

## ***American Journal of Bioethics***

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**Reviewer:** DeGrazia

**Title:** "Why a Criminal Ban? Analyzing the Arguments Against Somatic Cell Nuclear Transfer in the Canadian Parliamentary Debate"

**First Author:** Timothy Caulfield, Tania Bubela

**Citation:** American Journal of Bioethics 2007; 7: 51-61

**Summary:** The authors respond to Canada's 2005 Assisted Human Reproductive Act, which prohibits several research activities including somatic cell nuclear transfer. They study in detail the political process leading to enactment of the law, finding fault with major components of Health Canada's report, Proposals for Legislation Concerning Assisted Human Reproduction. Ultimately, the authors criticize the ban in view of Canada's religious pluralism and liberal democracy as well as deficiencies in the arguments offered in support of the ban. [This strikes me as a cogent critique.]

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**Reviewer:** DeGrazia

**Title:** "Money and Distorted Ethical Judgments about Research: Ethical Assessment of the TeGenero TGN1412 Trial"

**First Author:** Ezekiel Emanuel and Franklin Miller

**Citation:** American Journal of Bioethics 2007; 7: 76-81

**Summary:** The background to the authors' analysis is a TeGenero drug trial in which 6 subjects had tragic inflammatory reactions. The analysis reacts to the authors' perception that press reports and commentaries had focused excessively on the fact that research participants were handsomely paid to take part in a trial of a drug produced by a for-profit company. Emanuel and Franklin argue that reports submitted prior to their manuscript suggested that the trial met all ethical requirements. After noting that the company had a large financial stake in the trial's outcome and apparently was in a rush to test the drug, and that it's "probable that the research participants volunteered for the trial because of the money offered"--while acknowledging that, in retrospect, the independent reviewers should have demanded greater caution to minimize risks--the authors contend that "we should avoid shrill charges and extraneous factors, such as money." In an Appendix, they note a recent Lancet article that concluded that "the antibody was a high-risk compound unlikely to be suitable for administration to healthy people without additional preclinical experiments," but claim that this appraisal is strongly influenced by hindsight bias. [The article makes many good and important points and correctly notes how hindsight reasoning can easily lead to unfair charges of unethical research and to illogical "post hoc ergo propter hoc" inferences about the corrupting influence of financial incentives. At the same time, in view of the excellence of the authors, I found the analysis disappointing: very one-sided (more trial-lawyerly than philosophical) with too many rhetorical questions and too many lapses in reasoning.]

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## ***American Journal of Public Health***

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**Reviewer:** carrie

**Title:** The creation of industry front groups: The tobacco industry and “Get Government Off our Back”

**First Author:** Apollonia, DE

**Citation:** American Journal of Public Health 2007; 97: 419-427

**Summary:** This is a case study of industry’s use of non-obviously self-interested advocacy groups to further their agendas. Proposed by a public relations firm and created in 1994 shortly after OSHA and FDA proposed new regulations on tobacco, Get Government Off our Back’s was funded by RJ Reynolds, but its list of 1995 sponsors was devoid of any reference to tobacco (the 1994 list include Tobacco growers’ associations). With a general anti-regulation slant, it lobbied successfully against excise taxes, clean indoor air, and tobacco control.

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## ***Annals of Internal Medicine***

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**Reviewer:** Adikes

**Title:** The Declining Number and Variety of Procedures Done by General Internists: A Resurvey of Members of the American College of Physicians

**First Author:** Wigton, Robert

**Citation:** Annals of Internal Medicine 2007; 146: 355-360

**Summary:** This survey follows a 1986 survey of the American College of Physicians (ACP) which indicated that general internists perform many and various procedures. The 2000 survey of 2500 ACP general internists shows that the median number of procedures performed in practice has decreased by almost ½ since 1986. The median number of hours spent in patient care decreased by 4.4 hours. Of six procedures included in the survey that are required by the American Board of Internal Medicine for certification, only joint aspiration was performed by a majority of the 2000 respondents. Similar to the 1986 findings, physicians in smaller practices and towns performed nearly twice as many procedures as those in large cities.

The authors explain some of these changes by referring to changes in the types regulatory requirements (Clinical Laboratory Improvement Amendments of 1988), the numbers of sub-specialists (greater availability), and the practice of medicine (transition from consultative-inpatient model to primary care outpatient model). These changes include the Clinical Laboratory Improvement Amendments of 1988 which led to increased oversight of outpatient procedures. This information may be important for training general internists – Should procedures that are no longer commonly performed by general internists be included in their training?

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## ***Archives of Internal Medicine***

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**Reviewer:** Lev

**Title:** Access and Ability to Pay: The Ethics of a Tiered Health Care System

**First Author:** Emanuel, Ezekiel J.

**Citation:** Archives of Internal Medicine 2007; 167: 433-437

**Summary:** In this paper the authors argue that the American healthcare system requires a major reform. They suggest a two tiered healthcare system. The core tier is one which will provide a set of services to which every citizens will have access. In other words, this tier will provide universal coverage. They claim that in creating such a system social justice will be served. The other tier will provide services that would be accessible upon ability to pay. They dismiss various objections to this tier such its alleged discriminatory nature, unfairness and its effects on the quality of care given in the core tier. The authors propose various arguments as to why these objections are weak. They then focus in greater length on ways to deal with the objection that the higher tier will harm the quality of the services given in the core tier. They propose five criteria that would make it more likely that the services given in the core tier will be of good quality.

