”. The author argues that the disparity cannot be entirely explained by lifestyle changes; part of the problem is due to lower per capita health expenditures for American Indians as compared to the rest of the US population.

Annals of Internal Medicine

Reviewer: Namrata Kotwani

Title: Support for National Health Insurance among U.S. Physicians: 5 Years Later

First Author: Carroll AE, Ackerman RT

Citation: Annals of Internal Medicine 2008; 148: 566-567

Summary: Authors determined physicians' support for government legislation to establish national health insurance and their support for achieving universal coverage through more incremental reform. A total of 59% supported legislation to establish national health insurance, 9% were neutral on the topic, and 32% opposed it. A total of 55% supported achieving universal coverage through more incremental reform, 21% were neutral on the topic, and 25% opposed incremental reform. A total of 14% of physicians were opposed to national health insurance but supported more incremental reforms. More than one half of the respondents from every medical specialty supported national health insurance legislation, with the exception of respondents in surgical subspecialties, anesthesiologists, and radiologists. Current overall support (59%) increased by 10 percentage points since 2002 (49%). Support increased in every subspecialty since 2002, with the exception of pediatric subspecialists, who were highly supportive in both surveys.

Archives of Internal Medicine

Reviewer: Lev

Title: Better Outcomes for Patients Treated at Hospitals That Participate in Clinical Trials

First Author: Majumdar, S

Citation: Archives of Internal Medicine 2008; 168: 657-662

Summary: This study hypothesized that patients treated at hospitals participating in trials would have better outcomes than patients treated at nonparticipating hospitals. In-hospital mortality decreased with increasing trial participation. Patients treated at hospitals that participated in trials had significantly lower mortality than patients treated at nonparticipating hospitals. Compared with hospitals that do not participate in trials, those hospitals that do participate in trials seem to provide better care and to have lower mortality.

Reviewer: Lev

Title: Neither Freedom nor Autonomy Without Beneficence

First Author: d'Aloja, Ernesto

Citation: Archives of Internal Medicine 2008; 168: 548-549

Summary: A criticism of Varma and Wendler's article. The authors suggest a larger role for doctors in deciding how to treat patients with no advance directive or surrogates.

Reviewer: Lev

Title: The Accreditation Council for Graduate Medical Education's Limits on Residents' Work Hours and Patient Safety

First Author: Jagsi, R; Weinstein, D

Citation: Archives of Internal Medicine 2008; 168: 493-500

Summary: This study assessed the impact of Accreditation Council for Graduate Medical Education resident work hour limits implemented on July 1, 2003, on resident experiences and perceptions regarding patient safety. The study suggests that it is possible to reduce residents' hours without increasing patient load. Doing so may reduce the extent to which fatigue affects patient safety as perceived by these frontline providers.

Reviewer: Lev

Title: Dealing With Delicate Issues in Continuous Deep Sedation

First Author: Hasselaar, J; Vissers, k;

Citation: Archives of Internal Medicine 2008; 168: 537-543

Summary: This article examines the use by different types of physicians of continuous deep sedation (CDS). The following issues involved in CDS were investigated: artificial hydration, sedation for nonphysical discomfort, the relationship between CDS and euthanasia, and patient involvement in decision making for CDS. Indications for CDS differed among the types of physicians. General practitioners (25.0%) were most often confronted with a patient request for euthanasia before starting CDS compared with medical specialists (8.9%) and nursing home physicians (6.5%). A decision to forgo artificial hydration in CDS was more often made by nursing home physicians (91.3%) compared with medical specialists (53.7%) and general practitioners (51.2%). Shorter survival was found for patients sedated for nonphysical discomfort (vs other patients) by general practitioners. Among all patients, 74.5% were involved in decision making before the start of CDS.

Bioethics

Reviewer: Arnon

Title: THE MORAL COMPLEXITY OF SPERM DONATION

First Author: WEINBERG, R

Citation: Bioethics 2008; 22: 166-178

Summary: Presents a theory of the conditions for having parental responsibilities, according to which, parental responsibility is derived from our possession and control over our own gametes, which constitute hazardous material. Our gametes are hazmat because they can join with the gametes of others, and result in the creation of needy persons. Being in possession of such risky material is a serious responsibility. Argues on this basis that sperm donors typically have parental responsibilities towards their offsprings, in spite of the fact that they transfer possession over their gametes, because transfer of this hazardous material is typically reckless.

Reviewer: Arnon

Title: WHEN GOOD ORGANS GO TO BAD PEOPLE

First Author: Ho, D

Citation: Bioethics 2008; 22: 77-83

Summary: Moral responsibility should not be used as a criterion for the allocation of medical resources because using moral responsibility as an allocation criterion undermines the functioning of medicine: it would set up incentives for patients to withhold important medical information from their physicians

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Reviewer: Arnon

Title: THE UBIQUITY OF DECEPTION AND THE ETHICS OF THE UBIQUITY OF DECEPTION AND THE ETHICS OF DECEPTIVE RESEARCH

First Author: Benham, B

Citation: Bioethics 2008; 22: 147-156

Summary: Suggests that the widespread use of deception in everyday life provides a reason for thinking that some deceptive methods in research are ethically justified. What these reasons are remains a mystery. The author does claim that there is a diversity of deceptive social practices, and that some deceptive social practices are permissible. Whether they are depends on the interpersonal relationship between deceiver and interlocutor.

Reviewer: arnon

Title: PROTECTING GROUPS FROM GENETIC RESEARCH

First Author: HAUSMAN, D.

Citation: Bioethics 2008; 2: 157-165

Summary: What sort of protection from the risks of genetic research should be provided to groups? The paper presents and interesting taxonomy of group-types and types of group-harms, in an attempt to answer this question.

