

American Journal of Public Health

Reviewer: Danielle Bromwich

Title: Highly Active Antiretroviral Therapy and Increased Use of Contraceptives Among HIV-Positive Women During Expanding Access to Antiretroviral Therapy in Mbarara, Uganda

First Author: Irene Andia

Citation: American Journal of Public Health 2009; 2: 340-347

Summary: Andia and colleagues investigated whether contraceptive use in HIV positive Ugandan women varies according to use of Highly Active Antiretroviral Therapy (HAART). Previous research suggests that, in the absence of treatment, similarly placed HIV positive women are less likely to be sexually active than HIV negative women "because of higher morbidity." The authors hypothesised, then, both increased sexual activity (due to health improvements) and low contraceptive use (due to increase fertility desires) in the population studied. But, contrary to this hypothesis, Andia and colleagues found that only 45% of the 484 women studied had been sexually active in the 3 months prior to the study and, of those women, 85% had used contraception and, in fact, 84% had used a barrier method.

Reviewer: Danielle Bromwich

Title: Cost Savings From the Provision of Specific Methods of Contraception in a Publicly Funded Program

First Author: Diana Greene Foster

Citation: American Journal of Public Health 2009; 3: 446-451

Summary: The authors note that, while cost-benefit analyses reveal that when low-income women have access to contraceptive services the public tends to save on the substantial cost of pregnancy related medical expenses, there has been little cost-benefit analysis of specific types of contraceptive methods on offer. The authors, then, examined the cost-effectiveness of various contraceptives dispensed in 2003 to 955,000 women in a publically funded family planning program. The authors found that all the contraceptive methods were cost effective when compared to the cost of pregnancy related medical expenses. The authors conclude that, since "no single method is clinically recommended to every woman, it is medically and fiscally advisable for public health programs to offer all contraceptive methods."

Annals of Internal Medicine

Reviewer: Largent

Title: Update on the Methods of the U.S. Preventive Services Task Force: Insufficient Evidence

First Author: Petitti, D

Citation: Annals of Internal Medicine 2009; 150: 199-205

Summary: Evidence is often found to be insufficient for topics considered by the USPSTF - even for topics that pertain to all or a large majority of adults, children, or adolescents. In cases like this, the USPSTF normally gives no recommendation; clinicians have expressed frustration with this lack of guidance. When uncertainty about what course of action to recommend persists even after a thorough systematic review of evidence on clinical benefits and harms, the USPSTF will begin routinely to seek and provide structured information in the 4 domains of potential preventable burden, potential harm of the intervention, costs (both monetary and opportunity), and current practice. Using this information, physicians can engage in discussions with their patients to determine course of treatment.

Reviewer: Ari

Title: Consistency of State Statutes With the Centers for Disease Control and Prevention HIV Testing Recommendations for Health Care Settings

First Author: Anish P. Mahajan

Citation: Annals of Internal Medicine 2009; 150: 263-269

Summary: The authors performed a state-by-state review of all statutes relating to HIV testing to show the degree to which the law agrees with the 2006 CDC recommendations that all patients age 13-65 be offered opt-out HIV testing. They created a three tier system of evaluation: statutes were considered consistent, inconsistent, or neutral with the CDC recommendations. They found that 34 states and DC were consistent or neutral, which allows fully legal implementation of CDC guidelines on HIV screening. The remaining 16 states were inconsistent, with statutes that block the standard opt-out HIV screening recommended without legislative changes. There is a trend toward legal consistency, however, with 9 of the 34 states switching from inconsistent to consistent or neutral in the two years after the recommendations were made.

Bioethics

Reviewer: Smith

Title: Health as Freedom: Addressing Social Determinants of Global Health Inequities through the Human Right to Development

First Author: Fox, Ashley and Meier, Benjamin Mason

Citation: Bioethics 2009; 23: 112-122

Summary: Authors argue that the current distribution of inequalities is unjust drawing on research to suggest that developed nations have violated a negative duty to refrain from contributing to or profiting from unjust impoverishment of others. They then argue that, while the focus on the individual right to health has not proven adequate for addressing global health inequalities, the collective right to development is fit to do so.

Reviewer: Smith

Title: Justice, Stigma, and the New Epidemiology of Health Disparities

First Author: Courtwright, A

Citation: Bioethics 2009; 23: 90-96

Summary: Courtwright argues that stigma plays a special role among other socio-economic health care determinants and claims that self-respect is important to addressing this problem.

- 1) Stigma should be differentiated from similar psychological stances such as discrimination or bias by its demand that the stigmatized individual share the judgment of the stigmatizer. Thus, stigmatization precipitates shame and self-loathing in addition to harmful outcomes of discrimination or bias.
- 2) Stigmatization can negatively influence health in two ways. A) Directly when diseases are stigmatized – by discouraging the stigmatized from seeking health care and B) Indirectly when disease-related attributes such as race are stigmatized – both by producing chronic stress and by discouraging the pursuit of goods and resources that lead to health.
- 3) He then argues that Rawlsian self-respect is important to addressing the problem. Roughly the idea is that by creating a society in which individuals are self-respecting the effects of stigmatization are undermined.

Reviewer: Smith

Title: Globalization, Human Rights, and the Social Determinants of Health

First Author: Chapman, Audrey R

Citation: Bioethics 2009; 23: 97-111

Summary: Author broadly surveys the pragmatic advantages and disadvantages of human rights discourse in address globalization and social determinants of health.

Reviewer: O'Neil

Title: Human Nature and Enhancement

First Author: Allen Buchanan

Citation: Bioethics 2009; 23: 141-150

Summary: Buchanan defends enhancements against two kinds of objections from human nature, namely, that altering human nature as such is a mistake and that altering human nature will undermine our ability to make judgments about our good. Hard to imagine anyone seriously raising these objections, apart from Kass, but Buchanan knocks them down persuasively. The bulk of the paper is a critique of normative essentialism, the idea that unnatural activities are immoral.

Reviewer: O'Neil

Title: Paternalism and Fairness in Clinical Research

First Author: Lynn A. Jansen and Steven Wall

Citation: Bioethics 2009; 23: 172-182

Summary: This is a very interesting and carefully argued paper. They argue for the legitimacy of hard paternalism in research ethics on grounds of distributive fairness. The key idea is that lax restrictions tend to benefit the class of good (autonomous) decision-makers, not bad (autonomous) decision-makers, and since good decision-makers already tend to be better off than bad ones, lax restrictions exacerbate inequality. If there were a basic liberty to conduct or participate in research, then this liberty might trump distributive considerations, but there is no such basic liberty. A liberty to conduct or participate in research is not fundamental to autonomous agency in the way that freedom of conscience, speech, etc. are.

Reviewer: O'Neil

Title: Free Riders and Pious Sons--Why Science Research Remains Obligatory

First Author: Sarah Chan and John Harris

Citation: Bioethics 2009; 23: 161-171

Summary: Harris has argued for a duty to participate in research on the basis of two principles: fairness and beneficence. Brassington complains that we already pay for the benefits of research and that the welfare of our contemporaries should take strict priority over the welfare of future patients. The authors reply that paying some amount does not guarantee that one has done one's fair share, and that there is no reason for morality to discount the welfare of future persons.