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## ***Bioethics***

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**Reviewer:** Alex Friedman

**Title:** PARENTAL VIRTUE: A NEW WAY OF THINKING ABOUT THE MORALITY OF REPRODUCTIVE ACTIONS

**First Author:** McDougall, Rosalind

**Citation:** Bioethics 2007; 21: 181-190

**Summary:** An attempt to apply virtue ethics to reproductive decisions using the notion of a virtuous parent. The author argues that there are 3 main parental virtues conducive to the main goal of flourishing of the child - "acceptingness", "committedness", and "future-agent-focus" (promoting the development of children into good moral agents). She then applies her framework to an evaluation of a decision to select for deafness.

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**Reviewer:** Alex Friedman

**Title:** THE PARENTAL OBLIGATION TO EXPAND A CHILD'S RANGE OF OPEN FUTURES WHEN MAKING GENETIC TRAIT SELECTIONS FOR THEIR CHILD

**First Author:** Schmidt, Eric B.

**Citation:** Bioethics 2007; 21: 191-197

**Summary:** Argues that not only is it wrong for prospective parents to select genetic traits in a way that limits the future child's range of options, but it is also wrong to shift that range without decreasing it as that "would allow parents to over-determine their child's futures". Only expansion of the range of open futures is acceptable. That conclusion seems wrong in so many ways...

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**Reviewer:** Alex Friedman

**Title:** EMBRYONIC POTENTIAL AND STEM CELLS

**First Author:** Agar, Nicholas

**Citation:** Bioethics 2007; 21: 198-207

**Summary:** Argues that the crucial distinction in potential that makes some embryos, but not others, morally suitable for stem cell research is between the presence and absence of a "functional relationship with a womb". The argument seems iffy at best.

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**Reviewer:** Alex Friedman

**Title:** ETHICS AND DRUG RESISTANCE

**First Author:** Selgelid, Michael J.

**Citation:** Bioethics 2007; 21: 218-229

**Summary:** Drug resistance is caused by over-consumption of certain drugs, e.g. antibiotics, by the rich, and their under-consumption by the poor. Drug resistance poses risks to third parties. Therefore (due to the presence of externalities), distribution of health care, at least when there is a threat of drug resistance, should be "treated as a (global) public good" instead of being left up to the market.

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**Reviewer:** Alex Friedman

**Title:** HEALTH, JUSTICE, AND THE ENVIRONMENT

**First Author:** Resnik, David B.

**Citation:** Bioethics 2007; 21: 230-241

**Summary:** Bioethics should pay more attention to environmental factors that increase health inequalities, such as air pollution, water quality, food safety, pest control, etc. Since there are insufficient resources to address all of these at present, they should be prioritized according to "the practicality of addressing the factor".

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### ***British Medical Journal***

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**Reviewer:** arnon

**Title:** Effect of insulating existing houses on health inequality: cluster randomised study in the community

**First Author:** Philippa Howden-Chapman, et. al.

**Citation:** British Medical Journal 2007; 334: 460-460

**Summary:** To examine the effect of quality of housing on health inequalities, this cluster single-blind randomized trial studied the effects of better insulation of houses on health and well being. Insulation resulted in improved reported health, sense of comfort and wellbeing, decreased doctor visits and hospital admissions, and was found to be cost-effective.

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**Reviewer:** DeGrazia

**Title:** How Impact Factors Changed Medical Publishing--and Science

**First Author:** Hannah Brown

**Citation:** British Medical Journal 2007; 334: 561-564

**Summary:** This article describes how medical journal editors' interest in the "impact factor"--as measured by various indices--has caused editors to focus more on citations and less on readers. Unfortunately, there seems to be little correlation between papers cited frequently within a few years of publication and papers considered landmark contributions by experts years later. Journals have toyed with formats to increase their impact ranking--for example, publishing more articles, letters, and news items. Focus on the impact factor has changed not just medical publishing, but science as well. Academic employers and funding bodies have increasingly made decisions that favor life sciences laboratory work, research that tends to be published in the highest-impact journals, to the detriment of clinical research. [For those not well acquainted with this phenomenon, the article is eye-opening and raises important issues.]

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**Reviewer:** Adikes

**Title:** Kidneys on Demand

**First Author:** Griffin, Anne

**Citation:** British Medical Journal 2007; 334: 502-505

**Summary:** This article examines claims that Iran has eliminated its waiting list for kidneys. In doing so, the author reflects on the history of kidney donation, current regulations on the practice, and the reality of donating or receiving kidneys in Iran. Today in Iran, 76% of kidneys come from strangers and 12% come from deceased donors, compared with 1% from anonymous living donors and 65% from deceased donors in the US.

Some argue that the primary reason that so many strangers donate organs in Iran is money. An Iranian donor receives a fixed government payment, one year of free health care, and a negotiated, undocumented payment from the donor. The WHO and WMA oppose payment for organs, partly because, as is the case with Iran, it may disproportionately drive the desperately poor to donate. While the country has a surplus of donors, organ donation is still stigmatized in Iran, most donors wish to remain unidentified, and many do not respond to doctor requests for follow-up.

