

American Journal of Public Health

Reviewer: Abdoler, Emily

Title: Gradations of Researcher's Obligation to Provide Ancillary Care for HIV/AIDS in Developing Countries

First Author: Richardson, HS

Citation: American Journal of Public Health 2007; 97: 1956-1961

Summary: In this article, the author delineates a three-factor model for evaluating the responsibility of non-HIV/AIDS researchers (in regions where the HIV/AIDS rate is high) to provide ART ancillary care to HIV/AIDS-affected research participants that results in gradations of researcher obligation. The first factor, scope, derives from the fact that patients entrust health information to the researcher (partial entrustment) and calls for increasing researcher responsibility as HIV/AIDS becomes a more relevant study design factor. The second factor, the researcher-participant relationship, causes an increase in obligation as the duration and intensity of the research interactions increase. The third factor, relative cost, assesses the monetary cost of providing ART ancillary care in relation to the research study budget; it responds to the concern that the burden of such responsibilities has the potential to disrupt/damage the research enterprise. One argument in favor of this approach is that it corresponds appropriately with the varying levels of response possible in providing ART ancillary care, as compared to an all-or-nothing obligation model.

Reviewer: Abdoler, Emily

Title: Plasti-Nation

First Author: Tanassi, LM

Citation: American Journal of Public Health 2007; 97: 1998-2000

Summary: In this short piece, the author argues that, despite the worthy goals of education and changing public perception about the impact of certain unhealthy behaviors on the body, the actual positive influence of the popular anatomical exhibits so prevalent in recent years is unknown. Asserting that the fact that the bodies used in such exhibits are "unclaimed" (and thus likely represent underprivileged populations) is ethically troublesome, the author goes on to express concern about the potential exploitation of vulnerable populations during the body procurement process in China (from whence the bodies come). While use of such bodies may entail a violation of current Chinese law, the author is more concerned that the perceived "commercialization" of human bodies (through anatomy exhibits) will deter individuals from donating their bodies for use in research and medical education.

Annals of Internal Medicine

Reviewer: Namrata Kotwani

Title: Recommendations for Teaching about Racial and Ethnic Disparities in Health and Health Care

First Author: Smith, Betancourt et al

Citation: Annals of Internal Medicine 2007; 147: 654-665

Summary: The Society of General Internal Medicine Health Disparities Task Force used a review and consensus process to develop specific recommendations and guidelines for curricula focusing on health disparities. Learning objectives, content, methods for teaching, and useful resources are provided. The Task Force recommends that a curricula address 3 areas of focus on the following specific learning objectives: 1) examining and understanding attitudes, such as mistrust, bias, and stereotyping among practitioners and patients; 2) the magnitude, causes, and solutions of health disparities; and 3) effective cross-cultural communication and negotiation.

Reviewer: Namrata Kotwani

Title: Uncertain Effects of Rosiglitazone on the Risk for Myocardial Infarction and Cardiovascular Death

First Author: Diamond G, Bax L, Kaul S

Citation: Annals of Internal Medicine 2007; 147: 578-81

Summary: Diamond et al discuss the widely-publicized meta-analysis of 42 clinical trials, which concluded that rosiglitazone (an antidiabetic therapy) was associated with an approximately 43% increased risk for myocardial infarction and an approximately 64% increased risk for cardiovascular death. They describe the general limitations of meta-analyses: such studies combine information from trials that vary substantially in study design and outcome assessment. They conclude that the risk for myocardial infarction and death from cardiovascular disease for diabetic patients taking rosiglitazone is uncertain. Moreover, they assert that only prospective clinical trials designed for the specific purpose of establishing the cardiovascular benefit or risk of rosiglitazone will resolve the controversy about its safety.

Archives of Internal Medicine

Reviewer: Lev

Title: Trends in HIV Testing and Differences Between Planned and Actual Testing in the United States, 2000-2005

First Author: Ostermann, Jan

Citation: Archives of Internal Medicine 2007; 167: 2128-2135

Summary: This paper looks at trends in HIV testing. It found that rates of HIV testing remained relatively unchanged from 2000 to 2005 (mean rates for lifetime and past year, 37% and 10%, respectively) and varied substantially by sex and race, with female and minority (nonwhite) populations more likely to get tested. Rates were higher in individuals reporting greater risks of HIV infection. Those with a higher perceived risk, more alcohol consumption, and more depressive symptoms had higher rates of both planned and actual testing but also demonstrated the greatest deficit of actual relative to planned testing. The study indicates that nearly half of all HIV tests in 2000 to 2005 occurred as part of routine medical care. These findings suggest that considerable potential exists to increase testing in higher-risk groups if individual and structural barriers can be identified and addressed.

Reviewer: Lev

Title: Negative Aspects of Close Relationships and Heart Disease

First Author: de vogli, roberto

Citation: Archives of Internal Medicine 2007; 167: 1951-1957

Summary: This study indicates that negative interactions in close relationships, such as poor marital quality, increases the risk of incidents of heart disease. The effect is independent of sociodemographic characteristics, biological factors, psychosocial factors and health-related behaviors. The study did not find differences between men and women in this respect.

Reviewer: Lev

Title: Breakfast Cereals and Risk of Heart Failure in the Physicians' Health Study I

First Author: Diousse, luc

Citation: Archives of Internal Medicine 2007; 167: 2080-2085

Summary: The objective of this study was to prospectively examine whether a higher consumption of total breakfast cereals was associated with a lower risk of Heart Failure among US male physicians. The results show that a higher intake of whole grain breakfast cereals is associated with a lower risk of Heart Failure.

Reviewer: Lev

Title: Medicating Grief With Benzodiazepines: Physician and Patient Perspectives

First Author: cook, joan

Citation: Archives of Internal Medicine 2007; 167: 2006-2007

Summary: Physicians prescribe benzodiazepines for grief reactions although there is no data on its effectiveness and possible harmful consequences. It is suggested that physicians should use other ways to help people when grieving as "benzo" could actually lead to worse outcomes.

Reviewer: Lev

Title: Race, Ethnicity, and Medical Student Well-being in the United States

First Author: Dyrbye, LN

Citation: Archives of Internal Medicine 2007; 167: 2103-2109

Summary: This study explores the differences in the prevalence of burnout, depressive symptoms, and quality of life (QOL) among minority and non-minority medical students as well as the role race/ethnicity plays in students' experiences. The results show that nearly half of students experience burnout (47%) and depressive symptoms (49%). Mental QOL scores were lower among students than among the age-matched general population (43.1 vs 47.2; $P < .001$). Prevalence of depressive symptoms was similar regardless of minority status, but more non-minority students had burnout (39% vs 33%). Minority students were more likely to report that their race/ethnicity had adversely affected their medical school experience and cited racial discrimination, racial prejudice, feelings of isolation, and different cultural expectations as causes.