Reviewer: O'Neil

Title: Clarifying Appeals to Dignity in Medical Ethics from an Historical Perspective

First Author: Reike Van Der Graaf and Johannes JM Van Delden

Citation: Bioethics 2009; 23: 151-160

Summary: The authors studied historical texts from various periods and managed to extract four conceptions of dignity: relational, unconditional, subjective, and Kantian. They claim these are not different concepts—they all have four aspects in common: dignity refers to the special status of man, is based on human characteristics, is something that must be lived up to, and is something that can be lost. Two conceptions have no useful application in medical ethics—unconditional and subjective—but they see a place for relational (dignity as something others bestow on us for acting well) and Kantian (dignity as a value grounded in our autonomy and that must be respected in ourselves and in others).

British Medical Journal

Reviewer: Danielle Bromwich**Title:** Bad blood: gay men and blood donation**First Author:** Richard Hurley**Citation:** British Medical Journal 2009; 338: 568-570

Summary: In the US, Canada and most European countries, if a man has ever had oral or anal sex with another man, then he is banned from donating blood for life even if sex was protected. Spain, Australia and New Zealand have less exclusive policies. This policy of "lifetime deferral" (!) was adopted in the 1980s in light of the AIDS pandemic. The thought that is blood services have a duty to ensure the "total safety" of blood for recipients and, since blood screening is fallible, it is judged that it would be unacceptable to allow populations at high risk of carrying HIV to donate. Opponents of the ban note that blood services also have a duty not to discriminate against potential donors. They argued that since the policy of "lifetime deferral" is based on both outdated research and the assumption that gay men lead promiscuous lifestyles, and since advances in blood screening should make it possible to accurately identify infected donations, the policy should be re-evaluated. In the UK, The National AIDS Trust has requested that the blood services "...commission research so that deferral periods are based on accurate and up to date evidence, to ensure the safety of the supply and no unnecessary discrimination."

Reviewer: Iepora, Chiara**Title:** When can doctors stay away?**First Author:** Sokol, D**Citation:** British Medical Journal 2009; 338: 338-338

Summary: Observation on the unknown and un-sufficiently discussed "duty to care" that physicians might have despite any risk involved.

Reviewer: Danielle Bromwich**Title:** Combination antiretroviral therapy in population affected by conflict: outcomes from large cohort in northern Uganda**First Author:** Andrew Kiboneka**Citation:** British Medical Journal 2009; 338: 460-463

Summary: The World Health Organisation (WHO) and the United Nations High Commission for Refugees (UNHCR) indicate that providing combination antiretroviral therapy to those with HIV living in areas affected by armed conflict is both a public health and a human rights imperative. The authors measured the clinical and immunological outcomes of a large cohort of Ugandan patients both living with HIV and living in an area affected by such conflict and found, in support of the policies of WHO and UNHCR, that providing such treatment in such conditions is both feasible and highly successful. The authors found that these patients' clinical outcomes compared favourably to those Ugandan patients living in peaceful areas. In fact, the mortality incident rate of patients in their cohort was "...also lower than the mortality found in better resourced, politically stable areas of Uganda, such as Rakai..."

Reviewer: Danielle Bromwich

Title: Roche's vouchers to patients breach regulatory code

First Author: Roger Dobson

Citation: British Medical Journal 2009; 338: 564-564

Summary: The pharmaceutical company, Roche, has breached—and has acknowledged the breach of—the British drug industry's code of conduct. Roche provided vouchers designed to incentivize use of their products: "In the scheme a doctor would prescribe the drug, which comes in an ampoule with a removable cap. The patient would collect the caps, and for every 30 returned to Roche's agency they would be sent a £10 voucher to spend in a shop of their choice."

Reviewer: Danielle Bromwich

Title: GMC is to reconsider guidance on end of life care

First Author: Clare Dyer

Citation: British Medical Journal 2009; 338: 561-561

Summary: The UK's General Medical Council (GMC) has approved revised guidance on end of life care. This draft guidance will go out for consultation at the end of March. The guidance draws upon (i) the Mental Capacity Act (2005); (ii) government strategies on end of life care; (iii) GMC guidance on consent (2007); (iv) recent research and (iv) a Court of Appeal judgment on a legal challenge to GMC's 2002 guidance. (The 2002 guidance was ruled unlawful by a High Court judge but that decision was overturned in 2005.) It recommends both that doctors encourage end of life care planning and it sets out a decision-making framework designed to help physicians dealing with patients—either with or without capacity—who are making end of life plans.

Reviewer: lepore, chiara

Title: Expulsion of 13 relief agencies from Darfur could devastate health care

First Author: Zaracostas, John

Citation: British Medical Journal 2009; 338: 619-619

Summary: Sudan decided to suddenly expel 13 NGOs working in Darfur, following the ICC incrimination toward president Bashir. Humanitarian principle of neutrality is questioned. More than 800,000 are estimated to be left without any health care from one day to the other because of this decision.

Reviewer: lepore, chiara

Title: Prominent celecoxib researcher admits fabricating data in 21 articles

First Author: Lenzer, Jeanne

Citation: British Medical Journal 2009; 338: 618-619

Summary: Dr. Scott Reuben, chief of the acute pain service at Baystate Medical Center, Massachusetts, admitted fabricating data for 21 of 72 articles published on Celecoxib (Celebrex, Pfizer). Pfizer comment on this fact as "very disappointing" but exclude that the pain indication for which Celecoxib is used derived from Dr. Reuben's research.

Reviewer: lepora, chiara

Title: Industry attack on academics

First Author: Gornall, Jonathan

Citation: British Medical Journal 2009; 338: 626-628

Summary: The author reports the long standing controversy between the Danish Pharmaceutical Association (Lif) and the Danish Cochrane group, author of a well known report on potential industry influence on drug trials.
The review conducted in 2006 on 44 trials showed that "in half of the trials a sponsor had the ability to prevent publication and was in a position to have "recourse to practical or legal obstacles in most of the others."" the sponsor had access to accumulating data in 16 of the trials, although this was disclosed in only one paper. In another 16 trials, the sponsor had the right to end the trial, at any time and for any reason. None of the published papers mentioned this."
The Lif requested an independent review of this publication, accusing the authors of misconduct. The independent review confirmed the results published by the Cochrane Group.
Sir Ian Chalmers, founder of the Cochrane Group, now feel that "protocols for trials should be published. Registration is not enough".

Reviewer: lepora, chiara

Title: WHO calls for action on growing health crisis of HIV/AIDS in Asia

First Author: Bland, Ben

Citation: British Medical Journal 2009; 338: 501-501

Summary: WHO calls for increased efforts to stop HIV spread in Asia.
Men who have sex with men and homosexuals (both illegal practices in many Asian countries) seem to suffer 4.5 higher risk of contracting HIV, especially in Cambodia, Thailand and Vietnam.
Anti-homosexuality laws are claimed by activist groups to create "a barrier to prevention activities".

Reviewer: lepora, chiara

Title: Brazil and India clash with EU over seizure of generic drugs

First Author: Zaracostas, John

Citation: British Medical Journal 2009; 338: 371-371

Summary: The Dutch government detained for more than 38 days an Indian vessel transporting generic antiretroviral drugs from India to Brazil.
Although both India and Brazil do not recognize intellectual property agreement on the lifesaving drug Losartan, Merck detains intellectual property on it in Belgium.
The vessel has now been released because of the Doha 2001 TRIPS agreement following which "TRIPS should be interpreted and implemented in a manner supportive of WTO members' rights to protect public health and promote access to drugs for all."
Brazil and India filed their complaints to WTO.