Through this system, the waiting list has been eliminated for those with the finances and health insurance to pay for the transplant, but unknown numbers of people who need kidneys and cannot afford them are not yet even on the waiting list. In spite of government assistance, those who cannot pay and lack health insurance often stay on dialysis and wait on the list for cadaveric donations, which is now 300 long.

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**Reviewer:** Adikes

**Title:** Should NICE evaluate complementary and alternative medicine?

**First Author:** Franck, Linda

**Citation:** British Medical Journal 2007; 334: 506-507

**Summary:** Linda Franck et al. argue that NICE should evaluate complementary and alternative medicine because, for one, it is particularly relevant to those with long-term illnesses, who account for the majority of general practice consultations. The authors concede that the outcomes of CAM therapies often vary and are difficult to measure. They further reason that the lack of rigorous studies on CAM may be due to lack of standards for effectiveness and lack of confidence in CAM's potential benefits. Nevertheless, research on CAM should be pursued because it may offer less expensive therapies and because many people currently use it, whether it is clinically proven or not.

In a related piece, David Colquhoun argues that rehashing studies on CAM that have already shown little benefit would be costly and unnecessary.

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**Reviewer:** Adikes

**Title:** Key challenges and ways forward in researching the "good death": qualitative in-depth interview and focus group study

**First Author:** Kendall, Marilyn

**Citation:** British Medical Journal 2007; 334: 521-521

**Summary:** The authors used interviews with researchers and focus groups comprised of patients with cancer to learn more about conducting research on patients at the end of life. Partly due to a general lack of open discourse on death and dying, there is little research on this topic and little evidence to help define the "good death". The authors remind readers of the importance of research at the end of life and the contributions that research subjects can provide to knowledge and other patients at the end of life. This study found that many individuals at the end of life would like to participate in research, and that researchers often find research with the dying "not too different" from other types of research. This study indicates that the regulatory, ethical, and social complexities of involving those at the end of life in research may not be so great that researchers should completely avoid pursuing important research on end of life care.

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**Reviewer:** arnon

**Title:** Will we be getting good doctors and safer patients?

**First Author:** Catto, G.

**Citation:** British Medical Journal 2007; 334: 450-450

**Summary:** One of four articles with the same title discussing a new governmental white paper on the regulation of health professional, intended to better guarantee patients' safety.

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**Reviewer:** arnon

**Title:** Editorial: The Pharmaceutical Price Regulation Scheme

**First Author:** Collier, J

**Citation:** British Medical Journal 2007; 334: 435-436

**Summary:** Endorses a report by the Office of Fair Trading, criticizing the current Pharmaceutical Price Regulation Scheme for serving the interests of industry instead of that of patients and of the DHS, and calls for the institution of an alternative pricing scheme, under which drug prices would be negotiated by an independent commission on the basis of evidence concerning the product's clinical value

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**Reviewer:** arnon

**Title:** Killing me softly

**First Author:** Kamerow, Douglas

**Citation:** British Medical Journal 2007; 334: 454-454

**Summary:** Discusses the debate over physician's involvement in administering capital punishment, suggesting that physicians' became involved in CP as a result of "our" wish to kill evil criminals without feeling bad about how they died. Claims however that as long as capital punishment is practiced, killings will sometime go wrong, whether or not physicians are involved; if we can't accept that, we should put an end to capital punishment.

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**Reviewer:** Adikes

**Title:** Getting services right for those sick enough to die

**First Author:** Dy, Sydney

**Citation:** British Medical Journal 2007; 334: 511-513

**Summary:** Even though the number of people living and dying with chronic illnesses is increasing, medical systems do not respond effectively to the, often long-term, needs of individuals who are sick enough to die. Patients with multiple chronic illnesses must use multiple health care settings and methods of payments, seldom receiving specific end of life care. Opportunities for home support are limited.

In response, the authors of this article identified the common "trajectories" that fatal illnesses take, and designed three groups appropriate services and considerations for patients with those illnesses. One design considers individuals who experience good function until the last weeks or months of life, another is for those who decline slowly and die, and the third is for those with long-term poor functioning.

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**Health Affairs**

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**Reviewer:** Namrata Kotwani**Title:** General Internists' Views On Pay-For-Performance And Public Reporting Of Quality Scores: A National Survey**First Author:** Casalino ,Alexander G, Jin L et al**Citation:** Health Affairs 2007; 27: 492-499**Summary:** In a national survey of general internists, authors found strong potential support for financial incentives for quality, but less support for public reporting among general internists. Large majorities of respondents stated that these programs will result in physicians' avoiding high-risk patients and will divert attention from important types of care for which quality is not measured. Physicians feared that quality measurements may not adequately adjust for the socioeconomic characteristics of patients or their risk profile.

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**Reviewer:** Namrata Kotwani**Title:** Reassessing How Society Prioritizes The Health Of Young People**First Author:** Eisenberg D, Freed G**Citation:** Health Affairs 2007; 26: 354-354**Summary:** By evaluating the examples of recent vaccine interventions, the authors show that current methods of CEA (cost effective analysis) are likely to undervalue health interventions for young people, relative to societal preferences inferred from research on age preferences and the value of health over time.