Bioethics

Reviewer: Arnon

Title: The Ethics of Cesarean Section on Maternal Request: A Feminist Critique of the American College of Obstetricians and Gynecologists' Position on Patient-Choice Surgery

First Author: Bergeron, V.

Citation: Bioethics 2007; 21: 478-487

Summary: Argues against the claim that cesarean delivery on maternal request (CDMR) is ethical so long as informed consent has been provided. Claims that "Informed consent cannot be meaningfully exercised unless women are made aware of the sexist underpinnings of the medical model of childbirth and its influence on the ethical reasoning of the American College of Obstetricians and Gynecologists."

Reviewer: Arnon

Title: Frozen Embryos, Genetic Information and Reproductive Rights

First Author: Chan, S. and M. Quigley

Citation: Bioethics 2007; 21: 439-448

Summary: Uses the concept of property rights to analyze disputes over the handling of frozen IVF embryos. Claims that while we have property rights over our physical gametes—both over the physical and the informational component—in consenting to give gametes for the purposes of reproduction one cede one's rights to prevent an embryos birth on the grounds of not wanting a genetically related child. The discussion employs some interesting moves, though it is not entirely clear whether the argument □ supports the conclusion

Reviewer: Arnon

Title: Transhumanism and Moral Equality

First Author: Wilson J.

Citation: Bioethics 2007; 21: 419-425

Summary: Examines Fukayama's argument against transhumanism, which is based on the claim that by allowing some to greatly extend their capacities, we will undermine the fundamental moral equality of human beings. No enhancement can make to human beings can undermine the status as equal of the unenhanced, because moral status is a threshold concept: anyone who passes a certain threshold has equal moral status.

British Medical Journal

Reviewer: Sarah Lieber

Title: Many Africans stop HIV treatment because of cost and travel

First Author: Michael Day

Citation: British Medical Journal 2007; 335: 848-849

Summary: Research in review in PLoS Medicine Half shows that 40-50% of patients in sub-Saharan Africa who take antiretroviral drugs die or discontinue treatment within two years of starting it. Study cites various reasons for dropout: treatment centres are too far away, cost of drugs too high, patients start antiretroviral treatment too late, deterred by the side effects, fear that their HIV status will be disclosed, etc. Call for education and efforts to encourage adherence to drugs.

Reviewer: Sarah Lieber

Title: Botched abortions kill more than 66 000 women each year

First Author: Andrew Cole

Citation: British Medical Journal 2006; 335: 845-845

Summary: International conference on abortion calls for governments to recognize safe abortion as a basic human right—66,000 women die each year from botched abortions. In Africa, number of deaths increased. There are 2 main problems: 1) in some countries, abortion is illegal. This leads to unsafe abortions being performed. Some women who had had miscarriages—or even ectopic pregnancies—were not getting the treatment they needed, because the medical community was so afraid of violating the law. 2) even in countries where abortion is legal, women might need permission of three doctors. In poorer countries, it's possible to find this many health care providers in a city hospital, but elsewhere it's impossible. Because the providers are not available, women turn to "clandestine, illegal abortions"

Reviewer: Sarah Lieber

Title: Doctors don't need second signature before agreeing abortion, MPs hear

First Author: Adrian O'Dowd

Citation: British Medical Journal 2007; 335: 844-844

Summary: Clinicians expressed to MPs on the House of Commons Select Committee on Science and Technology that current legal requirements for 2 doctor signature for a woman to have an abortion before 24 weeks' gestation is outdated and should be eliminated. Most physicians think that risks of first trimester procedure are so small that don't need 2 signatures. No evidence exists showing that having two doctors' signatures actually improves health outcomes of patients. Rather, it poses burdens for women and treating physician.

Reviewer: Persad

Title: Coercion and pressure in psychiatry: lessons from Ulysses

First Author: Widdershoven, Guy

Citation: British Medical Journal 2007; 33: 560-563

Summary: Coercion in order to promote the good of the coerced patient is frequently an issue in psychiatry. First half of article contains many fairly simple points, such as the need to deliberate carefully before using coercive interventions, while second half is somewhat meatier normatively. They define coercion as follows: "When people are coerced, they are deprived of the opportunity to follow their own course of action." Not clear from this whether coercion requires that the deprivation be the work of the coercer. Points about the relevance of emotions to coercion and to the possibility of more and less intrusive ways to coerce people may be of interest to Second Year Seminar participants.

Reviewer: Sachs, Ben

Title: FDA is failing to oversee human clinical trials, report says

First Author: Tanne, Janice H.

Citation: British Medical Journal 2007; 335: 691-691

Summary: A new report from the DHHS's Office of the Inspector General criticizes the FDA for poor oversight of clinical trials.

Reviewer: Sarah Lieber

Title: Much still needs to be done in England to tackle health inequalities, health department admits

First Author: Roger Dobson

Citation: British Medical Journal 2007; 335: 843-843

Summary: Report released by Department of Health shows a lot of health inequality within England, and between England and other EU countries. There is a north-south divide in England: in north, life expectancy lower than in south. There are also "higher rates of smoking, more deaths from smoking, more binge drinking, and twice as many families receiving means tested benefits in areas of the north." Compared with rest of EU, life expectancy of women in England in 2004 was below the EU average. Obesity is a continuing national problem: the proportion of children who were obese rose by more than 50%. The proportion of obese men rose by more than 40% and of women by almost 35%. Of the 15 pre-2004 EU countries England has the highest prevalence of obesity. The number of deaths from chronic liver disease and cirrhosis has risen markedly, and England is above average for other EU countries. UK has the highest proportion of teenage mothers in western Europe. All in all, the UK isn't doing so hot!

Reviewer: Sachs, Ben

Title: The US muddle over a child's right to health care

First Author: Reinhardt UE

Citation: British Medical Journal 2007; 335: 749-749

Summary: In the wake of Bush's veto of the renewal and expansion of SCHIP, Reinhardt argues that the American propensity for tackling this issue through slogans like "crowding out" of private industry, the "efficiency of private insurance," and "socialized medicine" has prevented us from addressing the question whose answer will point us with firmly in one direction or the other on the question of children's health insurance: Are children a national treasure for which the nation bears a large responsibility, or are they the exclusive property of their parents?