Reviewer: Danielle Bromwich

Title: Personal health budgets are to be piloted in England this summer

First Author: Jacqui Wise

Citation: British Medical Journal 2009; 338: 191-191

Summary: The Department of Health has announced new legislation allowing patients to be given personal funds so that they can purchase their own healthcare services. There are three categories of the personal budget: "The first is a notional personal budget where patients are given a budget constraint and are aware of the treatment options and the financial implications of their choices. The second category is when patients are allocated a real budget but this is held by an intermediary such as their GP or a care coordinator. The third is when patients are actually given cash payments and expected to purchase and manage services themselves." Three formal pilots are due to commence this summer in selected areas.

Reviewer: Iepora, Chiara

Title: Preventing and treating postnatal depression

First Author: Dennis, Cyndy-Lee

Citation: British Medical Journal 2009; 338: 246-247

Summary: 2 separate research studies addressed the issue of post-natal depression, a pathology affecting 1 out of 8 women after delivery, and the first cause of maternal mortality in UK. Symptoms were effectively improved by peer support offered by home visitors for 2 weeks after the delivery. The second study showed that phone follow-up halved the risk of post-natal depression in a group toward its control group. Reasons for negligence toward the problem of maternal depression are identified, as much as the need and relative facility of overcoming them.

Reviewer: Danielle Bromwich

Title: Older Americans are not as healthy as older Europeans, study says

First Author: Janice Hopkins Tanne

Citation: British Medical Journal 2009; 338: 433-433

Summary: A study on adults aged 50-74, published in the American Journal of Public Health, found that at almost all wealth levels Americans are not as healthy as western Europeans (which includes the Brits!) In fact, the study found that "only the richest Americans have the same level of health as their English and other European counterparts."

Reviewer: lepora, chiara

Title: Should NICE's threshold range for cost per QALY? Yes and No be raised?

First Author: Towse, Adrian

Citation: British Medical Journal 2009; 338: 268-269

Summary: YES:

"Evidence on the public's willingness to pay suggests that it should be higher. There is a lack of evidence on opportunity costs"

NO:

Opportunity cost is necessary to ensure efficient use of resources. Threshold is arbitrary by nature and it would need to be differentiated more than increased. Furthermore NICE should not enter this process of "threshold finding" by themselves.

Reviewer: Danielle Bromwich

Title: Every town and city in England to have a memory clinic, says health secretary

First Author: Lynn Eaton

Citation: British Medical Journal 2009; 338: 313-313

Summary: The Department of Health has announced a five-year plan for tackling dementia. The aim is both to create a "memory clinic" in every town and city in England (composed of geriatricians, old age psychiatrists, neurologists, or GPs with a special interest in dementia) and to pilot a new post of dementia advisor by 2011. Clinical guidance is not given for the best treatment of dementia in its early stages, but NICE is presently reviewing donepezil (Aricept), and its final verdict is due this Spring.

Reviewer: lepora, chiara

Title: Impact of presumed consent for organ donation on donation rates: a systematic review

First Author: Rithalia, Amber

Citation: British Medical Journal 2009; 338: 284-287

Summary: Systematic review of studies comparing countries where presumed consent was introduced, and studies comparing countries with or without presumed consent. All countries where presumed consent was introduced showed increase in donation rates (+25-30%). Donation rates, in the following studies show relation with other factors like "road traffic accidents and cerebrovascular causes, transplant capacity, gross domestic product per capita, health expenditure per capita, religion (Catholicism), education, public access to information, and a common law legal system." It cannot be inferred from the study that simple change of legislation is directly linked with increased donation.

Reviewer: Danielle Bromwich

Title: Aid money is wasted on private healthcare programmes in poor countries, says Oxfam

First Author: Susan Mayor

Citation: British Medical Journal 2009; 338: 432-432

Summary: Oxfam have released a report stating that aid money is being wasted on poorly performing private healthcare programs as opposed being invested in public health services. Oxfam note that many aid agencies, fearing that government programs have failed, are following the World Bank's policy of investing in the private sector. In response, the World Bank denies a private sector bias, stating that their healthcare focus is concentrated on the public sector.

Reviewer: Iepora, chiara

Title: Italian doctors can report illegal immigrants to police, under proposed law

First Author: Turone, Fabio

Citation: British Medical Journal 2009; 338: 373-373

Summary: In the context of a controversial "security package", Italian government proposed and passed a new law allowing physicians to report to the police anyone they suspect being an illegal immigrant. Medical associations and several physician's groups are opposing the law, which would undermine the access to care of illegal immigrant, until now ensured by law. Doctors claim that this law jeopardize the confidentiality relation necessary with their patient, whereas the government insist on the "public health role" that physicians should have in contrasting illegal immigration.

Reviewer: Danielle Bromwich

Title: Two thirds of US prisoners with chronic conditions in local jails do not get medical care, study shows

First Author: Janice Hopkins Tanne

Citation: British Medical Journal 2009; 338: 197-197

Summary: A study on the health of US prisoners, published in the American Journal of Public Health, found that inmates are both sicker and have poorer access to healthcare when compared to their non-incarcerated American counterparts. The authors note that improving healthcare for prisoners, while politically unpopular, "may have important implications for community health and in reducing health care disparities, because the vast majority of inmates are eventually released."

Reviewer: lepora, chiara

Title: Rationing new medicines in the UK

First Author: Drummond, Michael

Citation: British Medical Journal 2009; 338: 247-248

Summary: Evaluation of drugs where consistent evidences are lacking is under discussion at NICE and the Scottish Medicine Consortium.
4 different approaches and their drawbacks are described:
1- undertaking more single technology appraisals, to shorten the time for patients of getting potentially important drugs. This might refrain the producer to present necessary complete evidences.
2- equates absence of evidence with evidence of absence and not allow the drug release until the producer present full proofs
3- to negotiate a "coverage with evidence" agreement with the manufacturer. This approach might still be problematic if the manufacturer decide not to present further proofs knowing that the drug would not pass the cost-effectivness analysis
4- to commit to convert a single technology appraisal to a multiple technology appraisal if and when it becomes clear that the manufacturer is not intending to make a submission in accordance with the institute's specification.

Reviewer: lepora, chiara

Title: End of life care in ethnic minorities

First Author: Johnson, Mark RD

Citation: British Medical Journal 2009; 338: 489-490

Summary: A qualitative study conducted on access to palliative care to ethnic and religious minorities shows transcultural tensions for end of life issues.
Problems identified are the use of a translator who is a family member, the fear of health professionals of acting in a culturally inappropriate way, and different perceptions of autonomy.

Hastings Center Report

Reviewer: Kingma

Title: Essays on non-medically indicated interventions in children

First Author: Gilbert S

Citation: Hastings Center Report 2009; 39: 14-29

Summary: various essays on interventions in children, from cosmetic surgery to gender modifications

Reviewer: Kingma

Title: Voluntariness of consent to research. A conceptual model.