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**Reviewer:** Namrata Kotwani**Title:** Universal Coverage For Children: Alternatives, Key Issues, And Political Opportunities**First Author:** Berman S**Citation:** Health Affairs 2007; 27: 394-404**Summary:** Paper describes four alternatives for expanding childhood insurance coverage and assesses the political feasibility of enacting universal coverage. Alternatives listed include (1) a single federal child health program for all children; (2) a hybrid federal child health program (replacing Medicaid and the State Children's Health Insurance Program [SCHIP]), combined with employer coverage; (3) a new federal plan for uninsured children (that keeps the existing Medicaid program); and (4) expansion of SCHIP.

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**Reviewer:** Namrata Kotwani**Title:** The Moral Case For Covering Children (And Everyone Else)**First Author:** Nichols, LM**Citation:** Health Affairs 2007; 27: 405-407**Summary:** Author provides religious and general ethical (sketchily developed) basis for covering uninsured children. He also suggests that just as society has an obligation to provide coverage and access to care, beneficiaries have responsibilities as well. Thus, he advocates that parents should be required to obtain properly subsidized coverage for their children and eventually themselves. Imposing automatic enrollment rules, incentives, and penalties would then reflect the social interest in making sure that all persons can be covered at minimum spillover (free-rider) costs.

**Reviewer:** Namrata Kotwani

**Title:** Childhood Obesity: What's Health Care Policy Got To Do With It?

**First Author:** Homer C and Simpson LA

**Citation:** Health Affairs 2007; 27: 441-444

**Summary:** Authors suggest that the health care industry needs to respond to the growing childhood obesity epidemic and act on best available evidence to reduce overweight among youth. Available strategies include promoting breastfeeding and increased physical activity, decreased television time, and decreased consumption of sugar-sweetened beverages; the use of more-effective counseling techniques; and linking practice and community-based strategies around a common message. Policies in support of these changes include reimbursement for counseling and community efforts; training; incentives; and support for traditional and pragmatic research, including sharing outcomes using common metrics across programs.

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**Reviewer:** Namrata Kotwani

**Title:** Transforming the US Child Health System

**First Author:** Halfon, DuPlessis, Inkelas

**Citation:** Health Affairs 2007; 26: 315-330

**Summary:** Paper presents rationale for developing a universal and improved US child health system. The authors demonstrate how the current system is underperforming and compare access and quality across developed countries. Finally, they outline key suggestions for improvement such as horizontal and vertical integration of child health initiatives and finance reform.

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**Reviewer:** Namrata Kotwani

**Title:** Impact Of State Tort Reforms On Physician Malpractice Payments

**First Author:** Waters, Budetti, Claxton, Lundy

**Citation:** Health Affairs 2007; 27: 500-5009

**Summary:** Authors tried to quantify the relationship between state and federal medical malpractice tort reforms and malpractice premiums and costs. The paper ranks each state's tort provisions, uses multivariate analysis to measure the effects of strong versus weak enactments on paid claims, and identifies tort law patterns associated with high and low claims frequency and payment levels. In summary, tort law differences explain only 1 percent of the variation in the number of paid claims, either total or per physician, and only about 7 percent of the variation in dollars paid per practicing physician. States with lower payment levels had a readily identifiable pattern of tort reforms: caps on damages, more-restrictive back-end statutes of limitations, and more-restrictive expert-witness requirements.

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## **Health Economics**

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**Reviewer:** Adikes

**Title:** Do Personal and Societal Preferences Differ by Socio-Demographic Group?

**First Author:** Franks, Peter

**Citation:** Health Economics 2007; 16: 319-325

**Summary:** Using data from the US 2000 Medical Expenditure Panel Survey, the researchers examined the relationship between socio-demographic factors and community and individual preferences for health-related quality of life. Like previous studies, this one did not indicate that socio-demographic characteristics explain differences in health status, nor does it show that socio-demographic characteristics contribute to preferences for health-related quality of life. Since these relationships can notably impact decisions about resource allocation, the authors suggest more extensive research is necessary to determine more accurate socio-demographically-related, preference-based, health-related quality of life measures to better inform cost-effectiveness analyses and, thus, allocation of health interventions. The authors acknowledge controversies surrounding the use of EQ VAS and EQ-5D to measure personal and community preferences respectively.

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## **JAMA**

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**Reviewer:** Seema

**Title:** Regulations, Payment Affect Stroke Research

**First Author:** Mike Mitka

**Citation:** JAMA 2007; 297: 1304-1305

**Summary:** This is a news piece about three concerns about stroke research raised at the International Stroke Conference this past February. First, the FDA approval process for new devices is much easier than the approval process for new drugs, with the result that devices become standard-of-care before their efficacy is fully established. Second and relatedly, FDA approval of devices can become linked to reimbursement, and if that happens prematurely, this can serve as a financial disincentive to conduct a phase three trial to show the effectiveness of such a device. Third, Medicare and insurance companies may reimburse hospitals more for more established but less effective therapies, thus encouraging substandard practice.