Reviewer: Sarah Lieber

Title: Financial ties common between US medical schools and drug companies

First Author: Janice Hopkins Tanne

Citation: British Medical Journal 2007; 335: 793-793

Summary: Survey published this week in JAMA finds that most US medical schools and large teaching hospitals have financial ties to drug companies. 60% of departmental heads found to have financial relationships with a drug company "as a consultant, member of a scientific advisory board, a paid speaker, an officer, a founder, or a member of the board of directors." This raises concerns since heads have significant control over resources, the content of medical education, and the future careers of members in the dept. Other findings: 80% of clinical departments and 43% of non-clinical departments had at least one tie with industry. Two thirds of the costs of continuing medical education in medical schools and teaching hospitals is paid for by drug and medical device companies.

Reviewer: Sarah Lieber

Title: Cancer surgeon is suspended over "unconventional donations"

First Author: Annette Tuffs

Citation: British Medical Journal 2007; 335: 793-793

Summary: A prominent transplant and cancer surgeon—Professor Broelsch has been suspended by Essen University following accusations of fraud and blackmailing patients. Accused of having asked for money to perform surgeries on earlier dates. The surgeon denied ever seeking out financial reward to perform an operation. However, he did admit that “in certain cases when patients without private health insurance asked him to perform an operation he was obliged by German law to tell them that they had to pay extra for his involvement. He said that in some cases he had offered to forgo his extra payment if the patient made a contribution to his research projects.” Interesting question of whether it is permissible for him to waive fees if patients are involved in his research.

Reviewer: Sarah Lieber

Title: NICE guidelines create ethical dilemmas in care of elderly people, says report

First Author: Anne Gulland

Citation: British Medical Journal 2007; 335: 791-791

Summary: Report written by the International Longevity Centre criticizes UK's policy for violating the human rights of elderly. There are 3 main problems: 1) report criticizes allocating prescription drugs on grounds of cost effectiveness—report claims "Prescribing drugs according to cost effectiveness may be the opposite of the rights based approach: decisions can condemn patients to deteriorate before the drug will be prescribed." 2) the Human Rights Act does NOT cover private care homes—this is problematic since nine out of 10 care home places are provided by private companies. So these elderly individuals are not protected by human rights legislation. 3) there is age discrimination in the health service and other public bodies—for example, women over 70 are not invited to get breast cancer screening.

Reviewer: Sarah Lieber

Title: Obesity report signals start of government action

First Author: Lisa Hitchen

Citation: British Medical Journal 2007; 335: 789-789

Summary: The government has acknowledged support for a report on obesity after being criticized at a National Obesity Forum conference this week for not taking any action in response to the obesity epidemic in past years. Forum appealed to reports and research showing that evidence of the rising rates of obesity among adults and children had been ignored by governments for far too long. The report calls for changes at an environmental and organisational level in an attempt to reduce obesity at a population level. Discourages initiatives that target individual responsibility or responsibility of ministries of health which are very weakly influential. Excitement that things might be changing at governmental level.

Reviewer: Persad

Title: Relevance and limits of the principle of "equivalence of care" in prison medicine

First Author: Niveau, Gerard

Citation: British Medical Journal 2007; 33: 610-613

Summary: Really from J Med Ethics

It is commonly accepted in codes of medical ethics that prisoners should receive health care equivalent to that received by non-prisoners. This can be challenging to implement.

Reviewer: Persad

Title: Is human existence worth its consequent harm?

First Author: Doyal, Len

Citation: British Medical Journal 2007; 33: 573-576

Summary: Really from J Med Ethics

Yes, it apparently is, from a Rawlsian perspective. David Benatar responds in this issue. (His answer: no, it's not, even from a Rawlsian perspective.)

Reviewer: Persad

Title: Who is a parent? Parenthood in Islamic ethics

First Author: M Kabir Banu az-Zubair

Citation: British Medical Journal 2007; 33: 605-609

Summary: Really from J Med Ethics

There may be some nice examples for Joe here (seriously!). In particular, breastfeeding seems to be a particularly effective way to acquire parental rights within Islamic bioethics.

Reviewer: Persad

Title: "And how is life going for you?"—an account of subjective welfare in medicine

First Author: Molyneux, David

Citation: British Medical Journal 2007; 33: 568-582

Summary: Really from J Med Ethics.

Article does a good job of sympathetically presenting a sophisticated version of a subjective theory of welfare – similar to one initially suggested by Sumner – and suggesting its implications for healthcare practice. May be too simplified for those with a background in theories of welfare, but suggests that objective theories of welfare should not simply be taken for granted.

Reviewer: Sachs, Ben

Title: Patients win right to have their advance decisions honoured

First Author: Dyer, C

Citation: British Medical Journal 2007; 335: 688-689

Summary: As of October 1 UK patients have a new statutory right to have their advanced directives followed by medical staff. They are allowed to refuse life saving treatment.

Hastings Center Report

Reviewer: Namrata Kotwani

Title: Increasing access to health care: a consensus ethical framework to guide proposals for reform

First Author: Levine, Emanuel et al

Citation: Hastings Center Report 2007; 37: 14-19

Summary: Authors develop a consensus ethical framework to evaluate proposals which seek to improve access to healthcare. The guidelines are developed for the Institute for Ethics at the AMA. Four core ethical obligations for health systems reform (comprehensiveness, ethical process, sustainability, accountability) are presented. Authors conclude that three American values: equality of opportunity, justice, and compassion, form the ethical justification for initiating healthcare reform.

Reviewer: Namrata Kotwani

Title: What's wrong with the global migration of health care professionals?

First Author: Dwyer J

Citation: Hastings Center Report 2007; 37: 36-43

Summary: Good description of problems caused by migration of health workers from poor countries. Discussion of whether health workers have a right to emigrate from poor country where they received medical education to a rich country. Moderate and reasonable schemes which require health professionals to serve or pay fines before emigrating country are deemed justified as they only qualify, but not violate the right to emigrate. However, the obligations of destination countries need to be spelled out better (especially their obligation to ensure "international justice") – saying that "medical staffing shortfalls" in rich countries are artificial is not adequately supported. Nice suggestions about how countries of origin can counter the losses of emigration (see especially discussion on training community health workers).

JAMA

Reviewer: O'Neil

Title: Carrier Screening for Gaucher Disease

First Author: Zuckerman, Shachar, et al.