First Author: Appelbaum

Citation: Hastings Center Report 2009; 39: 30-39

Summary: There is little empirical literature on voluntary consent to research, and what there is gives insufficient insight into the concept of voluntariness (according to the authors). They therefore offer a conceptualization of voluntariness that is grounded in its legal understanding: a choice is involuntary only if it is subject to a particular type of influence that is external, intentional, illegitimate, and causally linked to the choice. External because internal influences (confusion, hope, fear) do not make a choice involuntary; intentional because unintentional external influences (poverty, culture) do not make a choice involuntary; illegitimate because – for example – a friend's advice, which is external intentional influence, does not make a choice involuntary; and finally causal because if the external, illegitimate, intentional influence did not cause a person to make a certain choice, that choice is not involuntary. The authors proceed to discuss potential sources of involuntariness in research consent: undue inducement (the inducement becomes undue when it becomes illegitimate); pressure (persuasion becomes pressure when it is illegitimate); force. Involuntary participation should also be distinguished from nonvoluntary participation, which happens when a subject is incompetent. Finally, and perhaps the most interesting point of the essay, the authors recognize that constraints on decision-making can be actual or perceived. Only actual constraints are relevant legally, but perceived constraints may still be relevant ethically because the subject may make a decision that is not an informed choice. If this is true then the authors have just undermined some of the work of their essay – at least the internal/external distinction no longer does any work. This essay seems to jump back and forth a lot between ethical and legal considerations, and it is unclear what work either does for the other. Finally the idea that voluntariness perhaps lies on a spectrum is only added as an afterthought – even though it seems to negate most of the earlier work of the essay.

Reviewer: Kingma

Title: Medicine's Duty to treat pandemic illness: solidarity and vulnerability

First Author: Brody, H

Citation: Hastings Center Report 2009; 39: 40-48

Summary: This article is a little bit all over the place, but it is interesting for trying to locate the profession's obligations to their patients not just in some internal medical morality. The authors start by examining medical morality and locating a duty to treat, but note that that duty alone cannot compel physicians to take substantial personal risk in a pandemic. Also this does not include all the other health workers needed to operate a functional health care system. So instead the authors look to solidarity amongst health care workers, solidarity between society and health care workers, and solidarity at societal level as a whole – with particular reference to social justice and care of the most vulnerable populations – as sources for an obligation to treat patients in a pandemic, and particularly as a means of judging how this obligation ought to be shared out.

Health Affairs

Reviewer: Wolitz

Title: Missing in Action: International Aid Agencies in Poor Countries To Fight Chronic Disease

First Author: Anderson, Gerard

Citation: Health Affairs 2009; 28: 202-205

Summary: This was an interesting article about the prevalence of chronic diseases in low and middle income countries and how there is little to no aid that addresses these issues. In sum, chronic diseases in developing countries get very little international limelight despite their significant toll on the health of these populations. "In the forty-seven countries that constitute Latin America and the Caribbean, for example, CVD alone is responsible for 35% of deaths while the combination of AIDS, TB, malaria, and all other infectious diseases is responsible for only 10% of deaths. By itself, CVD is responsible for as many years of life lost as all communicable diseases combined."(202)

Reviewer: Wolitz

Title: Obesity and the Workplace: Current Programs and Attitudes Among Employers and Employees

First Author: Jon R. Gabel, et al.

Citation: Health Affairs 2009; 28: 46-56

Summary: Obese people incur huge medical costs for the management of chronic diseases. A survey of both employer and employee attitudes was conducted on this subject and weight loss. Both employers and employees agreed that incentive are OK for lowering weight among employees, but that imposing penalties for being overweight shouldn't be allowed. Employers largely weren't willing to pay higher premiums for obesity prevention programs and treatment benefits, but employees were willing to contribute slightly more for their premiums so that these various services would be covered for everyone in the firm.

Reviewer: Wolitz

Title: Do Prevention Or Treatment Services Save Money? The Wrong Debate

First Author: Goetzel, Ron Z.

Citation: Health Affairs 2009; 28: 37-41

Summary: The author argues for a shift in debate from whether prevention versus treatment saves the most money, to examining what is the most cost-effective way to improve population health. He suggests taking a look at employer based health promotion programs as a means for improving population health and preventing disease.

Reviewer: Wolitz

Title: The Diabetes Prevention Program: How the Participants Did It

First Author: Susan Brink

Citation: Health Affairs 2009; 28: 57-62

Summary: Author discusses a four arm study which found that lifestyle changes can reduce the chances of pre-diabetics of progressing to diabetes by about 60%. Because this reduction is attributable to expensive and time intensive interventions such as a personal trainer and nutritionist, there are concerns about how to translate this research into a policy for addressing population health in a successful yet cost-effective way.

Reviewer: Wolitz

Title: Preventing Chronic Disease: An Important Investment, But Don't Count On Cost Savings

First Author: Russell, Louise

Citation: Health Affairs 2009; 28: 42-45

Summary: The author argues that preventative measures for chronic disease add to medical costs rather than reduces them. She therefore suggests that careful choices about when to use preventative interventions will help to boost their cost-effectiveness.

JAMA

Reviewer: Wolitz

Title: Promoting More Conservative Prescribing

First Author: Gordon D. Schiff et al.

Citation: JAMA 2009; 301: 865-867

Summary: Authors suggest that in addition to educational reform that improves pharmacological training and reduces industry-sponsored education, that medical students "need guiding principles to inform their thinking about pharmacotherapy to help them become more careful, cautious, [and] evidence-based prescribers." (865)

Reviewer: Largent

Title: Report: FDA Exerts Too Little Oversight of Researchers' Conflicts of Interest

First Author: Kuehn, BM

Citation: JAMA 2009; 301: 709-710

Summary: The US Food and Drug Administration (FDA) is doing too little to identify and mitigate the impact of financial conflicts of interest among researchers who conduct clinical trials of experimental drugs, biologics, and medical devices, according to a report released in January by the Department of Health and Human Services' Office of Inspector General (OIG). From 2007: in 20% of cases where a potential financial conflict of interest was identified, neither FDA officials nor trial sponsors took any corrective action; in nearly 70% of such cases only the sponsor took action, and in the remaining cases either the FDA or both the agency and the sponsor took action. One MD from Yale suggested that: "pharmaceutical companies be required to disclose all payments to physicians and medical researchers in publicly accessible online databases, which would be helpful to the FDA, journals, and academic institutions that monitor such information."

Reviewer: Jesse Chao

Title: Reforming US Health Care: Key Considerations for the New Administration

First Author: Victor R. Fuchs

Citation: JAMA 2009; 301: 967-969

Summary: Systematic reform of the US health care system must address 3 persistent problems: the uninsured, the increasing cost of care, and significant lapses in quality. The best chance for a sizable one-time reduction in the level of costs is through a reduction in administration expenses; universal coverage, funded in a straightforward manner, would result in savings large enough to pay for most of the additional utilization by those previously uninsured. Cost effectiveness research, combined with appropriate incentives can slow the growth of healthcare spending. The problems of coverage, cost, and quality are interrelated, so the reforms must reinforce each other.