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**Reviewer:** Seema

**Title:** Book Review of Mind Wars: Brain Research and National Defense (by Jonathan Moreno)

**First Author:** Joseph J. Fins, MD

**Citation:** JAMA 2007; 297: 1382-1383

**Summary:** Review that sounds somewhat skeptical of Jonathan Moreno's book about the intersection of brain research and national defense (and the implications of brain research for civil liberties in the long run). The reviewer notes that there is an interesting personal dimension to the book--a dear family friend of Moreno's--had strong connections with the intelligence community and conducted some ethically questionable psychological research. Of tangential interest is the fact that Ted Kaczynski was a subject in this psychological research. The reviewer seems somewhat skeptical of some science fiction-type claims made in the book, but concludes that it is an important preliminary work in this field.

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**Reviewer:** Seema

**Title:** Primary Prevention of Atherosclerotic Cardiovascular Disease

**First Author:** Michael S. Lauer, MD

**Citation:** JAMA 2007; 297: 1376-1378

**Summary:** Very interesting article about the possible implications for medicine and public health of recent findings that low-risk populations are the source of most clinical disease. Because it's a preliminary article that raises some important questions, it may suggest good paper topics.

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**Reviewer:** Varma

**Title:** Eligibility Criteria of Randomized Controlled Trials Published in High-Impact General Medical Journals  
Eligibility Criteria of Randomized Controlled Trials Published in High-Impact General Medical Journals: A Systematic Sampling Review

**First Author:** Van Spall, HGC

**Citation:** JAMA 2007; 297: 1233-1240

**Summary:** This study examined the exclusion criteria of 283 randomized controlled trials reported in high impact factor journals between 1994 and 2006. They categorized each exclusion criterion for each trial as "strongly justified," "potentially justified," or "poorly justified," finding that only 47.2% were "strongly justified." While I feel unqualified to comment on the validity of their scoring method and resulting findings, this article's data on the frequency of exclusion criteria related to age, sex, HIV infection, etc. might be of interest to some in the department.

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**Reviewer:** Varma

**Title:** Pharmaceutical Company Payments to Physicians: Early Experiences With Disclosure Laws in Vermont and Minnesota

**First Author:** Ross, JS

**Citation:** JAMA 2007; 297: 1216-1223

**Summary:** Five states have mandated disclosure of pharmaceutical company payments to physicians and 2 (Vermont and Minnesota) have made these disclosures publicly available (at least in theory). These authors conducted a study to determine the accessibility and quality of the data, and learn about payments over \$100 to physicians. Access to the data proved difficult and many disclosures in both states were incomplete or missing (either not reported or withheld as trade secrets). In Vermont, there were 2826 payments of \$100 or more over 2 years, and in Minnesota 6469 over 3 years. The analysis breaks down these payments by company, recipient, and purpose.

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**Reviewer:** Varma

**Title:** special issue on access to care

**First Author:** Various

**Citation:** JAMA 2007; 297: 1031-1154

**Summary:** The March 14 JAMA is a special issue on Access to Care, with several articles that may be of interest to people working in this area. Original reports include financial barriers to care and myocardial infarction outcomes, emergency Medicaid expenditures for recent and undocumented immigrants, and emergency department use among members of a high-deductible health plan.

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## ***Journal of General Internal Medicine***

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**Reviewer:** Alex Friedman

**Title:** Changes in Preferences for Life-Sustaining Treatment Among Older Persons with Advanced Illness

**First Author:** Fried, Terri R.

**Citation:** Journal of General Internal Medicine 2007; 22: 495-501

**Summary:** A longitudinal cohort study to determine how older (60+) patients' preferences about life-sustaining treatment change in the course of severe illness. After 2 years the decrease in willingness to risk severe disability in order to survive in present health was statistically significant, but small. Not surprisingly, greater functional disability, poorer quality of life, and lower life expectancy were associated with decreased willingness to agree to burdensome or risky (in terms of further disability) medical procedures.

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**Reviewer:** Alex Friedman

**Title:** Ready or Not, Here They Come: Acting Interns' Experience and Perceived Competency Performing Basic Medical Procedures

**First Author:** Coberly, LeAnn

**Citation:** Journal of General Internal Medicine 2007; 22: 491-494

**Summary:** Self-assessments of competence in performing "basic procedures" improve significantly after interns perform the procedures one or more times under supervision (Duh!). Performing one lumbar puncture did not appear to improve self-assessments of competence (Duh?). Somewhat disconcerting is the finding that for each of the six procedures investigated, less than half of the interns had performed it at least once over the course of two internship rotations.

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**Reviewer:** Alex Friedman

**Title:** Dying on the Streets: Homeless Persons' Concerns and Desires about End of Life Care

**First Author:** Song, John

**Citation:** Journal of General Internal Medicine 2007; 22: 435-441

**Summary:** Another qualitative study of death-related concerns among 53 homeless persons (most likely the same ones as in the previous article). Some of the fears expressed are claimed to be unique to this population, e.g. the fear of dying "anonymously and undiscovered" and ambivalence towards contacting family members. Concerns about barriers to end-of-life care for the very poor were also prominent.