Citation: JAMA 2007; 298: 1281-1290

Summary: It's unclear whether carrier screening for type 1 Gaucher Disease among Ashkenazi Jews is worthwhile. Most carrier couples that have prenatal diagnosis performed learn that their child will probably have asymptomatic or mild GD, and these couples rarely abort. Plus early diagnosis of the disease does not improve medical outcomes.

Reviewer: O'Neil

Title: Carrier Screening for Gaucher Disease: More Harm Than Good?

First Author: Beutler, Ernest

Citation: JAMA 2007; 298: 1329-1331

Summary: Certain mutations are associated with, respectively, asymptomatic, mild, moderate, and severe GD. But we cannot currently predict with any certainty whether someone with a mutation associated with severe GD will in fact develop severe GD. Until we can, carrier screening will not be useful.

Reviewer: O'Neil

Title: Abortion Politics: Clinical Freedom, Trust in the Judiciary, and the Autonomy of Women

First Author: Gostin, Lawrence O.

Citation: JAMA 2007; 298: 1562-1564

Summary: In *Gonzales v. Carhart* the Court upheld the Partial Birth Abortion Ban Act of 2003 despite the fact that the Act does not include a health exception, something the Court earlier insisted on in *Casey*. The Court's rationale in *Carhart* is, according to Gostin, based on medical mistakes of fact and on a mistaken ascription of moral significance to the distinction between intact and non-intact abortion.

Reviewer: O'Neil

Title: Essential Elements of a Technology and Outcomes Assessment Initiative

First Author: Emanuel, Ezekiel J.

Citation: JAMA 2007; 298: 1323-1325

Summary: We need good information about the value of new technologies to help reduce wasteful health care expenditures. Yet we under-invest in new technology assessment and its meager sources of funding are subject to interest group pressure. New technology assessment initiatives must secure administrative independence (its leaders should not be removable at will) and dedicated funding (discretionary funding makes technology assessment vulnerable to political retaliation); they should aim at high-impact research and employ trustworthy methods; their results should be publicly disseminated and the process should involve stakeholders in a way that gives it legitimacy.

Reviewer: Arnon

Title: Informing Resource-Poor Populations and the Delivery of Entitled Health and Social Services in Rural India

First Author: Pandey, P. et. Al.

Citation: JAMA 2007; 298: 1867-1875

Summary: A cluster randomized trial in rural India which attempts to determine the impact of informing resource-poor rural populations about entitled services through public meetings. Intervention villagers reported better delivery of several services compared with control villagers, as compared with control villages

Reviewer: Arnon

Title: Improving Child Survival Through Environmental and Nutritional Interventions

First Author: Gakidou, E. et. Al

Citation: JAMA 2007; 298: 1876-1887

Summary: On the basis of data that were defined and measured consistently and comparably across countries, the study estimates that implementing interventions that improve child nutrition and provide clean water and sanitation and clean household fuels to all children younger than 5 years would result in an estimated annual reduction in child deaths of 14% (in Latin America) to 31% (in sub-Saharan Africa).

Reviewer: Arnon

Title: Conditional Cash Transfers for Improving Uptake of Health Interventions in Low- and Middle-Income Countries

First Author: Legarde, M. et. Al

Citation: JAMA 2007; 298: 1900-1910

Summary: A meta-review that assesses the effectiveness of programs that provide monetary transfers to households on the condition that they comply with a set of behavioral requirements. Determines that conditional cash transfer programs are effective in increasing the use of preventive services and sometimes improving health status.

Reviewer: Arnon

Title: Cause-Specific Excess Deaths Associated With Underweight, Overweight, and Obesity

First Author: Flegal, K.M.

Citation: JAMA 2007; 298: 2028-2037

Summary: Might being modestly overweight be good for you? A previous study has found significantly increased mortality in the underweight and obese as compared with normal weight individuals; and a significantly decreased all-cause mortality in the overweight. This study examines correlation with specific causes of death, and reports that being underweight is associated with significantly increased mortality from noncancer, non-CVD causes; being overweight is associated with significantly decreased mortality from noncancer, non-CVD causes; and obesity is associated with significantly increased CVD mortality but not associated with cancer mortality or with noncancer, non-CVD mortality

Reviewer: O'Neil

Title: Toward the Rational and Equitable Use of Bariatric Surgery

First Author: Flum, David R., et al.

Citation: JAMA 2007; 298: 1442-1444

Summary: Well-off white females are getting all the bariatric surgery, but morbid obesity afflicts a greater proportion of lower income minorities, men and women.

Reviewer: Arnon

Title: Institutional Academic–Industry Relationships

First Author: Campbell, E.G. et. al.

Citation: JAMA 2007; 298: 1779-1786

Summary: A national survey of department chairs about the nature, extent, and consequences of institutional–academic industry relationships for medical schools and teaching hospitals finds that institutional academic–industry relationships are highly prevalent; but also that more than two-thirds of chairs perceived that having a relationship with industry had no effect on their professional activities.

Journal of General Internal Medicine

Reviewer: Abdoler, Emily

Title: Understanding Patient Preference for Integrative Medical Care: Results from Patient Focus Groups.

First Author: McCaffrey, AM

Citation: Journal of General Internal Medicine 2007; 22: 1500-1505

Summary: In an effort to gain insight into the reasons underlying the decision to pursue IM (Integrative Medical) care, the authors organized focus groups of IM clinic patients and analyzed the transcripts for major themes. Not surprisingly, the authors found that these patients, many of whom suffer from maladies with few standard treatment options, choose IM because they have a more holistic view of health and want to consider (and use) CAM interventions alongside those of conventional medicine. Moreover, they want their physicians to be open to and knowledgeable of CAM (and alternative diagnoses), better listeners, accepting of patient input, and willing to devote more time to individual patient consultations. These conclusions are not very generalizable, however, because the number of patients interviewed was small (n=37).

Reviewer: Abdoler, Emily

Title: The Medical Dialogue: Disentangling Differences between Hispanic and non-Hispanic Whites.

First Author: Wallace, LS

Citation: Journal of General Internal Medicine 2007; 22: 1538-1543

Summary: In this article, the investigators utilized data from a larger survey to compare perceptions of the quality of healthcare provider interactions (in terms of listening, explaining, respect for opinions, time spent, patient involvement in decision-making, and patient control of treatment) between Hispanic and non-Hispanic whites (controlling for demographic and socioeconomic factors). Within the Hispanic white results, various demographic factors (younger age, lack of insurance and usual source of care, urban residence, etc.) were associated with more negative respondent interactions with healthcare providers. Hispanic white respondents reported more positive overall healthcare provider interactions, although they experience less control over treatment choice, than non-Hispanic whites. As these results conflict with previous studies, the authors call for more research.