Reviewer: Arnon

Title: alternate nuclear transfer is no alternative for embryonic stem cell research

First Author: Fennel, J.A

Citation: Bioethics 2008; 22: 84-91

Summary: Prolifers hope that alternate nuclear transfer may allow for the creation of human stem cells, thereby providing a way to conduct stem cell research without requiring the destruction of human embryos. But the same arguments presented by prolifers regarding the sanctity of life of an emryo apply also to ANT. This fact also shows that prolife argument extend moral status to broadly.

British Medical Journal

Reviewer: Sachs, Ben

Title: Experiments on army volunteers in Israel will be overseen by the health ministry

First Author: Siegel-Itzkovich, Judy

Citation: British Medical Journal 2008; 336: 467-467

Summary: Physicians for Human Rights-Israel petitioned the High Court of Justice on behalf of soldiers who were participated in medical experiments without being told anything about them. The soldiers involved in this practice, which has been going on at least since the 1970s, were allegedly expected to agree to swallow certain pills if they wanted to join elite fighting units. They now blame these pills for present health problems of theirs, including arrhythmia, abnormal liver function and breathing difficulties. The pills, it turns out, were experimental antidotes for nerve gas and "other wartime threats." The court, apparently, did not approve any reparations for these soldiers, although it did direct the military to allow the health ministry to oversee such experiments from now on.

Reviewer: Sachs, Ben

Title: Has the hunt for conflicts of interest gone too far? Yes

First Author: Stossel, TP

Citation: British Medical Journal 2008; 336: 476-476

Summary: Stossel doesn't have a well-defined target here, but rather policies requiring "detailed disclosure of conflicts of interest and stringent prophylactic management" of such conflicts. He thinks that such policies are unnecessary, since "[a]dverse outcomes objectively ascribable to financial conflicts of interest are almost non-existent," and obstruct the efforts of private companies to discover and bring to market technologies that will help people.

Reviewer: Sarah Lieber

Title: Doctors hope consensus on brain death in China will boost transplants

First Author: Jane Parry

Citation: British Medical Journal 2008; 336: 581-581

Summary: -this April a conference will be held in Beijing hosted by the Organ Transplant Committee to develop a consensus on brain death: “more than 200 delegates from the disciplines of neurosurgery, organ donation, and transplantation from China and elsewhere are expected to attend”
-Vice minister for health Jiefu Huang defines aim of conference: "to try to work out a definition of brain death that can be universally accepted in medical circles and help promote the spread of the concept and healthy human organ transplants in China,"
-Implications? Potentially increasing the supply of organs from patients with brain death.

Reviewer: Sachs, Ben

Title: Has the hunt for conflicts of interest gone too far? No

First Author: Lee, Kirby

Citation: British Medical Journal 2008; 336: 477-477

Summary: Kirby warns, "Trust and credibility, once damaged, are difficult to restore." Consequently, he says that "no price is too high to prevent human suffering or erosion of trust from failing to identify and manage conflicts of interest."

Reviewer: Sachs, Beb

Title: Antidepressants
Antidepressants: An untold story?

First Author: Lenzer, Jeanne

Citation: British Medical Journal 2008; 336: 532-534

Summary: This article co-authored by our new friend Shannon Brownlee comes on the heels of the recent spate of studies showing that the new generation of antidepressants are less effective than previously thought. Lenzer and Brownlee assert that if drug companies were required to be more forthcoming with the results of their trials, we could avoid situations like this in which certain drugs get overprescribed for years on end before some intrepid researcher digs up the unpublished data and does a meta-analysis. They claim that The Food and Drug Administration Amendments Act of 2007 was a good start, but didn't go far enough.

Reviewer: Sarah Lieber

Title: Incentives to quit smoking in primary care: Spirometry with pictorial feedback on lung age, not just raw data, improves quit rates

First Author: Raphaël Bize, Jacques Cornuz

Citation: British Medical Journal 2008; 336: 567-568

Summary: -Editorial regarding a randomized controlled trial by Parkes et al. that assesses the effects of telling patients over 35 years of age their estimated spirometric lung age as an incentive to quit smoking
-This large randomized controlled trial (described in more detail in this issue) compares the effect of providing spirometry results versus no spirometry results on smoking cessation (comprehensive, illustrated, and individualised oral feedback versus short, raw, and written feedback)
-Intervention group: received comprehensive information about their spirometry results including individualized interpretation, estimated lung age, and a pictorial representation of how smoking ages the lungs
-Control group: received written results as raw data on forced expiratory volume in one second, with no further explanation.
-Smokers randomised to the intervention group were about twice as likely to be not smoking at 12 months' follow-up than those in the control group.
-Editorial concludes "providing feedback on lung age with graphic displays seems to be the best option so far for communicating the results of spirometry. This strategy might also be an opportunity for general practitioners to tailor smoking cessation messages to the individual"

Reviewer: Sarah Lieber

Title: Evaluating laboratory diagnostic tests: International collaboration to set standards and methods is urgently needed

First Author: Tom Walley

Citation: British Medical Journal 2008; 336: 569-570

Summary: -Laboratory diagnostic tests are thought to be a way of providing "earlier and more accurate diagnosis, and of shifting health care from hospitals to the community—making it more effective, efficient, and accessible."
-But recent study (detailed in this issue) reveals that clinicians and policy makers give relatively low importance to evaluating lab diagnostic tests.
-Reasons for poor evaluations?: "the regulatory framework for diagnostic tests is weak, with no international standards and no agreement on what evidence is required or by whom"
-Editorial proposes a way to evaluate these tests: call for an international collaboration in which we 1) clearly define the purpose of the test ("to diagnose, monitor, guide prognosis or treatment, or predict risk"), 2) define the specific context for the test, 3) apply the ACCE framework which clearly states the a) analytic validity b) clinical validity c) its sensitivity, specificity, positive and negative predictive value d) clinical usefulness and e) any ethical, social, or legal implications
-Clinical usefulness, according to the editorial, should be the most important factor when deciding whether or not to adopt a test but is least likely to be evaluated.
-Open question as to whether we want a professional, regulatory, or advisory body setting up guidelines.
-Genetic testing is expected to spark better development of regulations and evaluations.
-Interesting fact from article: the valuable but voluntary UK Genetic Testing Network (www.ukgtn.nhs.uk) has evaluated over 89 tests, of which 70% were considered acceptable.
-See also: Genetic tests for common diseases: new insights, old concerns by David Melzer et al. 590-593.