Reviewer: Ari

Title: Science, Politics, and Values: The Politicization of Professional Practice Guidelines

First Author: John D. Kraemer

Citation: JAMA 2009; 301: 665-667

Summary: The Infectious Disease Society of America (IDSA) professional guidelines, based on good evidence, deny the existence of "chronic Lyme disease" and refer to the ongoing fatigue and myalgias that some patients experience as "post-Lyme syndrome" instead. The implication is that ongoing antibiotic treatment is NOT recommended. A patient advocacy group (supported by the president of a company selling an alternative diagnostic test and several doctors listed as chronic Lyme disease specialists) protested the guidelines, and the Connecticut attorney general launched an investigation under alleged anti-trust law violation. Although the guidelines have not been changed, the settlement cost IDSA more than \$250,000, which the authors argue could be a dangerous precedent that could dissuade future guidelines on controversial issues.

Reviewer: Largent

Title: Clinicians in Quality Improvement

First Author: Shojania, KG

Citation: JAMA 2009; 301: 766-768

Summary: The authors state that academic medical centers normally emphasize: research, patient care, and education. Research is normally a focus of promotion processes. With widespread interest in quality improvement (QI) and patient safety, a new challenge exists in academic medicine, namely acknowledging the contributions of faculty members who excel in these areas. The authors cite difficulty in publishing in this area and the difficulty of receiving research money. They believe that AMCs need to develop a new job description and criteria for judging the merit of faculty who excel at QI.

Journal of Clinical Ethics

Reviewer: Rid

Title: Broadening consent – and diluting ethics?

First Author: Hofmann B

Citation: Journal of Clinical Ethics 2009; 35: 125-129

Summary: JOURNAL OF MEDICAL ETHICS: The author argues that a recent defense of broad consent for biobank research (Hansson et al. in the Lancet Oncology) is based on flawed assumptions. Hofmann believes – contrary to Hansson et al. - that biobank information cannot be handled safely; that consent cannot be withdrawn because it cannot be withdrawn retrospectively; that research ethics review cannot ensure the safety of future research because ethics review is too variable. Moreover, the author asserts that understanding is essential for consent and that understanding cannot be guaranteed by broad consent.

Reviewer: Rid

Title: Consent and informational responsibility

First Author: Pattinson SD

Citation: Journal of Clinical Ethics 2009; 35: 176-179

Summary: JOURNAL OF MEDICAL ETHICS: The author argues that the certain information must be disclosed during consent because we have 'positive informational duties', which are based on a duty to assist. Accordingly, the author argues that information should be disclosed if it is relevant for important interests of the person who will consent; if the person asking for consent can promote these interests by disclosing information; if disclosure of this information does not place an unreasonable burden on the person asking for consent; and if the consenting party is not in a position to protect her important interests without this information.

Reviewer: Rid

Title: The high incidence and bioethics of findings on magnetic resonance brain imaging of normal volunteers for neuroscience research

First Author: Hoggard N

Citation: Journal of Clinical Ethics 2009; 35: 194-1999

Summary: JOURNAL OF MEDICAL ETHICS: This paper reports the experience with and approach to incidental findings in brain MRIs of healthy volunteers. 46 out of 525 volunteers had definite significant abnormalities. The institutional policy towards disclosure of the incidental findings involved limiting disclosure to findings that offer net benefit, counseling of the volunteer, informing the volunteer's primary care physician and informing participants about this policy, and incidental findings, during informed consent. The fact that the analysis is based on the Richardson/Belsky framework for ancillary care obligations indicates that conceptual work about addressing incidental findings is needed.

Reviewer: Rid

Title: Subjects' views of obligations to ensure post-trial access to drugs, care and information: qualitative results from the Experiences of Participants in Clinical Trials (EPIC) study

First Author: Sofaer N

Citation: Journal of Clinical Ethics 2009; 35: 183-188

Summary: JOURNAL OF MEDICAL ETHICS: Interesting results from focus group sessions with 93 individuals from the U.S who had recently participated in drug trials for arthritis, diabetes and depression. Post-trial obligations were perceived as less extensive than documented among non-U.S. research participants. Focus group members agreed that investigators have an obligation to facilitate post-trial access to the trial drug or a therapeutic equivalent at a fair price, to offer transition care and to provide care for long-term adverse events. The following reasons were cited in support of these post-trial obligations: the health need of former trial participants, provision being an acceptable burden for sponsors, therapeutic relationships with researchers and reciprocity. A minority of the focus group members argued against post-trial obligations, citing that enrolment is voluntary and 'contractual', that research is not clinical care, and that future research might be decreased by excessive post-trial obligations. Some prominent arguments in the bioethics debate – namely, undue inducement or exploitation- were not mentioned by any focus group members.

Reviewer: Rid

Title: Prescribing placebos ethically: the appeal of negatively informed consent

First Author: Shaw DM

Citation: Journal of Clinical Ethics 2009; 35: 97-99

Summary: JOURNAL OF MEDICAL ETHICS: The author applies the model of negatively informed consent to the case of prescribing placebo treatment. Negatively informed consent is provided when several requirements are met: the patient is competent; she has the capability of understanding the information; she has received information about the purpose of the treatment, the possibility to receive more information, the voluntariness of treatment and the possibility to withdraw consent at any time; the patient has well-founded beliefs that the physician will choose the treatment that best promotes the patient's values; the patient has well-founded beliefs that the physician will choose the treatment, the risks of which are in accordance with the patient's attitudes towards different kinds of risks; and the patient consents on the basis of an explicit wish not to receive more information.

Journal of General Internal Medicine

Reviewer: Jesse Chao

Title: Asking the Right Questions: Views on Genetic Variation Research Among Black and White Research Participants

First Author: Jada Bussey-Jones et al.

Citation: Journal of General Internal Medicine 2009; 24: 299-304

Summary: The authors seek to assess attitudes toward genetic variation research (GVR) amongst black and white research participants. Quantitative measures evaluated positive and negative perceptions, perceptions of discriminations, and likelihood of future participation by race. Results found that open-ended queries about GVR had few "negative" responses. In contrast, when presented specific examples of potentially negative implications, more respondents agreed, and African Americans were more likely to feel that such research would result in higher insurance (41% vs. 30%), not benefit minorities (29% vs. 14%), reinforce racism (32% vs. 20%), and use minorities as guinea pigs (27% vs. 6%). This suggests that while participants appear generally positive about GVR, their inability to articulate views regarding concerns surrounding the research may require that researchers engage lay audiences to ensure accurate understanding.

Reviewer: Jesse Chao

Title: High Medical Cost Burdens, Patient Trust, and Perceived Quality of Care

First Author: Peter J. Cunningham

Citation: Journal of General Internal Medicine 2009; 24: 415-420

Summary: The author seeks to examine the association between high medical cost burdens and self-reported measures of patient trust and perceived quality of care. The sample for the analysis included 32,210 randomly selected adults who reported having a physician as their regular source of care. Those with high medical cost burdens were significantly more likely to believe that their physicians performed unnecessary tests and may not refer them to a specialist when necessary. Those with high medical cost burdens were also less likely to believe that their physician placed their needs above all other concerns, and had less overall satisfaction with their exams. The association of high medical costs burdens with patient trust and perceived quality of care was greatest for privately insured patients. The study did not address whether the lack of trust associated with high cost burdens is long-lasting, detrimental to care, or affected compliance with medical regimens.