Reviewer: Abdoler, Emily

Title: Is Information on Genetic Determinants of Obesity Helpful or Harmful for Obese People?—A Randomized Clinical Trial.

First Author: Rief, W

Citation: Journal of General Internal Medicine 2007; 22: 1553-1559

Summary: Obese patients already enrolled in a genetic study were randomized to one of two types of medical consultations for obesity, one of which included general information about the genetic basis of obesity. The investigators tested for changes in BMI, behavior (willpower and restraint eating), and attitude (guilt associated with obesity, mood, feelings toward personal appearance) both immediately after the consultation and at follow-up. While the study revealed few significant findings, the investigators did discover that subjects receiving the consultation with genetic information reported a greater gain in insight into their condition than those receiving the regular consult. The consultation groups did not differ in terms of guilt reduction, but if participants received a consultation (genetic or regular) that was relevant to their situation (with significant family history of obesity or without), their mood remained improved at the 6-month follow-up (rather than returning to baseline, as it did for subjects whose consult did not match their situation). The group reported no negative outcomes associated with inclusion of genetic information in obesity consults and recommends genetic information be included if relevant to the patient's situation.

Reviewer: Abdoler, Emily

Title: The Association between Treatment Preferences and Trajectories of Care at the End-of-Life.

First Author: Cosgriff, JA

Citation: Journal of General Internal Medicine 2007; 22: 1566-1571

Summary: In this study, the investigators interviewed, at regular intervals, older adults with advanced disease about their end-of-life care preferences (in terms of willingness to undergo intensive interventions given a certain probability that death would result regardless). The investigators compared the end-of-life care the respondents actually received with the preferences reported in their last interview prior to death in order to determine if a relationship exists. End-of-life care was categorized according to the use and duration of life-extending interventions. While the authors found that end-of-life care varied significantly according to both patient preferences and diagnosis, mismatches between preferences and care existed and were most common for patients who desired more life-extending care than they received. This study has several limitations (difficulty describing mismatch and accurately assessing specific patient preferences, lack of life-extending options for some patients, etc).

Reviewer: Abdoler, Emily

Title: Differences in the Quality of the Patient–Physician Relationship Among Terminally Ill African-American and White Patients: Impact on Advance Care Planning and Treatment Preferences.

First Author: Smith, AK

Citation: Journal of General Internal Medicine 2007; 22: 1579-1582

Summary: The authors utilize data from a large survey of terminally-ill patients to determine if expected differences in the quality of the patient-physician relationship between African American and white respondents impact the likelihood the patients engage in ACP (Advance Care Planning) or influence their intensive LST (Life-Sustaining Treatment) preferences. The authors conclude that terminally-ill African American patients report having less satisfactory relationships with their physicians, lower instances of ACP, and greater acceptance of two of four intensive LST interventions than similar white patients. However, adjusting for differences in patient-physician relationship measures (in total and individually) did not affect the differences in ACP or LST preferences between African American and white terminally-ill patients, revealing that the quality of this relationship (at least as measured) does not explain differences in end-of-life planning or preferences between these patient populations.

Reviewer: Abdoler, Emily

Title: Tackling the Health-Poverty Nexus: Primary Care Medicine and Intersectoral Health Action.

First Author: Kotwani, N

Citation: Journal of General Internal Medicine 2007; 22: 1632-1633

Summary: In this editorial, the authors succinctly describe the link between poverty and health disparities within both a historical and modern context. In providing the details of several current intersectoral initiatives aimed at this link (through poverty-reduction and health improvement efforts), the authors encourage primary care physicians to develop and initiate strategies that combine primary care with interventions designed to combat socioeconomic factors that negatively affect health. Suggestions for action include the evaluation (informal or through appropriate questionnaires) of patient socioeconomic status followed by referral to appropriate non-medical organizations for further intervention, engaging in or calling for research that evaluates intersectoral health initiatives, incorporating such programs into medical curriculum, and encouraging social change that will influence (directly or indirectly) public health.

Journal of Health Politics, Policy and Law

Reviewer: Millum

Title: American Health Policy: Cracks in the Foundation

First Author: John A. Nyman

Citation: Journal of Health Politics, Policy and Law 2007; 32: 759-783

Summary: Conventional models in health economics suggest that all the additional health care consumed by people who are insured (i.e. moral hazard) is a welfare loss. This claim appeared to be supported by the RAND Health Insurance Experiment. The authors argue that the conventional models are mistaken, and that there is an alternative explanation for the results of the RAND HIE.

Journal of Medicine and Philosophy

Reviewer: Sachs, Ben

Title: Can It be A Good Thing to be Deaf?

First Author: Cooper, Rachel

Citation: Journal of Medicine and Philosophy 2007; 32: 563-583

Summary: This is a solid beginning to a debate that few, if any philosophers have contributed to. Cooper does a nice job clearing the space for the debate, arguing that, yes, non-deaf people should be allowed to talk about whether it can be a good thing to be deaf and, no, whether it's a good thing to be deaf is not a completely subjective matter. As to the supposed benefits and burdens of deafness (specifically, congenital deafness), Cooper focuses on the differences in which qualia can be experienced, differences in the richness of sign languages as opposed to verbal ones, and differences in the number of people with which deaf and non-deaf people can, respectively, communicate. On none of these three counts is there a clear winner (i.e., being deaf or not being deaf). To a certain extent this is because the empirical evidence isn't in yet, but to a greater extent it's because of individual variations in tastes, goals and values. Therefore, even after all the evidence is in, the fact will remain that for some people being deaf is a good thing, and for some it's a bad thing.

Reviewer: Sachs, Ben

Title: On A Bioethical Challenge to Disability Rights

First Author: Amundsen, Ron

Citation: Journal of Medicine and Philosophy 2007; 32: 541-561

Summary: This article is a response to the arguments, drawn from the 2000 book From Chance to Choice (FCC), opposing the claims of the radical disability rights movement. The authors of FCC think that they support (non-radical) disability rights, but Amundson and Tresky believe that

a) What FCC takes to be the claims of the radical disability rights movements are actually claims that no one in the disability rights (DR) movement (any branch of it) ever makes, and

b) FCC's claim to support non-radical DR is disingenuous; FCC supports nothing for which DR members advocate

I think Amundson and Tresky succeed in demonstrating the truth of both a and b. However, they fail to convincingly refute FCC's best and most often-used argument against DR: the "maximizing interest" argument.