Reviewer: Sarah Lieber

Title: UK experts call for national system to evaluate diagnostic tests

First Author: Susan Mayor

Citation: British Medical Journal 2008; 336: 575-575

Summary: -news article related to previous topic
-The Evaluation of Diagnostic Laboratory Tests and Complex Biomarkers reports that there is currently no process to decide which of the rapidly growing number of new tests should be used; therefore, NHS needs a national system to evaluate diagnostic tests (more specifically, determine clinical effectiveness and clinical utility)
-A second report Making Sense of Testing, claims that for tests marketed to healthy individuals should also be better evaluated; information from these tests should be made public and individuals should be warned "that many of these tests are not useful and can be harmful"—"most cause confusion, anxiety, unnecessary trips to the doctor, and sometimes unnecessary medical procedures, they warned."
-A new evaluative body is need to assess diagnostic tests because NICE (which evaluates technologies for use by the NHS) is "unable to assess the wide range of new tests now being developed—particularly based on genetic markers"

Reviewer: Sarah Lieber

Title: Ethiopia plans to train extra 9000 doctors to fill gap left by migration

First Author: Henry Wasswa

Citation: British Medical Journal 2008; 336: 689-689

Summary: - See related article in previous issue
- Recent plan generated by international conference on brain drain
-"Ethiopia has set a target to increase the number of doctors practising in the country by 9000 in four years to fill an acute shortage of medical staff"
-As part of the programme to retain its doctors, Ethiopia now pays them a monthly salary equivalent to $300. Doctors working in rural areas are also paid an extra $300 per month in allowances

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Reviewer: Sarah Lieber

Title: People with learning difficulties face abuse in health settings

First Author: Paul Stephenson

Citation: British Medical Journal 2008; 336: 581-581

Summary: -parliamentary committee report on the rights of adults with learning disabilities by the Joint Committee on Human Rights argues that “Health trusts and local authorities in the United Kingdom have a duty to promote respect for human rights to help stop the neglect and abuse of adults with learning disabilities”
-The report appeals to evidence that: “people with learning disabilities in health and residential settings face abusive and degrading treatment, neglect or carelessness, a lack of privacy, and a lack of dignity.”
-Further problems of “malnutrition and dehydration; inappropriate use of restraint or drugs; problems with communication, particularly for patients with complex or profound learning disabilities; and negative, patronizing, and infantilizing attitudes towards people with learning disabilities.”
-Important implications for informed consent; clinical practice of communicating with patients etc.

Reviewer: Sarah Lieber

Title: Observational evidence for determining drug safety: Is no substitute for evidence from randomised controlled trials

First Author: Nick Freemantle; Alar Irs

Citation: British Medical Journal 2008; 336: 627-628

Summary: -The European Commission Enterprise and Industry Directorate General is considering changes of legislation “to strengthen and rationalise pharmacovigilance in Europe.” It describes a strategy that focuses on observational studies of drug safety.
-Editorial questions whether observational studies alone can improve judgments on drug safety.
-“Using adverse event reporting and observational studies to examine safety might seem attractive, but for several reasons observational studies alone cannot provide reliable estimates of treatment effects.”
-Problems with observational studies: 1) safety outcomes confounded by patient prognosis 2) drugs may be allocated according to clinician’s choices rather than by a quasi-random process, 3) clinicians may be influenced by trying to improve outcomes in people they think are at high risk
-Instead need proper randomized trials
-“Only properly randomised trials can provide truly reliable evidence on adverse events, just as these are the only source of convincing data on drug efficacy. Observational studies may provide some limited reassurance that a drug is safe, or they may provide an early indication of a problem, but by design they cannot provide reliable evidence on questions of drug safety.”

Reviewer: Sarah Lieber

Title: China plans antismoking clinics

First Author: Roger Dobson

Citation: British Medical Journal 2008; 336: 634-634

Summary: -China is planning a national chain of antismoking clinics; currently there are few outpatient antismoking clinics in the country
-Recent report states: "The goal is to have at least one outpatient facility in each province, where smokers would be offered a combination of medical and psychological treatment depending on their nicotine dependence"
-Stats on smoking in China? China has 350 million smokers, a figure that is growing by three million a year. An additional 50 million teenagers are thought to smoke.

Reviewer: Sarah Lieber

Title: Electronic health records: Wallet or web?

First Author: Michael Cross

Citation: British Medical Journal 2008; 336: 637-638

Summary: -In UK there is ongoing debate over whether to use a Health eCard (which stores patient records on a smart card the size of a credit card) vs. an official NHS web site that gives patients access to their records.
-This local debate reflects "worldwide battle of media for providing patients and clinicians with access to electronic patient records."
-In US: web-based program is favored (Google recently announced trials of an internet based health records service.)
-In UK: early experiments with cards but now using web route; individuals can view their summary health records through the HealthSpace website
-E-cards: How works?
o"The system downloads and stores medical histories, including test results, referral letters, and digital images such as medical resonance imaging scans from the most widely used general practice computer systems and allows them to be displayed on any computer with a USB (universal serial bus) socket."
oAdopted in France
oAllows patients to have CONTROL over who can see their health records
-Problems with e-cards:
oNot always up to date
oHealthSpace's record, by contrast, will be continuously updated by any NHS organization dealing with the patient.
oPatient also has to be relied on to have the card when they are sick
-For both systems, question of data security and confidentiality