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**Reviewer:** Alex Friedman

**Title:** Experiences With and Attitudes Toward Death and Dying Among Homeless Persons

**First Author:** Song, John

**Citation:** Journal of General Internal Medicine 2007; 22: 427-434

**Summary:** A qualitative study of attitudes and experiences of 53 homeless persons. Nothing really surprising - many have had frequent encounters with death, often starting at an early age, which have influenced their attitudes towards risk-taking, death, and end-of-life care.

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## ***Lancet***

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**Reviewer:** Alex Friedman

**Title:** Can President Bush's plans reform US health care?

**First Author:** McCarthy, Michael

**Citation:** Lancet 2007; 369: 545-546

**Summary:** A discussion of the pros and cons (mostly cons) of Bush's plan to make health care more affordable by using tax deductions. Largely focuses on the allegation that the plan will primarily benefit the wealthiest members of society. By Treasury Department estimates the plan would result in only 3-4 million out of 46 million US uninsured gaining access to health insurance.

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**Reviewer:** Alex Friedman

**Title:** Objectification of physicians and loss of therapeutic power

**First Author:** Heath, Iona

**Citation:** Lancet 2007; 369: 886-888

**Summary:** Laments the move towards viewing doctors as mere technicians and patients as "interchangeable units of health need" to the detriment of the doctor-patient relationship.

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**Reviewer:** Alex Friedman

**Title:** Interpreting health statistics for policymaking: the story behind the headlines

**First Author:** Walker, Neff

**Citation:** Lancet 2007; 369: 956-963

**Summary:** Suggestions on how to understand and use disease burden statistics in policymaking, especially with an eye towards filtering out the effects of advocacy and other types of political spin. The authors urge the adoption of standardized frameworks and methods.

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**Reviewer:** Heyd, David

**Title:** Reforming research in China

**First Author:** editorial

**Citation:** Lancet 2007; 369: 880-880

**Summary:** This is a very short editorial but is interesting in turning our attention to the remarkable pace of progress in scientific research in China (which invests these days more money in science than any country except for the U.S.). Expectations of scientists become very high and as a result there is a serious risk of unethical practice (fraud, plagiarism, poor quality of research). It is therefore a welcome development that The Chinese Academy of Science is now addressing the problem of misconduct and has issued a formal declaration on scientific integrity.

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**Reviewer:** Heyd, David

**Title:** Objectification of physicians and loss of therapeutic power

**First Author:** Heath, Iona and Nessa, John

**Citation:** Lancet 2007; 369: 8886-888

**Summary:** The article is a plea to re-consider the central therapeutic role of the doctor-patient (personal) relationship. It shows how that relationship has been eroded in the last decades due to the widespread view that both doctors and patients are "interchangeable": doctors become mere technicians, following routines and guidelines; patients are being de-personalized by being subjected to overall policies of prioritization and accordingly treated as "units of health needs". The decline of the ideal of trust between doctor and patient has potentially serious implications for the effectiveness of medical treatment. The power promoted by the new trend is neither the doctor's, nor the patient's, but rather that of the politician.

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**Reviewer:** Persad

**Title:** Push to mandate HPV vaccine triggers backlash in USA

**First Author:** Udesky L

**Citation:** Lancet 2007; 369: 979-980

**Summary:** With the availability of a new vaccine against HPV, several U.S. states (around 20) are considering making the vaccine compulsory for school attendance. Texas has already mandated the vaccine (although some have alleged that this is related to the governor's former chief of staff becoming a Merck lobbyist) and California is considering it. Several concerns have been raised: (1) that HPV is not (generally) transmitted in a classroom setting, (2) that mandating vaccine would disproportionately affect women, since the vaccine is only approved for use in women, (3) that the vaccine is still too new to mandate, and (4) that the cost of the vaccine is high. Supporters respond that mandating the vaccine will protect the greatest number of people, and will also protect women who do not have access to treatment such as Pap smears. Several of these issues would be interesting topics for conceptual and/or empirical research, since they seem to make normative claims (e.g. that it is unjust to mandate a type of intervention for one sex and not the other).

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**Reviewer:** Heyd, David

**Title:** US guidelines seek to protect access to licensed technology

**First Author:** McCarthy, Michael

**Citation:** Lancet 2007; 369: 896-896

**Summary:** Eleven top U.S. universities and the Association of American Medical Colleges have issued guidelines regarding the obligation to promote and disseminate scientific knowledge, prohibiting exclusive licensing of the products of research to a particular commercial company. Although the idea behind the guidelines is the protection of the public interest and the prevention of university scientists becoming "enslaved" to commercial companies, the document is aware that there are cases in which some exclusivity of licensing is inevitable and that universities should only do their best to negotiate the best possible terms for the duration of patents and the dissemination of the results of the research.

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**Reviewer:** Persad

**Title:** WHO must defend patients' interests, not industry

**First Author:** Cawthorne, P

**Citation:** Lancet 2007; 369: 974-975

**Summary:** Thailand has issued "compulsory licenses" that allow local production of three antiretroviral drugs at reduced costs. (Abbott, the producers of the drugs, have retaliated by stopping drug registration in Thailand.) In response, the WHO director noted that there is a need to negotiate with drug companies and interests of different parties should be balanced. The article criticizes her as well as the pharmaceutical companies, asserting that the strategy of negotiation has been unsuccessful in Thailand and that the Thai government is legally and morally justified in issuing compulsory licenses. The authors argue that national governments should use patent laws to improve access to drugs for patients. They also challenge Abbott's retaliation.