Reviewer: Sachs, Ben

Title: Long-Term Care: The Family, Post-Modernity, and Conflicting Moral Life-Worlds

First Author: Engelhardt, H. Tristram Jr.

Citation: Journal of Medicine and Philosophy 2007; 32: 519-536

Summary: The author explores three conceptions of the family and seven notions of the dignity of the elderly. His point is that how we understand dignity and the family will affect what conclusions we reach about who has a responsibility to take care of the elderly. His goal seems to be to jolt the reader out of any possible illusion that western ideas of dignity are universal. As usual with this author, it would help to have a Latin dictionary at hand when reading the article.

Reviewer: Sachs, Ben

Title: The Potential of the Human Embryo

First Author: Brown, Mark T.

Citation: Journal of Medicine and Philosophy 2007; 32: 585-618

Summary: The particular kinds of human embryos in question here are "pre-gastrulation" embryos-- embryos whose cells have not yet begun to differentiate. The question is whether they have the same moral status as you and I--an important question in light of stem cell research. There are three main theories of this kind of moral status: personhood theory, human being theory, and potential personhood theory. Brown discards the first two rather quickly; embryos obviously aren't persons and human being theory is simply a bad theory of moral status. The article therefore focuses on the third of these theories, attempting to address whether embryos are indeed potential persons.

For Brown, potential person theory successfully confers moral status on embryos if and only if the embryo

a) has the potential to develop the properties of personhood (specifically, the ones that confer moral status),

b) has this potentially actively (that is, the change from potential to actual is primarily determined from within the embryo)

c) can exercise this potential in an identity-preserving way (that is, the change from potential to actual doesn't terminate the original thing)

Brown believes that conditions b and c aren't met. Regarding b, Brown points out that the pre-gastrulation embryo does not control its own change into a post-gastrulation embryo; the ovular cytoplasm and maternal genes do. Regarding c, Brown makes the familiar objection that monozygotic twinning undermines the claim that the blastocyst is a biological individual.

Reviewer: Sachs, Ben

Title: Reflections on the Function of Dignity in the Context of Caring for Old People

First Author: Agich, George J.

Citation: Journal of Medicine and Philosophy 2007; 32: 483-494

Summary: Agich's concern is how the concept of dignity might help us figure out what obligations we have to care for the elderly. One thing to be said in favor of using dignity to advance the cause of old people is that it's a concept around which people can unite, and thus an accusation that someone's dignity has been violated can serve as an effective call to arms. On the other hand, the seeming consensus about the importance of dignity hides two facts: (1) No one has been able to elaborate a conception of dignity that supports our intuitions about respecting the dignity of old people and many seem to believe that we don't even need to try. (2) We should expect that underneath our broad agreement about certain uses of the terms there is broad disagreement across cultures and other demographic groups about other uses of the term. In some ways, then, the popularity and universality of the concept of dignity is counterproductive.

Kennedy Institute of Ethics Journal

Reviewer: Schulz-Baldes

Title: Getting the Ethics Right Regarding Research in the Emergency Setting: Lessons from the PolyHeme Study

First Author: Dickert N.

Citation: Kennedy Institute of Ethics Journal 2007; 17: 153-169

Summary: The article uses the PolyHeme study to critically review FDA's 2006 Draft Guidance on Exception from Informed Consent Requirements for Emergency Research. The authors reject the FDA requirement that standard therapy should be unproven or unsatisfactory. They make the somewhat vague suggestion that a "careful analysis of whether the risks and benefits of a particular study reasonably can be imposed on participants who have not agreed to be enrolled" is needed instead. The second part of the article deals with the difficulties of effectively implementing the FDA's community consultation requirement.

Lancet

Reviewer: Schulz-Baldes

Title: WHO's web-based public hearings: hijacked by pharma?

First Author: Suwit Wibulpolprasert

Citation: Lancet 2007; 370: 1754-1754

Summary: Critique of the WHI Intergovernmental Working Group on Public Health, Innovation and Intellectual Property Rights. Authors argue that most contributors to the public hearings had financial support from the pharmaceutical industry.

Reviewer: Schulz-Baldes

Title: What next for the UK's Research Assessment Exercise?

First Author: editorial

Citation: Lancet 2007; 370: 1738-1738

Summary: With the demise of the UK's Research Assessment Exercise comes the debate how to assess the quality of research. The current proposal is set of statistical indicators, including a bibliometric indicator based on citation counts per published paper. The Lancet thinks better ideas are needed.

Reviewer: Schulz-Baldes

Title: Non-inferiority trials are unethical because they disregard patients' interests

First Author: Silvio Garattini

Citation: Lancet 2007; 370: 1875-1877

Summary: Statistical arguments for banning non-inferiority and equivalence trials: with a 95% CI, non-inferiority and equivalence can actually imply inferiority (in particular when a wider non-inferiority interval is adopted in view of smaller sample sizes). Claim that the COMPASS study involved 50% higher mortality in the intervention group. Blame the frequency of such trials on the market. Suggest that instead, non-inferior efficacy should be tested for safety reasons only and that superiority should be tested in non-responders to current treatments rather than non-inferiority in the overall population.

Reviewer: Schulz-Baldes

Title: Workforce biggest barrier to roll-out of male circumcision

First Author: Stephen Pincock

Citation: Lancet 2007; 370: 1817-1818

Summary: The roll-out of male circumcision as prevention of HIV infection in males (60% effective) is slow in Africa.

Reviewer: Schulz-Baldes

Title: HIV testing: the mutual rights and responsibilities of partners

First Author: Ruth Dixon-Mueller

Citation: Lancet 2007; 370: 1808-1809

Summary: Concerns that a singular focus on the individual's rights of refusal of provider-initiated HIV testing and counselling overlooks the rights of the individual's sexual partners to protect themselves from HIV.

Reviewer: Schulz-Baldes

Title: Timeout, not the final buzzer, in the stem cell debate

First Author: editorial

Citation: Lancet 2007; 370: 1802-1802

Summary: High hopes at the Lancet for the creation of pluripotent stem cells from adult human skin cells last week.