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Reviewer: Sarah Lieber

Title: Doctors must put patients' needs ahead of their personal beliefs

First Author: Clare Dyer

Citation: British Medical Journal 2008; 336: 685-685

Summary: - Latest ethical guidance by UK General Medical Council states: doctors must be prepared to set aside their religious and other personal beliefs if these compromise the care of patients
- Conscientious objections clauses regarding abortion:
a) Drs who refuse to carry out the procedure must tell the patient of her right to see another doctor, provide enough info about how patient can exercise this right, ensure arrangements are made for an alternative doctor to take over her care without delay
b) must also not refuse to provide care for patients before or after an abortion
- other issues such as male circumcision, blood transfusions for Jehovah's witnesses discussed

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Reviewer: Sarah Lieber

Title: Germany set to introduce electronic patient cards despite doctors' opposition

First Author: Ned Stafford

Citation: British Medical Journal 2008; 336: 689-689

Summary: - See related article in previous issue
- Card will contain: emergency data, patients' prescriptions and medical records (also stored on central servers)
- Opposition:
a) The German Medical Association issued a press release earlier this month that claimed that patient data stored on central servers would not be secure and would be open for commercial exploitation.
b) others think that Drs are really concerned with the fact that colleagues will be able to see how they treat patients

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Reviewer: Sarah Lieber

Title: Rich countries are accused of "snatching" doctors from poor ones

First Author: Henry Wasswa

Citation: British Medical Journal 2008; 336: 579-579

Summary: -Geneva based Global Health Workforce Alliance recently held a conference in Uganda in which it urged poor countries to "improve their working conditions to keep hold of their doctors and nurses" and rich countries to "train more of their own healthcare workers" [wow! Really insightful recommendations!]
-How to do this? Change the behavior of rich countries and provide more resources to improve working conditions for poor
-Members of the conference agreed that international institutions and donor countries should provide "sustained and dependable financial support" and that they should begin by "immediately fulfilling pledges already made to the health sectors of developing countries."
-Drafted plan by alliance for sub-Saharan Africa: top-up investment of $24bn over the next eight years the region can overcome its health workforce crisis by 2015 (train 1.5 million health workers in the region by 2015 at a cost of over $3bn each year)
-Stats on Brain Drain: A 2006 WHO report says that 57 countries have a shortage of healthcare workers, of which 36 are in Africa

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Reviewer: Sarah Lieber

Title: Children's hospital under pressure to end "grotesque" ties with McDonald's

First Author: Melissa Sweet

Citation: British Medical Journal 2008; 336: 578-578

Summary: -Australian and UK public officials are calling on various children's hospitals to end their ties with fast food corporations such as McDonalds
-"Some staff are urging the hospital board to ban fast food outlets" from any new hospital developments.
-Worries about sending unhealthy messages to the community by offering fast food outlets at hospitals.
-Tim Lang, professor of food policy at City University, London: "Public health should apply to its own practice what it is asking others to do. It shows that administrators see hospitals as sickness places not as prevention places. It somehow symbolises the way in which culture is now contemptuous of public health."

Reviewer: Sarah Lieber

Title: GP advised patients to take pills made by company she worked for

First Author: Owen Dyer

Citation: British Medical Journal 2008; 336: 689-689

Summary: - Conflict of interest?
- a General Medical Council panel found that an out of hours GP who encouraged patients to take nutritional supplements from which she stood to profit "abused her power as a doctor" and must work under imposed conditions for 15 months
- "Vivienne Balonwu gave promotional leaflets and DVDs that made extravagant claims about the benefits of glyconutrients to four patients whom she visited at their homes in the early weeks of 2006."
- she became associate of the manufacturing company Mannatech
- interesting points about the case:
a) under cross-examination she stated that she "believed the clinical part of her consultation was over when she raised the subject of glyconutrients and that she felt she was offering private not medical advice."
b) "During each visit, she prescribed appropriately for the patients' conditions, and recorded her clinical steps in her notes. But she did not record her advice about glyconutrients"

Reviewer: Sarah Lieber

Title: Over the counter medicines: proceed with caution

First Author: Robert E Ferner

Citation: British Medical Journal 2008; 336: 694-696

Summary: - Authors caution that the risks of increasing people's access to over the counter medicines may outweigh the benefits
- recent case being debated in parliament regarding banning over the counter access to analgesics containing weak opioids
- "When deciding if a medicine should be reclassified to make it available over the counter, regulatory authorities must balance the benefits of easier access against the potential harm from unsupervised or inappropriate use."
- there are a lot of benefits to making drugs over the counter: a) better access to drugs for patients b) no need for primary care physician etc
- Drug companies typically benefit from making drugs over the counter (especially good strategy when patent expires)
- Problems with making drugs over the counter:
a) inappropriate use of medicines that exposes the taker to harm without any prospect of benefit
b) patients mis-diagnosing and taking wrong meds
- Resolution?
a) The safety of over the counter medicines has to be continually reviewed, even though this is difficult in practice.
B) Patient reporting of adverse drug reactions may help
c) better scrutiny and evaluation of over the counter dosages for meds (and whether beneficial or not)

Hastings Center Report

Reviewer: Namrata Kotwani

Title: The Regulation of Biotechnologies: Four Recommendations

First Author: Fox D

Citation: Hastings Center Report 2008; 38: 57-57

Summary: A perspective piece on how the FDA should deal with medical products with enhancement properties, and assess the inappropriate social consequences of such products.

Reviewer: Namrata Kotwani

Title: Transforming Genetics Research Practices with Marginalized Communities: A Case for Responsive Justice

First Author: Goering S, Holland S, Fryer-Edwards K

Citation: Hastings Center Report 2008; 38: 43-53

Summary: Offers a moral framework to genetic researchers working among marginalized communities for developing just, community-based participatory research. This framework is grounded in responsive justice, and its elements include redistribution, recognition (respectful engagement), and responsibility.

Reviewer: Namrata Kotwani

Title: Bench to Bedside: Mapping the Moral Terrain of Clinical Research

First Author: Joffe S, Miller FG

Citation: Hastings Center Report 2008; 38: 30-42

Summary: Authors contend that adopting a 'scientific orientation' to clinical research, rather than a 'therapeutic orientation' allows us to develop a more appropriate conception of ethical obligations of researchers at the bedside.