Reviewer: Jesse Chao

Title: Primary Care Physicians' Use of an Electronic Medical Record System: A Cognitive Task Analysis

First Author: Aviv Shachak, et al

Citation: Journal of General Internal Medicine 2009; 24: 341-348

Summary: The authors evaluated benefits and risks of Electronic Medical Record (EMR) use by cognitive task analysis. Study participants reported that clinical tasks such as diagnosing, reasoning, and treating severe or multiple medical conditions imposed the highest cognitive loads. Overall, study participants felt the EMR system reduced their cognitive loads; to some extent, the EMR system also provided clinical decision aids. However, 92% of study participants felt EMR use disturbed communication with their patients. Observational data indicated that physicians' average screen gaze lasted from 25% to 55% of the visit time. The authors conclude that there is a 'fine line' between benefits and risks of EMR use, and suggest 2 approaches to addressing the problem: (1) education of physicians to the weaknesses of EMR use and (2) using a "patient centered" special arrangement in the physician's office.

Journal of Law, Medicine and Ethics

Reviewer: Sachs, Ben

Title: Vulnerability in Research: Individuals with Limited Financial and/or Social Resources

First Author: Grady, C

Citation: Journal of Law, Medicine and Ethics 2009; 37: 19-27

Summary: Dr. Grady raises doubts as to whether people who have limited resources are per se vulnerable, and also as to whether the efforts IRBs undertake to protect such people actually benefits them.

Reviewer: Sachs, Ben

Title: Vulnerability as a Regulatory Category in Human Subjects Research

First Author: Coleman, Carl H.

Citation: Journal of Law, Medicine and Ethics 2009; 37: 13-18

Summary: The article begins with a survey of comments on "vulnerability" found in the canonical codes of research ethics. The author finds that while different codes seem to intend different things by the word, it is never made explicit what is meant by the word.

To remedy this, the author constructs an account of vulnerability in human subjects research. He says that there are 3 sources of vulnerability for an individual. The first two are based on the characteristics of the individual: the presence of barriers to giving informed consent and the risk of greater-than-usual harm from participation. The third is based on the group to which the individual belongs: the risk of injustice through the failure of investigators to ensure that the community of which one is a member will benefit from one's participation.

The author says that this account of vulnerability improves upon prevailing approaches in two ways. First, it does not identify vulnerable individuals exclusively according to what groups they belong to. Second, it does not suggest that vulnerable people are always incapable of protecting themselves. This more nuanced and perhaps more sensitive account of vulnerability might be less insulting to those categorized as vulnerable.

Reviewer: Sachs, Ben

Title: The Vulnerability of the Very Sick

First Author: Menikoff, Jerry

Citation: Journal of Law, Medicine and Ethics 2009; 37: 51-58

Summary: The author argues that although "vulnerability" as it is used in research ethics literature remains poorly defined, it does appear that the severely ill are, as a class, vulnerable. Two reasons for this: First, being severely ill can be stressful in a way that hinders one's ability to deliberate rationally about whether to enroll in a study. Second, being severely ill can make one so desperate to participate in a study that the investigator could get away with reducing the benefits or increasing the risks of that study.

Reviewer: Sachs, Ben

Title: First-in-Human Trial Participants: Not a Vulnerable Population, but Vulnerable Nonetheless

First Author: Dresser, R

Citation: Journal of Law, Medicine and Ethics 2009; 37: 38-50

Summary: The author reviews some of the ethical problems associated with enrolling subjects in first-in-human clinical trials. She divides the terrain into three subjects, based on the three kinds of subject that are sometimes enrolled in such trials: healthy volunteers, patients with treatment-refractory disease, and patients with serious but manageable disease. The author then addresses the ethical concerns specific to each. But she has nothing original to say nor does she stake out a firmly-defined or interesting position on any issue.

Reviewer: Sachs, Ben

Title: Limited English Proficiency and Disparities in Clinical Research

First Author: Bustillos, Dan

Citation: Journal of Law, Medicine and Ethics 2009; 37: 28-37

Summary: Research indicates that people with limited English proficiency are in general under-included in clinical studies. The author of this article makes scientific, legal and ethical cases against this under-inclusion. The ethical case is based on the principle of justice found in the Belmont Report. The author claims that justice requires treating people equally unless there is a good reason not to, and asserts that limited English proficiency is not a good reason for differential treatment.

Journal of Medicine and Philosophy

Reviewer: Carla

Title: Payments to Normal Healthy Volunteers in Phase 1 Trials: Avoiding Undue Influence While Distributing Fairly the Burdens of Participation

First Author: Iltis, A

Citation: Journal of Medicine and Philosophy 2009; 34: 68-90

Summary: By keeping the payments to participants low to avoid undue influence –as required by the principle of respect for persons—, investigators are de facto targeting the less well-off to serve as healthy volunteers, thereby violating the principle of justice. If that is the case we can either defend the priority of the principle of respect for persons over the principle of justice, or adopt a different recruitment strategy. Iltis argues (appealing to the framework developed by Childress et al) that we do not have sufficient evidence to claim that we are justified in violating the principle of justice to fulfill the principle of respect for persons. She thus considers alternative recruitment strategies, such as offering differential payments, higher equal payments for all subjects, no payments at all, and requiring mandatory participation. None of the numerous concerns associated with unequal payments and higher equal payments for all is a reason for absolutely rejecting those alternatives, Iltis argues. The concerns have to be evaluated against the need to fulfill the principle of justice. Disallowing payments does not look promising because it seems that altruism alone will not motivate participation in research; and requiring mandatory participation would violate conditions that are usually considered essential for ethical human research. Rather than offering a solution to the problem, Iltis argues for the need to address the conflict between avoiding undue influence through low payments and the requirements of justice, both theoretically and by getting the relevant empirical data about recruitment of participants in research.

Reviewer: Carla

Title: Brain Damage and the Moral Significance of Consciousness

First Author: kahane, Guy

Citation: Journal of Medicine and Philosophy 2009; 34: 6-26

Summary: While there is consensus that the presence of consciousness matters morally, there is no consensus on what we mean by consciousness or on why it is morally significant. In the light of recent evidence that some patients diagnosed as in vegetative state might still possess some measure of consciousness, the authors attempt to explain why and how consciousness matters. They observe “phenomenal consciousness” (PC) and “sapience” (S) can come apart. They identify PC as the morally relevant notion on the basis that it is a necessary condition for interests, and interests matter morally. They consider the four possible scenarios of brain damage (neither PC nor S, S and no PC, PC and no S, and PC and S) and their presumed ethical implications. They claim that enjoyment of PC “might actually give stronger moral reasons not to preserve a patient’s life and, indeed, that these might be stronger when patients retain significant cognitive function” (S). The idea is that suffering pain (as a result of PC) is bad, so awareness of such suffering (because of S) seems to make for an even worse (i.e. more distressful) condition.

Lancet

Reviewer: Kingma

Title: Listening to patients with rare diseases

First Author: editorial

Citation: Lancet 2009; 373: 868-868

Summary: Calls for improval of rare diseases coordination in Europe based on finding that “25% reported waiting between 5 and 30 years for a diagnosis. 41% were initially misdiagnosed. For their care, patients needed on average nine different medical services, which were often poorly coordinated, and 26% reported difficult or impossible access to services with lack of appropriate referral as the greatest barrier. Patients with rare diseases need a sensitive, well organised, and humane health system.”