Reviewer: Schulz-Baldes

Title: UN Declaration on the Rights of Indigenous Peoples

First Author: Carolyn Stephens

Citation: Lancet 2007; 370: 1756-1756

Summary: Report on the health-related articles of the new (non-binding) UN Declaration on the Rights of Indigenous Peoples

Reviewer: Schulz-Baldes

Title: The ethics of public health

First Author: editorial

Citation: Lancet 2007; 370: 1801-1801

Summary: In its most recent report, the Nuffield Council endorses a stewardship model of public health, in which liberal states have responsibilities to look after important needs of people both individually and collectively. The model is applied to infectious diseases, obesity, alcohol, smoking, and water fluoridation. Coercive strategies to manage alcohol and smoking are endorsed, which will affect price, marketing, and availability.

Reviewer: Schulz-Baldes

Title: Global HIV/AIDS estimates—looking beyond the numbers

First Author: editorial

Citation: Lancet 2007; 370: 1802-1802

Summary: UNAIDS annual HIV/AIDS estimates show that the global HIV prevalence has levelled off and that the number of new infections has fallen from 40 million estimated last year to 33.2 million, in 2007. The downward revision is largely attributed to improved methodology.

Reviewer: Schulz-Baldes

Title: The US President's Malaria Initiative: 2 years on

First Author: Samuel Loewenberg

Citation: Lancet 2007; 370: 1893-1894

Summary: Good press for the President's Malaria Initiative for focussing on simply implementing effective interventions.

New England Journal of Medicine

Reviewer: Smith

Title: Satisfaction Guaranteed -- "Payment by Results" for Biological Agents

First Author: Garber, A

Citation: New England Journal of Medicine 2007; 357: 1573-1577

Summary: Authors discuss the possibilities of payment by results plans for biological agents, in which pharmaceutical manufacturers would absorb the cost on any agents that did not prove efficacious for individual patients. Authors argue that results-based payment "might encourage redoubled efforts (on the part of manufacturers) to address the undertreatment of indications for which a drug is effective." Moreover, it reduces the incentive for payers (insurance, government, or otherwise) to resist usage of drugs by patients that are deemed unlikely to benefit. Furthermore, the authors argue that this approach will prove to be a more advantageous method of price discrimination on behalf of drug companies than the traditional methods. The authors claim that the draw backs are difficult in showing "outcome measure(s)." They encourage innovation after experience to overcome this difficulty.

Reviewer: Smith

Title: Learning from Failure in Health Care Reform

First Author: Oberlander J

Citation: New England Journal of Medicine 2007; 357: 1677-1679

Summary: Oberlander points to 6 problems that proved terminal for the Clinton Health Care Reform of 1993 which should be taken to heart by current reformers:

- 1) Status quo entrenchment because of interests of health care industry
- 2) Those who are satisfied with their current coverage
- 3) Ideology opposed to expanding public power
- 4) Financing
- 5) Structural impediments of US political institutions
- 6) Small window for opportunity as failure will kill political will

Oberlander concludes by pointing out that the Clinton administrations failure was not the first on this front, a fact which he takes to be more sobering than those above.

Reviewer: Smith

Title: The Quality of Children's Health Care Matters -- Time to Pay Attention

First Author: Perrin, J

Citation: New England Journal of Medicine 2007; 357: 1549-1551

Summary: Authors comment on article the same issue of the Journal, in which Mangione-Smith et al. statistically analyze the records of pediatric ambulatory care. Authors note that while there are limits to the study (consent for pulling of records and physician recording) the study does show that childhood ambulatory care is apallingly low. The authors then suggest the various levels on which the combat of this problem must take place and point to an IOM report "Crossing the Quality Chasm" for pediatric care approaches.

Reviewer: Smith

Title: The Quality of Ambulatory Care Delibered to Children in the United States

First Author: Mangione-Smith, R; McGlynn, E; et al.

Citation: New England Journal of Medicine 2007; 357: 1515-1523

Summary: Authors created indicators of standard of care for a variety of clinical areas. They then reviewed medical records of children from 1996-2000 in 12 metropolitan areas to observe the degree to which indicators were met. Authors found that the overall adherence rate was 46.5%, which is comparable with a previously found rate in adults, 54.9%. However, authors propose that while signs show that steps are being taken to improve this adherence with adults, there is a significant lack of thrust to improving said lack of care for children.

Reviewer: Smith

Title: The Employer as Health Coach

First Author: Okie, S

Citation: New England Journal of Medicine 2007; 357: 1465-1469

Summary: Article summarizes recent surgency in employers interest in preventative care for it's employees. In particular, it focuses on weight loss programs with incentives, but cautions about the prevalence of hiring/firing practices being influenced by behavioral habits.

Reviewer: Smith

Title: Influenza -- The Goal of Control

First Author: Treanor, J

Citation: New England Journal of Medicine 2007; 357: 1439-1441

Summary: Treanor comments upon the counterintuitive fact that although flu vaccination rates have increased since the mid-90s, flu-related hospitalizations and deaths have also increased. He points out that a study in the same issue by Nichol et al. alleviates worries about previous studies on flu vaccine efficacy, such as the facts that the previous studies were conducted over only one or two seasons or possibly subject to health-vaccine bias. Treanor suggests that mandatory vaccination of healthcare workers and increased vaccination among the general population, especially children, may be the best ways of reducing the effect of influenza upon the elderly.

Reviewer: Smith

Title: Commercializing Clinical Trials -- Risks and Benefits of the CRO Boom

First Author: Shuchman, M

Citation: New England Journal of Medicine 2007; 357: 1365-1368

Summary: Author summarizes recent problems in clinical trials regarding safety and soundness of research conducted by contract research organizations. Author details a number of cases in which research was jeopardized by poor conduct and oversight on the part of CROs. Author concludes that "remed[y] (of the situation) will require some shift in focus -- less single-minded attention to 'delievableables' and 'billable hours' and greater concern with the discovery of new knowledge."

Reviewer: Smith

Title: Open Clinical Trials

First Author: Drazen, J; Morrissey, S; Curfman, G

Citation: New England Journal of Medicine 2007; 357: 1756-1757

Summary: Authors praise the FDA Revitalization Act, giving particular attention to its mandate for a public database of clinical trial results. Authors hold that participants should now "take the initiative" and select trials based on this database.

Reviewer: Smith

Title: Effectiveness of Influenza Vaccine in the Community-Dwelling Elderly

First Author: Nichol, K; Hak, E; et al.