Reviewer: Namrata Kotwani

Title: Trials and Tribulations

First Author: Gilbert S

Citation: Hastings Center Report 2008; 38: 14-18

Summary: Essay summarizes problems arising from growth and commercialiazation of clinical research. This issue of the HCR is about human subjects protection, and includes 4 more essays on the topic, including an advocacy piece by Paul Gelsinger (Jesse Gelsinger's father) and Adil Shamoo (Citizens for Responsible Care and Research).

Reviewer: Namrata Kotwani

Title: The Deregulatory State

First Author: Gostin, Lawrence

Citation: Hastings Center Report 2008; 38: 10-11

Summary: Gostin points out the erosion of health and safety protections by successive administrations in the United States. He sketches out the current “deregulatory state,” which has arisen due to various factors:
Allowing self-policing by the industry
Incapacitating oversight bodies by reducing funding and resources
Devolving residual regulation to the local level
Preempting the power of state governments to protect their citizens
Privatizing government (regulatory) functions so they are conducted by for-profit entities

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Reviewer: Namrata Kotwani

Title: What Are Bioethicists Doing about Health Care Reform?

First Author: Emanuel EJ

Citation: Hastings Center Report 2008; 38: 12-13

Summary: Discusses lessons learned from health care reform in Massachusetts, and concludes that universal health care is achievable and sustainable only through cost control. Author urges payments to be made for 'quality, not quantity, and for outcomes, not activities.'

Health Affairs

Reviewer: Lev

Title: When Does A Difference Become A Disparity? Conceptualizing Racial And Ethnic Disparities In Health

First Author: Hebert, P

Citation: Health Affairs 2008; 27: 374-382

Summary: This paper provides some conceptual analysis of the notion of “Health Disparity”. It surveys definitions used by different organizations, suggests ways to measure disparities and discusses some policy implications.

JAMA

Reviewer: arnon

Title: Financial Support of Continuing Medical Education

First Author: Steinbrook, R

Citation: JAMA 2008; 299: 1060-1062

Summary: Raises concerns about the fact that more than 60% of funding for continuing medical education comes from industry

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Reviewer: Collin

Title: Potential Penalties for Health Care Professionals Who Refuse to Work During a Pandemic

First Author: Carl H. Coleman and Andreas Reis

Citation: JAMA 2008; 299: 1471-1473

Summary: Surveys shows lots of health pros would be unwilling to work when this placed them at substantial risk of infection, e.g. SARS, avian flu. What penalties, if any, would be appropriate? This depends on the sort of obligation such a refusal might violate. The authors argue that attempts to ground an obligation to treat in such circumstances in an oath, in a social contract between society and the profession (e.g. monopoly protection in exchange for work in emergencies), or in the specialized skills of professionals, all fail. So the penalties that some states have proposed (e.g., loss of license, jail) are unfair. The state should instead create incentives to volunteer like hazard pay. HCPs may have contractual obligations with hospitals, managed care organizations, or individual patients. When they do, then contractual remedies (e.g., loss of clinical privileges, dropped from network, pay compensation) are appropriate, but nothing punitive.

Reviewer: arnon

Title: Who Really Pays for Health Care? The Myth of "Shared Responsibility

First Author: Emanuel, EJ, Fuchs, VR

Citation: JAMA 2008; 299: 1057-1059

Summary: Failure to understand that individuals and households foot the entire health care bill perpetuates the idea that people can get great health benefits paid for by someone else. This undermines willingness to raise taxes to pay for health care; makes it harder to give up on employer-based insurance; reduces incentives for cost control, etc.

Reviewer: Collin

Title: Update: HHS Reverse Decision to Halt Quality Improvement Study

First Author: Bridget M. Kuehn

Citation: JAMA 2008; 299: 1416-1416

Summary: A study evaluating the use of checklists to prevent hospital-acquired blood infections in ICUs was halted for failing to get IRB approval from each participating hospital and (perhaps) consent from each patient. But research on quality improvement--i.e. research that looks for the best way to implement proven treatments--is eligible for expedited review and usually eligible for waiver of patient consent. (I thought this was interesting.) So the HHS reversed itself.

Journal of General Internal Medicine

Reviewer: E. Abdoler

Title: Does Physicians' Case Volume Impact Inpatient Care Costs for Pneumonia Cases?

First Author: Lin, Hsiu-Chen

Citation: Journal of General Internal Medicine 2008; 23: 304-309

Summary: In this Taiwan-based study, the authors investigated whether physician case volume influenced inpatient care costs in the context of pneumonia. Adjusting for potentially confounding factors (such as various physician and hospital characteristics, case severity, comorbidities, etc.) and grouping physicians into one of three case volume levels (low, medium, and high), the investigators found a significant relationship between case volume and inpatient care costs. The cost of inpatient care, as well as the mortality and 14-day readmission rates, was higher in cases managed by low-volume clinicians than those of high-volume clinicians. Such differences persist despite the fact that the cases managed by low-volume clinicians are generally less severe. No differences were found between medium- and high-volume clinicians in terms of costs.

Reviewer: E. Abdoler

Title: Patients' Beliefs and Preferences Regarding Doctors' Medication Recommendations

First Author: Goff, SL

Citation: Journal of General Internal Medicine 2008; 23: 236-241

Summary: In this pilot study, the authors conducted open-ended telephone interviews with a relatively small sample of patients in two New England health plans in order to investigate the assumptions and preconceived ideas patients have about the process through which clinicians recommend and prescribe medications. The responses were coded by theme, from which three major areas emerged: patient-doctor relationship, outside influences, and professional expertise. In general, patients desire shared decision-making and hope for a medication recommendation that is educated, transparent, and marked by as little outside influence as possible.