Reviewer: Kingma

Title: Comparative efficacy and acceptability of 12 new-generation anti-depressants: a multiple treatments meta-analysis

First Author: cipriani et al

Citation: Lancet 2009; 373: 746-758

Summary: Systematic review of 117 randomised controlled trials. Interpretation : Clinically important differences exist between commonly prescribed antidepressants for both efficacy and acceptability in favour of escitalopram and sertraline. Sertraline might be the best choice when starting treatment for moderate to severe major depression in adults because it has the most favourable balance between benefits, acceptability, and acquisition cost. No funding, no conflicts of interest. See also editorial p700-701

Reviewer: Kingma
Title: Change4Life Campaign
First Author: Fletcher & Hancock
Citation: Lancet 2009; 373: 720-721
Summary: Letters on whether food companies should be involved in weight loss campaigns – The UK gov Change4Life campaign is sponsored by Kellogg's breakfast cereal.

Reviewer: Kingma
Title: Tesofensine and weight loss
First Author: Tsai et al
Citation: Lancet 2009; 373: 719-720
Summary: An interesting letter exchange about a new weight loss drug. Interesting because it discusses what the appropriate outcome marker ought to be; weight loss, or a reduction in obesity associated morbidity/mortality? A worthy question.....

Reviewer: G. Owen Schaefer
Title: Health status and health services in the occupied Palestinian territory
First Author: Giacaman, Rita
Citation: Lancet 2009; 373: 837-849
Summary: The researchers studied the health status of the Israeli-occupied Palestinian territory. There are promising signs – for example, infant mortality rate has been steadily from the 1960s through the 1990s. Overall, Palestinian health is better than in some Arab countries, but significantly worse than Israeli health. Also, the last decade has seen a worsening of some health indicators like stunted child growth and TB incidence. Measures by the WHO showed Palestine as one of the lowest overall quality of life. The report goes on to detail a number of relative health indicators, with a clear pattern: there was clear progress until about a decade ago, and conditions have seriously worsened especially after the recent Israeli invasion of Gaza.

Reviewer: Kingma
Title: Cardiologists should be less passive about smoking cessation
First Author: editorial
Citation: Lancet 2009; 373: 867-867
Summary: As in title. See also pp 873-875 which strongly argues for stronger counter measures against obesity, smoking and other unhealthy life styles. "secondary risk prevention is not enough. Political action is needed to reverse the negative trends of obesity and sedentary habits, ranging from fighting against the fast food and sugar industries to safe bicycle paths and healthy school meals." (I second the safe bicycle paths!)

Reviewer: Kingma

Title: Complicated Lessons: Lorenzo Odone and Medical miracles.

First Author: Lerner, BH

Citation: Lancet 2009; 373: 888-889

Summary: The author draws attention to the image that the Lorenzo's Oil story portrays – that research will perform miracles – and warns against the other side of this: that much research does not generate miracles and can be harmful or wasteful. He worries about demand for research in terminal patients that is based on false hope.

But as dr Wendler says, perhaps if you are terminal, any chance is better than none at all....

Reviewer: G. Owen Schaefer

Title: Trade, TRIPS, and pharmaceuticals

First Author: Smith, Richard D.

Citation: Lancet 2009; 373: 684-691

Summary: The authors strongly critique the effect of TRIPS – a widely adopted international patent agreement – on developing nations' access to essential medicines. In the past few decades, TRIPS has in its various iterations tightened enforcement of patent law, leading to higher prices of drugs and concordant lower availability. Though there are flexibilities built into TRIPS to assist developing nations get access to essential medicines, the authors point out several reasons such flexibilities are rarely taken advantage of. Most troublingly, some countries fear negative trade repercussions if they choose to use "compulsory licenses" or other exceptional methods. It remains an open empirical question – one which very much needs to be studied – whether or not TRIPS has harmed developing nations overall, but the authors persuasively argue that are strong theoretical reasons to believe TRIPS has helped the developing world at the expense of developing nations.

Reviewer: Kingma

Title: Calling young writers with a passion for research for health

First Author: Saramasekara & Jupp

Citation: Lancet 2009; 373: 706-706

Summary: an essay competition for young authors and researchers: "This year's theme is innovating for the health of all. We are looking for original, thought-provoking prose that poses imaginative research questions in this area, not dry academic or technical essays. Writers could express their ideas about innovative financing mechanisms, take research to strengthen national health systems to task, or wax lyrical about inventive ways to distribute underused vaccines. We suggest that authors write about a topic within this year's theme that they are passionate about."
The deadline for receipt of entries is May 3, 2009.

Reviewer: Kingma

Title: Stem-cell experts raise concerns about medical tourism

First Author: Barclay, E

Citation: Lancet 2009; 373: 883-884

Summary: Author discusses emerging trend of stem cell operation tourism. Offshore doctors do stem cell therapy for which no evidence exists. Stories are shared of patients with positive experiences on the one hand, and a patient with a brain tumour due to stem cell therapy on the other. Quackery or not? It is noted that direct-consumer advertising is involved, that patients don't want to wait for trial outcome, and that studies are difficult to conduct and funding difficult to obtain.

Reviewer: G. Owen Schaefer

Title: Health before profits? Learning from Thailand's experience

First Author: Songkhla, Mongkol Na

Citation: Lancet 2009; 373: 441-442

Summary: Several years ago, the Thai government attempted to issue "compulsory licensing" for essential medicines (it is unclear how much in royalties the Thai government would pay for the license, but it is apparently significantly lower than the standard market rate). This led to an outcry from the patent-holders' countries, which claimed there was a violation of international trade agreements on intellectual property. The author, a former Thai public health minister, complains of a double-standard in the treatment of Thailand; the very same nations which decried Thailand's actions have themselves performed compulsory licensing to meet urgent needs or threats (e.g., ciprofloxacin for anthrax). The author argues the drugs are in fact needed urgently in Thailand, and so exceptions should be made. It is unclear if Thailand will be formally punished for its actions.

Reviewer: G. Owen Schaefer

Title: "Fat taxes" and the financial crisis

First Author: McColl, Karen

Citation: Lancet 2009; 373: 797-798

Summary: Though Paterson had to backpedal on the proposed New York soda tax, the idea of "fat taxes" is gaining support in some circles. Danish researchers recently proposed such a plan that is currently being discussed – possibly leading to a combination of healthy-food subsidy and unhealthy food tax. There are concerns, though – if the tax/subsidy is not thorough enough, people may simply shift from the taxed unhealthy foods to untaxed but still unhealthy foods in greater quantities. There are also equity issues – taxes like Paterson's are regressive, as food constitutes a significantly larger portion of poorer people's budgets. That is less of a problem in places like Denmark and New Zealand, where food is already heavily taxed – the healthy food subsidy then is a greater benefit to the poor than the rich which offsets the increased cost of unhealthy food.

Reviewer: G. Owen Schaefer

Title: Health is global: a UK Government strategy for 2008–13

First Author: Primarolo, Dawn

Citation: Lancet 2009; 373: 443-445

Summary: The U.K. Interministerial Group for Global Health recently launched Health is Global, a strategy for the U.K.'s involvement in global health. The strategy is an amalgam of different values – unsurprisingly a commitment to improving global health as best it can, but also ensuring free trade and the protection of intellectual property rights in the dissemination of assistance. The strategy also has a significant emphasis on global health concerns which could affect the U.K., such as potential pandemics. The main gist is that future U.K. global health policy decisions will attempt to explain effects in these areas.