Citation: New England Journal of Medicine 2007; 357: 1373-1381

Summary: Authors point out that limit of time over which the studies were conducted is a significant limit to generalizability of studies of effectiveness of the influenza vaccine in elderly populations. The studies conducted such a study analyzing 10 flu seasons in 18 cohorts of community-dwelling elderly and concluded that the vaccine showed "significant reductions in the risk of hospitalization for pneumonia or influenza and the risk of death."

Philosophy and Public Affairs

Reviewer: Smith

Title: The Hybrid Nature of Promissory Obligation

First Author: Tognazzini, Neal

Citation: Philosophy and Public Affairs 2007; 35: 203-232

Summary: The author first argues that the "social practice view" of the normative force of promissory obligation is insufficient to account for the wrong done to the promisee when a promise is broken. The author then considers Scanlon's "Pure Expectation View" and rejects it on the familiar grounds that it is subject to vicious circularity in light of the work that the principle of fidelity, "Principle F," is supposed to do, namely granting assurance of the promise. The author then considers the hybrid view of Kolodny and Wallace, under which normative force is derived from both views, the social practice view, the fact that exploiting a just social practice is wrong, and the expectation view. The author rejects this hybrid view on the grounds that the F principle still cannot do the work and that it is superfluous. He then constructs a hybrid view of the social practice view and the expectation view, in which the assurance of the promise is given in light of Scanlon's loss principle, Principle L, which states that one ought not to lead someone to believe one will take a certain action and not take that action, if one believes that the other will incur significant loss.

Reviewer: Smith

Title: Luck, Leverage, and Equality: A Bargaining Problem for Luck Egalitarians

First Author: Seligman, M

Citation: Philosophy and Public Affairs 2007; 35: 266-292

Summary: The author suggests that a bargaining problem in which "one party use[s] his leverage to influence the distribution in his favor" is a counterexample to luck egalitarianism. He then proceeds to analyze possible responses that luck egalitarians might give. He rejects the possibility that luck egalitarians could claim that the distribution that resulted was in fact fair as well as the claim that externally determined choices (if this is to count as one) can render distributions unfair if they are otherwise so. Having concluded that the luck egalitarian cannot negate the counterexample, he suggests two objections to his argument. First, he rejects that the distinction between choice and chance should be driven by an autonomous conception rather than a metaphysical one. Finally, he concludes that the only way out for the luck egalitarian is to appeal to a prior moral principle that trumps that of luck egalitarianism. The author finishes the paper with an interesting claim: "Both the luck egalitarian and the libertarian . . . Attempt to reduce a problem of political justice to a problem of moral responsibility. In doing so, both will be forced to either abandon their core principle of exchange, or will fail to give a plausible theory of distributive justice." (292)

PLoS Medicine

Reviewer: Persad

Title: Food Insecurity Is Associated with High-Risk Sexual Behavior among Women in Botswana and Swaziland

First Author: Weiser, SD

Citation: PLoS Medicine 2007; 33: e260-e260

Summary: Women in Botswana and Swaziland who are in a condition of food insecurity tend to engage in riskier sexual behavior. This suggests that providing access to food should be an important part of reducing the spread of HIV in these countries. Finding is discussed further in Perspectives article in this issue.

Reviewer: Persad

Title: Child Rights and Child Poverty: Can the International Framework of Children's Rights Be Used to Improve Child Survival Rates?

First Author: Pemberton, Simon

Citation: PLoS Medicine 2007; 4: e307-e307

Summary: Apparently "a rights-based strategy will increase child survival, in part by reducing child poverty, but only if some rights are prioritised over others." Authors argue both against pursuing child survival while rejecting a rights-based framework, and against treating all fundamental rights as equally important. As an example, they claim that the right to medical care for infants is more important than the right to vote, because people can't vote if they have died during infancy due to poor medical care. (This doesn't strike me as obvious.) Authors worry about "civil and political rights hav[ing] entered into law ahead of economic, social, and cultural rights, which are crucial for poverty eradication and health improvements." Also, only Somalia and the USA have failed to ratify the UN Convention on the Rights of the Child.

Reviewer: Persad

Title: Which Single Intervention Would Do the Most to Improve the Health of Those Living on Less Than \$1 Per Day?

First Author: Yamey, Gavin

Citation: PLoS Medicine 2007; 4: e303-e303

Summary: A variety of people propose some interesting answers. Popular options are food, education for women, basic preventative care, and the acceptance of cosmopolitan global justice. Part of the Global Theme Issue on Poverty and Human Development

Science

Reviewer: Wolitz

Title: Decision-Making Dysfunctions in Psychiatry—Altered Homeostatic Processing?

First Author: Paulus, Martin

Citation: Science 2007; 318: 602-606

Summary: This paper hypothesizes that people suffering from psychiatric disorders “do not necessarily value the options differently in themselves but establish a different preference structure...based on their altered homeostatic balance” (603). The author wants to assert that decision making is “inextricably linked” to homeostatic processing.

Reviewer: Wolitz

Title: Promising AIDS Vaccine’s Failure Leaves Field Reeling

First Author: Cohen, John

Citation: Science 2007; 318: 28-29

Summary: What was thought to be a very promising AIDS vaccine has resulted in enormous disappointment. The new vaccine trial which sought to stimulate killer T cells was brought to a halt in September after results showed failure. Notably, this article did not mention, as some others have, that there is speculation that the vaccine might enhance one’s susceptibility to becoming HIV positive. Article expresses a worry that discouraging results like those of this trial will cause pharmaceutical companies to rethink their investments in such endeavors.

Reviewer: Wolitz

Title: Malaria Treatment: ACT Two

First Author: Enserink, M.

Citation: Science 2007; 318: 560-563

Summary: More money and increased attention have led to greater distribution of artemisinin-based combination therapies (ACTs) in resource poor countries; such efforts also coincide with a push for this to become the standard therapy worldwide. WHO and Novartis are conducting a trial to see if distributing the drugs via local volunteers is a safe and effective way to go. Many are already convinced that using local volunteers is the best route to distribution especially for “rural poor who live too far away from a clinic or health post”(563).

Reviewer: Wolitz

Title: Battling Over Bed Nets

First Author: Roberts, Leslie

Citation: Science 2007; 318: 556-559

Summary: Jeffrey Sachs has criticized donors of bed nets of “trying to save money instead of lives” (556) by only targeting the most vulnerable populations. He seeks universal coverage, while others (such as Christian Lengler) question if such a plan is the best use of scarce resources. Scholars argue over the percentage that will provide enough of a community effect to have maximum impact as well as the logistics of meeting proposed goals.