Reviewer: E. Abdoler

Title: Primary Care Physicians' Decisions About Discharging Patients from Their Practices

First Author: Farber, NJ

Citation: Journal of General Internal Medicine 2008; 23: 283-287

Summary: This article reports the results of a large survey designed to investigate primary care physicians' practices and attitudes regarding discharging patients from their practices. In considering hypothetical patients, respondent clinicians were more likely to discharge patients for reasons in line with the AMA's Code of Medical Ethics ("dangerous or illegal behavior") than for reasons inconsistent with the ethical code; however, anywhere from 52-14% of respondents indicated they would likely discharge patients for various reasons unrelated to threatening or abusive behavior. In addition, a small number of the 85% of respondents who had actually discharged patients from their practices had done so for reasons that fall outside of the AMA's code, and 13% had used an inappropriate method to communicate the discharge.

Reviewer: E. Abdoler

Title: Voices of African American, Caucasian, and Hispanic Surrogates on the Burdens of End-of-Life Decision Making

First Author: Braun, UK

Citation: Journal of General Internal Medicine 2008; 23: 267-274

Summary: In this article, the authors report the findings of a small focus group-based study aimed at investigating the burdens of end-of-life surrogate decision-making across different ethnic and racial groups. Qualitative analysis of the focus group interviews revealed that the experience of surrogate decision-making is burdensome and stressful for all groups (African American, Hispanic, Caucasian), and common factors emerged that either increase or decrease the burden on surrogates in general. In addition, the authors were able to generate preliminary descriptions of differences in beliefs and preferences that may exist among the different ethnic and racial groups.

Kennedy Institute of Ethics Journal

Reviewer: Schulz-Baldes

Title: Group Risks, Risks to Groups, and Group Engagement in Genetics Rearch

First Author: Hausman D

Citation: Kennedy Institute of Ethics Journal 2008; 17: 351-369

Summary: The author distinguishes between two types of group harms in genetics research: (1) harms to individuals in virtue of their membership in groups and (2) harms to "structured" groups that have continuing existence, an organization, and interests of their own. The central claim is that this distinction is crucial for thinking about how community engagement can help to alleviate the risks of research. While most of the drawn distinctions were very helpful, the author's conclusions seemed somewhat unsophisticated: (1) In the case of group-mediated harms to individuals, respect to a social group is only called for to the extent requried by respect for individuals; and (2) In the case of researcht that poses risks to structured gropus there is a prima facie obligation to show respect to these groups. This obligation can be overridden when groups are oppressive and recognizing them and their leaders promotes oppression of and harm to individuals.

Reviewer: Schulz-Baldes

Title: The Harm-Benefit Tradoff in "Bad Deal" Trials

First Author: Nycum, Gillian

Citation: Kennedy Institute of Ethics Journal 2008; 17: 321-350

Summary: Discusses the risk-benefit analysis in what the authors refer to as "bad deal trials", i.e. studies that involve terminally ill patients where direct medical benefits are "too speculative ot weigh into the harm-benefit evaluation" and the experimental intervention itself poses significant risk, burden, or harm. The papers is somewhat awkwardly split in two more or less independent sections. In the first section, the authors argue that component analyses is inappropriate for risk-benefit assessment in these trials: (1) Component analysis assumes that two or more established treatments are compared in a study, whereas in "bad deal trials" there is no established treatment. (2) Component analysis assumes that social and scientific benefit play no role in justfiying the risks, burdens or harms of the investigational procedure, but both factors are central to justifying "bad deal research". (3) Component analysis assumes clinical equipoise, i.e. a 50-50 chance that the investigational procedure, but this is not the case in "bad deal research". In the second section, the authors analyze whether appeals to benefits of hope or altruism should weigh in the risk-benefit analysis of "bad deal research". There answer to this question is negative, because both hope and altruism are reducible to prospect of direct medical benefit and social value of research. - I found most of the presented arguments somewhat misguided (in particular, there is much confusion about exploitation and vulnerability), but the overall article is stimulating to read. Skim over the lengthy first section on Glioblastoma and gene transfer, though, unless you are specifically interested in these areas; it is way too long for what is meant to be merely an illustration of "bad deal research".

Reviewer: Schulz-Baldes

Title: Inviolability at Any Age

First Author: Alfonso Gomez-Lobo

Citation: Kennedy Institute of Ethics Journal 2008; 17: 311-320

Summary: Response to David DeGrazia. Gomez agrees with David that (1) we are essentially human organisms and (2) we start to exist at conception. To these two assumptions he adds that (3) we retain our identity throughout our lives. He revises his original claim that it is irrational for a person to hold it would be impermissible to kill her now, but permissible to have killed her at an earlier age, to the claim that it would be morally wrong to deprive me of my life, and to deny full moral status at earlier stages would be like saying it would not be morally wrong to deprive me of my life. He also argues that exclusion of the very young from the scope of morality equals discrimination on the basis of age. He concludes that moral status is always full, i.e. that each of us is inviolable from conception onwards.

Reviewer: Schulz-Baldes

Title: Must we have full moral status throughout our existence? A reply to Alfonso Gomez-Lobo

First Author: David DeGrazia

Citation: Kennedy Institute of Ethics Journal 2008; 17: 297-310

Summary: Critique of Gomez-Lobos' natural law inspired assumption that we have full moral status, including a right to life, throughout existence. David argues that (1) it is coherent, albeit psychologically awkward, to deny earlier inviolability, (2) gladness to have developed into a being with full moral status does not entail an entitlement to do so, (3) present entitlement not to be killed does not entail past entitlement not to be killed, and (4) not all human beings, including fetuses, have the natural potentiality for higher mental life. He claims, rather than fully argues, that (5) having this potentiality is not the basis for full moral status (sentinence is the basis for determining moral status).

Lancet

Reviewer: Schulz-Baldes

Title: Prioritisation of routine vaccines: a mistake for the USA

First Author: Jon S Abramson

Citation: Lancet 2008; 971: 881-882

Summary: Representatives of various U.S. medical associations complain that access to new and expensive vaccines for children, e.g. meningococcal conjugate vaccine; tetanus, diphtheria, and acellular pertussis vaccine for adolescents; hepatitis A vaccine; rotavirus vaccine; and human papillomavirus vaccine, is not equitable and should be universal, i.e. independent of insurance status and parental willingness to pay.