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**Reviewer:** Persad

**Title:** Hong Kong attempts to reduce influx of pregnant Chinese

**First Author:** Cheng, MH

**Citation:** Lancet 2007; 369: 981-982

**Summary:** Hong Kong law entitles any child of a Chinese citizen born in Hong Kong to Hong Kong permanent residency, which includes health and educational benefits that currently exceed what is available in mainland China. Giving birth in Hong Kong also avoids the Chinese one-child policy and Hong Kong hospitals are better-equipped. Chinese couples are therefore attempting to give birth to their children in Hong Kong, and "maternity tours" have sprung up to cater to their preferences. Many wealthy Chinese women have taken advantage of this, which is good for Hong Kong hospitals; however, poor Chinese women are not as lucrative, since they cannot pay hospital bills. In response, Hong Kong has imposed a \$39,000 "antenatal booking fee" and mandated that "no woman with a pregnancy beyond 28 weeks' gestation can cross the Hong Kong-mainland China border unless she can prove she has made such a booking." This policy is being enforced by "border baby patrols" that "physically examine women suspected of harbouring a post-28 week fetus." Sometimes truth is stranger than fiction. (And wouldn't it be embarrassing to search a woman who turned out not to be pregnant, but just overweight?!)

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## ***New England Journal of Medicine***

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**Reviewer:** carrie

**Title:** Book review: Medicine and the market: Equity vs. choice

**First Author:** Detsky

**Citation:** New England Journal of Medicine 2007; 356: 1080-1081

**Summary:** According to Detsky, a not-very-successful or in-depth review by Daniel Callahan and Angela Wasunna of this subject. Apparently does not contain good introduction to market theory or rationale for government regulation. Has superficial overview of health care systems, including those of developing countries.

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**Reviewer:** pearson

**Title:** HIV in India -- The Challenges Ahead

**First Author:** Steinbrook R

**Citation:** New England Journal of Medicine 2007; 356: 1197-1201

**Summary:** A good overview of policy in India as it relates to HIV prevention and treatment, with special reference to the problems with co-infection with TB. Good background data on infection rates, money allocated for prevention/treatment, etc.

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**Reviewer:** carrie

**Title:** Book review: Overdose: How excessive government regulation stifles pharmaceutical innovation

**First Author:** Rai, AK

**Citation:** New England Journal of Medicine 2007; 346: 1079-1080

**Summary:** Richard Epstein's ode to why government regulation of the pharma industry is bad (FDA doesn't approve drugs that might be efficacious for an identified sub-population). The reviewer points out that market-based differentiation of benefit "downstream" is unlikely to occur due to incomplete information, in part due to purchasing distortions created by moral hazard. Rai argues that pharma also has self-interested reasons for preferring the current regulatory environment to avoid "balkanizing" potential markets.

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**Reviewer:** carrie

**Title:** Care patterns in Medicare and their implications for pay for performance

**First Author:** Pham, HH

**Citation:** New England Journal of Medicine 2007; 356: 1130-1139

**Summary:** In short, Medicare patients see a lot of doctors each year (2 primary care doctors, 5 specialists. One-third of Medicare patients change their "assigned physician" each year. "Assigned patients" make up nearly 2/3 of primary care doctor's Medicare load, but only 10% of specialists' Medicare visits. The authors conclude that Medicare's attempts to pay-for-performance will be difficult to implement given the diffusion of care among so many physicians. As far as I can tell, however, they don't address the possibility that many of these physicians may have been within the same group practice or healthcare organization. If they are, pay-for-performance initiatives might have greater impact if incentives focused on the institutional, rather than individual physician, level.

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**Reviewer:** carrie

**Title:** Ethical challenges posed by the solicitation of deceased and living donor organs

**First Author:** Hanto, DW

**Citation:** New England Journal of Medicine 2007; 356: 1062-1066

**Summary:** Since we are discussing this in journal club, I'll give an abbreviated summary. Hanto supports the status quo for directed deceased organ donation, and believes the same standards should apply to living donors. He seeks to prevent exploitation of and balance the autonomy of the donor with fairness and utility. Hanto argues his proposal is good from the recipients' perspective because it is just (avoid discrimination and favoring the wealthy) and maximizes utility (maintain trust to those on the waiting list, prevent organs from going to unsuitable candidates, prevent unwanted future contact with donee). (Hanto also claims, but does not adequately support his assertion that solicitation does not increase public donation or awareness.) It is good from the donees' perspective insofar as it prevents exploitation.

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**Reviewer:** Namrata Kotwani

**Title:** The Egg Trade — Making Sense of the Market for Human Oocytes

**First Author:** Spar D

**Citation:** New England Journal of Medicine 2007; 356: 1289-1291

**Summary:** It has been posited that compensating egg donors (for research purposes) may be exploitative and lead to disproportionate recruitment of low income women. Author points out that egg donors can be compensated for providing eggs for reproduction but various state legislations and policy guidelines only prohibit researchers from compensating young women for providing eggs for research. She advocates that this policy be reevaluated and more research on the long-term health and safety of egg donors be conducted. Moreover, federal guidelines on fully informing egg donors about potential risks ought to be developed. Thoughtful and well-written article.

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**Reviewer:** carrie

**Title:** Book review: Solving the health care problem: How other nations succeeded and why the United States has not

**First Author:** Orfi, D

**Citation:** New England Journal of Medicine 2007; 256: 1078-1079

**Summary:** This review of Pamela Behan's comparative study of the US, Canada, and Australia concludes that attaining national health care requires four necessary conditions to (federal and financial authority, multiparty system, health care legislative legacy, strong trade unions) and one of two sufficient conditions (labor-party power and lack of veto power).

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**Reviewer:** carrie

**Title:** HIV in India: A complex epidemic

**First Author:** Steinbrook R

**Citation:** New England Journal of Medicine 2007; 356: 1089-1093

**Summary:** First in a series of articles on HIV in India, this article is an introduction to infection rates and the health care system's ability to respond. Key facts limiting HIV control efforts: violence against women, high percentage (80-90%) of undiagnosed HIV cases, high rates of sterilization rather than condoms as a birth control method, increasing injection-drug use, and complexities of homosexual subgroups and practices.

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**PLoS Medicine**

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**Reviewer:** Persad**Title:** How Should Treatment Decisions Be Made for Incapacitated Patients, and Why?**First Author:** Shalowitz D**Citation:** PLoS Medicine 2007; 4: e35-e35**Summary:** Surrogates are generally assigned to make treatment decisions on behalf of incapacitated patients. However, their accuracy at doing what the patient would have done is not high. This article investigated the accuracy of a computer program that considered several variables (such as age, gender, and ethnicity) that had been shown to correlate with patient preferences as well as information about options. This program did about as well as surrogates (78%) at predicting what decisions patients would have made. Other issues involving who should decide for incapacitated patients are also discussed.

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**Reviewer:** Persad**Title:** Evaluating Drug Prices, Availability, Affordability, and Price Components: Implications for Access to Drugs in Malaysia**First Author:** Babar, ZUD**Citation:** PLoS Medicine 2007; 4: e82-e82**Summary:** Drug prices for a “basket” of 48 drugs in Malaysia were evaluated. Markups at several levels made the price for most drugs much higher than the international reference price, and also higher than in most other countries. Malaysia also has a unregulated, free-market system of drug pricing. The author suggests a need for price controls at the government level.

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**Reviewer:** Persad**Title:** What Led to the Nigerian Boycott of the Polio Vaccine Campaign?**First Author:** Jegede AS**Citation:** PLoS Medicine 2007; 4: e73-e73**Summary:** In 2003, attempts by the WHO to vaccinate children against polio in northern Nigeria were blocked by community leaders. These leaders raised concerns about the vaccines being contaminated with HIV or “anti-fertility” drugs. These concerns derived from the strangeness of being given free vaccines when basic care was unavailable, political worries about anti-Muslim bias in the developed world, and a recent drug trial in the community that had been criticized as unethical. The author recommends that future work in northern Nigeria be more cognizant of local politics and try to precede vaccination with a public awareness campaign. The setup of local research ethics committees is also encouraged (although the vaccinations were presumably not research).

## Science

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**Reviewer:** Denny

**Title:** CANCER RESEARCH: Tight Budget Takes a Toll on U.S.-Funded Clinical Trials

**First Author:** Couzin, J

**Citation:** Science 2007; 315: 1202-1203

**Summary:** The new, smaller NCI budget means that many clinical trials will be detrimentally affected. Among the 10 U.S. cooperative groups that run large-scale cancer trials, many are implementing an NCI recommendation to trim their costs by 10% because of growing pressure on NCI's budget. Roughly 95 trials are at risk, and the number of open slots for patients is being reduced by 3000. Pediatric oncology studies are predicted to be hit particularly hard.

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**Reviewer:** Denny

**Title:** RETROVIRUS MEETING: Hope on New AIDS Drugs, but Breast-Feeding Strategy Backfires

**First Author:** Cohen, Jon

**Citation:** Science 2007; 315: 1357-1357

**Summary:** Efforts to avoid vertical HIV transmission from mother to child via breastfeeding recently had tragic unintended consequences. In its efforts to promote formula feeding by HIV-positive mothers, the Botswanan government has been making free formula available. However, due to severe flooding, the water used to make the formula led to cases of severe diarrhea in early 2006, causing more than 500 infant deaths. While some commentators have suggested that this should cause the Botswanan government to rethink its policy, others have pointed out that simultaneous efforts should be made to both decrease breastfeeding in HIV infected mothers AND increase formula safety. On the upside, two new HIV drugs (maraviroc and raltegravir) have recently been found to work well against new resistant strains of HIV.

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**Reviewer:** Denny

**Title:** STEM CELLS: Data on Adult Stem Cells Questioned

**First Author:** Holden, Constance

**Citation:** Science 2007; 315: 1207-1207

**Summary:** Data published in 2002 about a research team's claim that it had developed a new type of stem cell (multipotent adult progenitor (MAP) cells) that could develop into most type of bodily cells has been called into question. A "accidental" duplication of a methods section and questionable results from the flow cytometry process have contributed to suspicions. Stay tuned.

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