Reviewer: Schulz-Baldes
Title: The US presidential hopefuls' health policies
First Author: Todd Zwillich
Citation: Lancet 2008; 371: 885-888
Summary: Decent summary for anyone interested. Shows that Clinton and Obama primarily differ only about mandated insurance. And none of the three candidates supported the October 2007 bill to increase NIH's budget (vetoed by Bush anyways).

Reviewer: Millum
Title: Assuring trial safety for children
First Author: The editors
Citation: Lancet 2008; 371: 1046-1046
Summary: Editorial argues that all clinical trials enrolling children should have safety monitoring committees.

Reviewer: Millum
Title: How shyness became social phobia
First Author: Simon Wessely
Citation: Lancet 2008; 371: 1063-1064
Summary: Review of Shyness: How Normal Behavior Became a Sickness by Christopher Lane (Yale University Press, 2008). The reviewer notes Lane's argument that drug companies invent disorders that they can market drugs to treat, but argues that the expansion of mental disorders is also a product of the way that psychiatrists are paid. He concludes: "Pathologising shyness, eccentricity, or sadness does few any favours—neither those who receive unhelpful labels, nor those with major mental disorders who need all the resources and research we can muster."

Reviewer: Millum
Title: Health should never be merely a means to an economic end
First Author: Margaret Whitehead
Citation: Lancet 2008; 371: 1155-1156
Summary: Review of Vicente Navarro (ed.) Neoliberalism, Globalization and Inequalities: Consequences for Health and Quality of Life (Baywood Publishing Company, Inc, 2007). Justifying public health measures by adverting to their economic benefits gets things the wrong way round. Instead, economic policies should be judged by their effects on population health.

Reviewer: Millum

Title: Intimate partner violence and women's physical and mental health in the WHO multi-country study on women's health and domestic violence: an observational study

First Author: Mary Ellsberg et al

Citation: Lancet 2008; 371: 1165-1172

Summary: 24, 097 women were interviewed in ten countries. There are significant correlations between intimate partner violence and negative physical and mental health outcomes. It is likely that the violence is a causal factor. 15–71% of ever-partnered women reported that they had experienced physical or sexual violence, or both, at some point in their lives by a current or former partner.

Reviewer: Schulz-Baldes

Title: Paediatric ethics: a repudiation of the Groningen protocol

First Author: Eric Kodish

Citation: Lancet 2008; 971: 892-893

Summary: A list of terrible claims against neonatal euthanasia as required by the Groningen protocol: (1) unbearable suffering requirement: Unbearable suffering is immesurable in anyone who cannot communicate; (2) Parental consent requirement: (a) Parental consent is an incoherent concept, because parents permit rather than consent, (b) Parental consent is dangerous because parents are often abusive; (3) Accepted medical procedure requirement: Euthanasia is never an accepted medical procedure.

New England Journal of Medicine

Reviewer: Smith

Title: Worlds Apart – Tuberculosis in India and the United States

First Author: Paralkar, V

Citation: New England Journal of Medicine 2008; 358: 1092-1095

Summary: Article describes the difficulties of treating TB in rural India and laments the cracks in the infrastructure through which rural patients are likely to slip.

Reviewer: Smith

Title: Semper Fidelis – Consumer Portection for Patients with Implanted Medical Devices

First Author: Maisel, William H

Citation: New England Journal of Medicine 2008; 358: 985-987

Summary: Article recounts resent ICD implant controversy involving Medtronic, in which Medtronic “publicly maintain[ed] that the lead functioned within acceptable parameters, [but] submitted an FDA application for design and manufacturing change” after learning about a likely of fracture in the lead design. The author finds this failure to notify the public about the flaw to be offenses against “principles of informed consent, patient autonomy and public disclosure of important safety information.”

Reviewer: Smith

Title: Coordinating Care – A Perilous Journey through the Health Care System

First Author: Bodenheimer, Thomas

Citation: New England Journal of Medicine 2008; 358: 1064-1071

Summary: Author proposes the barriers to coordination (overstressed primary care, lack of interoperable computerized records, dysfunctional financing, and lack of integrated systems) and the looks at several models that are being used to improve coordination. He concludes that specific innovations, while useful, will be insufficient without system-wide coordination

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Reviewer: Smith

Title: Book Review: Eliminating Healthcare Disparities in America: Beyond the IOM Report (ed. Williams)

First Author: Geiger, HJ

Citation: New England Journal of Medicine 2008; 358: 1081-1082

Summary: Book is described as "what could have been a sort of interim progress report on the attempt to achieve racial, ethnic, and socioeconomic equity in the quality of health care," but the reviewer is frustrated that only 8 of the 18 chapters focus on inequity while most of the rest give "accounts of the damaged health status of members of minority groups." The reviewer praises those 8 chapters highly and notes two articles on socioeconomic determinants of health and "health disadvantages that are linked to social class."

Reviewer: Smith

Title: Tuberculosis in Africa – Combating an HIV-Driven Crisis

First Author: Chaison, R; Martinson, N

Citation: New England Journal of Medicine 2008; 358: 1089-1092

Summary: Article explains relation of the HIV crisis in Africa to the difficulty in combating TB. It also discusses the growth of drug resistant TB and the growing attention that the African TB epidemic is receiving, especially from the WHO and the Gates Foundation.

Reviewer: Smith

Title: Consent for Organ Donation – Balancing Conflicting Ethical Obligations

First Author: Truog, RD

Citation: New England Journal of Medicine 2008; 358: 1209-1211

Summary: Truog highlights the conflicting obligations of organ-procurement organization representatives and some possibly manipulative measures that may be used, such as introducing oneself as a member of the medical team without stating one's reason for beginning the discussion about donation. He also expresses concerns about "the presumptive approach" to donation which emphasizes the consent of the patient as expressed through registration as a donor regardless of family wishes. He finds a contrast between this standard for consent and the standards employed for consent to medical research to be informative. He points out that patients are likely to have consented under the presumption of older techniques rather than new techniques that are emerging such as cardiac death standards.

Reviewer: Smith

Title: Organ Donation and Dual Advocacy

First Author: Luskin, R; Glazier, A; Delmonico, F

Citation: New England Journal of Medicine 2008; 358: 1297-1298

Summary: Members of the New England Organ Bank respond to Truog's assessment of the dangers of organ-procurement organizations and conflicting obligations printed in this issue of the journal. They contend that dual advocacy has supplanted presumptive consent and that dual advocacy considers the interests of both families and donors. They point to changes that have been implemented in cardiac death protocols, which they contend paint a different picture than Truog's. They also contend that the comparison with the standard of consent for medical research is misplaced and that Truog's accusations of browbeating are not reflected in polls.

Reviewer: Smith

Title: Quality of Life and Satisfaction with Outcome among Prostate-Cancer Survivors

First Author: Sanda, M; Wei, J; et al

Citation: New England Journal of Medicine 2008; 358: 1250-1261

Summary: Study investigated the correlation of quality of life with overall satisfaction with treatment outcome from perspectives of patient and patient's spouse/partner rather than just correlations with treatment. Study investigated prostatectomy, radiotherapy and brachytherapy. Study assessed across quality of life measures of sexual function, vitality or hormonal function, urinary irritation or obstruction, urinary incontinence, and bowel or rectal function. Under multivariable analysis, independent associations between sexual function, vitality or hormonal function, and urinary irritation or obstruction correlated with patient satisfaction with outcome; the patient's sexual function domain was significantly related to partner's satisfaction with outcome.

Reviewer: Smith

Title: Review: Just Health: Meeting Health Needs Fairly by Norman Daniels

First Author: Sessions, S

Citation: New England Journal of Medicine 2008; 358: 1310-1311

Summary: Sessions mainly outlines Daniels book. At the end, he wonders whether construing the moral significance of health in terms of equality of opportunity captures the importance of alleviation of suffering. He also thinks Daniels could have given response "to potential disagreement by libertarians and other political conservatives."

Reviewer: Smith

Title: Review: Challenges of Aging Society: Ethical Dilemmas, Political Issues, eds. Pruchno and Smyer

First Author: Kane, R

Citation: New England Journal of Medicine 2008; 358: 1311-1312

Summary: Kane summarizes the layout of the book. Part I contains four chapters on patient autonomy. Part II discusses responsibility within families, and Part III discusses distributive justice within and across generations. Part IV discusses Social Security reform and Medicare Part D. Kane finds that the "book contains some interesting original material as well as a useful synthesis of the literature" and thinks that most readers will benefit from parts but few will find the whole engaging.

Reviewer: Smith

Title: Spreading the Safety Net – Obstacles to the Expansion of Community Health Centers

First Author: Iglehart, J

Citation: New England Journal of Medicine 2008; 358: 1321-1323

Summary: Article chronicles the rise in Community Health Centers (CHCs) under the Bush administration. It then discusses the problems that CHCs currently face in light complexity between public and private elements of the health care system, loss of health care to many, health care professional recruitment, securing of referrals, and budgetary cutbacks to Medicare and SCHIP.

Reviewer: Smith

Title: In Search of New Ideas for Global Health

First Author: Yamada, T

Citation: New England Journal of Medicine 2008; 358: 1324-1325

Summary: Yamada, president of the Global Health Program of the Gates Foundation, announces the launch of a $100 million initiative, Grand Challenges Explorations. The initiative will give $100,000 in early-stage projects designed to test new "bold ideas – even seemingly wacky ones – that need just a little help to get tested. Proposals will require creative thinking but no preliminary data." The initiative set the first set of challenges (March 31, 2008): to find "new ways to protect against infectious diseases, drugs and delivery systems that limit emergence of resistance, new ways to prevent or cure HIV infection, and an understanding of the basis for latency in tuberculosis."

Reviewer: Smith

Title: Drug-Review Deadlines and Safety Problems

First Author: Carpenter, D; Zucker, E; Avorn, J

Citation: New England Journal of Medicine 2008; 358: 1354-1361

Summary: Investigators statistically assessed the correlation of drugs approved in the 2 months prior to PDUFA deadlines as compared to drugs approved at other times. They found that the drugs approved just before the deadline were more likely to be withdrawn for safety reasons, more likely to carry black-box warnings, and more likely to have dosage forms voluntarily discontinued by the manufacturer. Investigators believe these findings point to changes in FDA decision procedures that PDUFA creates.

Reviewer: Smith
Title: Book Review: The Illusion of Certainty: Health Benefits and Risks by Rifkin and Bouwer
First Author: Jarvelin, Marjo-Riitta
Citation: New England Journal of Medicine 2008; 358: 1082-1082
Summary: Reviewer notes that book discusses both the epidemiological principles behind risk calculations. Reviewer notes that one of the main points is to call for professional guidance in decision-making by the public, politicians, and other lay people.

Science

Reviewer: Wolitz
Title: Spending Money on Others Promotes Happiness
First Author: Dunn, Elizabeth
Citation: Science 2008; 319: 1687-1688
Summary: Authors of this study have found that spending money on others has predictable and significant effects on happiness. People think that spending on themselves will increase their happiness—but, evidently, this is wrong.

Reviewer: Wolitz
Title: A Case Study of Personalized Medicine
First Author: Katsanis, Javitt, Hudson
Citation: Science 2008; 320: 54-55
Summary: Innovations in pharmacogenetics promises to revolutionize healthcare by using individual genetic information to determine personalized drug safety and efficacy. Authors are worried about potential for misleading claims by pharmacogenetics test makers and call for increased regulation and oversight of genetic testing.