Reviewer: Kingma

Title: Cruel and unusual

First Author: MacReady, N

Citation: Lancet 2009; 373: 708-709

Summary: A report on substandard healthcare in US prison, and Californian efforts to improve it.

New England Journal of Medicine

Reviewer: LD Stunkel

Title: The Ethics of Surgical Practice: Cases, Dilemmas, and Resolutions

First Author: Black, PM

Citation: New England Journal of Medicine 2009; 360: 1048-1049

Summary: This is a review of *The Ethics of Surgical Practice: Cases, Dilemmas, and Resolutions* by James W. Jones, Laurence B. McCullough, and Bruce W. Richman. The authors offer examples of cases with ethical implications, including discussions of all the possible options. Regarding the authors' recommendations, the reviewer notes that: "The answers are sometimes controversial, but they are always well thought out." The reviewer lauds the case format employed by the authors, and gives the book a strong recommendation: "Anyone who thinks the field of medical ethics is wishy-washy and fuzzy will be challenged by this book. The authors take on hard cases and give hard answers."

Reviewer: LD Stunkel

Title: FDA Review Vouchers

First Author: Moe, J

Citation: New England Journal of Medicine 2009; 360: 837-838

Summary: This is a response to an article by Aaron S. Kesselheim from the November 6 issue of NEJM. The authors criticize Kesselheim's claim that FDA vouchers are dangerous. Under current FDA policy, "developers of treatments for neglected diseases such as malaria and tuberculosis are rewarded with priority-review vouchers to be applied to other drugs, such as profitable cardiovascular therapies." They respond to Kesselheim's concerns by mentioning that (1) priority review is not less comprehensive review, (2) the system is efficient because it can address a large amount of suffering without incurring a large cost to the government, (3) the vouchers are an effective incentive for pharmaceutical companies to develop treatments for less lucrative diseases, and (4) the program has the correct scope.

In a rejoinder, Kesselheim counters that (1) priority review has been associated with more safety problems, (2) expensive priority drugs will cost the public more money than generics, and (3) the authors of the response overestimate the amount of neglected drugs ready for late-stage trials. Kesselheim suggests more public funding of research as an alternative to the "ever more convoluted incentives" such as vouchers.

Reviewer: E. Abdoler

Title: The Independent Physician - Going, Going...

First Author: Issacs, SL

Citation: New England Journal of Medicine 2009; 360: 655-657

Summary: In this article, the authors raise the question of what effect the decline in independent physicians and small group practices is having on patient care in the United States. In addition, they explore possible reasons for the decline.

Reviewer: E. Abdoler

Title: Health Care 2009: Slowing the Growth of Health Care Costs – Lessons from Regional Variation

First Author: Fisher, Elliott S.

Citation: New England Journal of Medicine 2009; 360: 849-852

Summary: In this article, the authors discuss the existence of and factors underlying regional variation in both Medicare spending and growth rates in per capita Medicare spending. Given this information, they dismiss "overly simplistic" explanations for rising health care costs (technology alone; payment system alone) and instead emphasize differences in rates of "discretionary" services among regions. They argue that a solution to the health care costs problem must start with physicians, who can curb such unnecessary spending and expansion of the healthcare system, and through two broad policy changes: encouraging development of "more organized systems of care" and, afterward, reforming the payment system.

Reviewer: LD Stunkel

Title: Care of an Unresponsive Patient with a Poor Prognosis — Polling Results

First Author: Kritek, PA

Citation: New England Journal of Medicine 2009; 360: e15-e15

Summary: This is the polling results from the article used for this month's Department of Bioethics Journal Club. The option to withdraw life support on the basis of substituted judgment was chosen by the greatest number of respondents. However, the authors wonder what most practitioners would do were they actually faced with the decision.

Reviewer: E. Abdoler

Title: Health Care 2009: Investing in Health Care Reform

First Author: Davis, Karen

Citation: New England Journal of Medicine 2009; 360: 852-855

Summary: In this piece, the author broadly explores the reforms/policies proposed by the Commonwealth Fund Commission on a High Performance Health System Report (Path Proposal) and briefly describes the financing and cost-savings of such changes. Proposal items include reaching near-universal coverage, expansion and integration of IT and EMRs, founding and funding a center for comparative effectiveness research, payment reform, care integration, and public health measures.

Reviewer: LD Stunkel

Title: Physician–Industry Relations — Will Fewer Gifts Make a Difference?

First Author: Steinbrook, R

Citation: New England Journal of Medicine 2009; 360: 557-559

Summary: Industry gifts have an impact on physicians' behavior by creating a mindset of entitlement and promoting allegiance to pharmaceutical companies. In response to widespread criticism, the pharmaceutical trade associations have implemented new regulations on their own behavior. However, the author wonders if the new regulations, which limit pharmaceutical companies to "occasional" and "modest" gifts, will actually have any impact on companies' practices.

Reviewer: E. Abdoler

Title: A Randomized, Controlled Trial of Financial Incentives for Smoking Cessation

First Author: Volpp, KG, Troxel, AB, Pauly, MV, et al

Citation: New England Journal of Medicine 2009; 360: 699-709

Summary: The authors report the results of a large randomized, controlled trial in the work setting of graded financial incentives for smoking cessation, arguing that past studies finding incentives to be ineffective were too small or offered incentives that were too minimal. All study participants received information relating to available smoking-cessation programs, and approximately half were randomized to receive the following incentives: \$100 for completion of a smoking cessation program, \$250 for cessation of smoking within six months after study enrollment, and \$400 abstinence an additional six months after initial cessation. Smoking cessation was confirmed through biochemical tests. Even after adjusting for significant factors, such as nicotine dependency and willingness to quit, the odds ratio for 6 months of smoking abstinence 9-12 months after study enrollment was significantly higher in the incentive program. Further, the authors report significantly higher rates of 9-12 month rates of cessation, 15-18 month rates of cessation, cessation program participation rates, and cessation program completion rates in the incentive program.

Reviewer: E. Abdoelr

Title: Not an HIV Cure, but Encouraging New Directions

First Author: Levy, J. A.

Citation: New England Journal of Medicine 2009; 360: 724-725

Summary: In this article, the author postulates several potential therapies for the long-term management of HIV. This brief discussion is based on a report by Hütter and colleagues in this same issue about the stem-cell transplantation technique they used to treat a patient infected with HIV. Levy heralds this therapy has a promising treatment approach but not a cure.

Reviewer: E. Abdoler

Title: A Nonsimultaneous, Extended, Altruistic-Donor Chain

First Author: Rees, MA, Kopke, JE, Pelletier, RP, et al

Citation: New England Journal of Medicine 2009; 360: 1096-1101

Summary: In this article, the authors report the initial success of an altruistic-donor chain (10 total) for kidney transplantations that originates with an altruistic donor, proceeds to donor/registered recipient pairs. Donor/coregistered recipients either underwent surgery simultaneously, or the donor contributed after their coregistered recipient had already received a donor kidney. The authors describe each of the 10 transplantations and then, in the discussion, describe the controversy and the potential of NEAD (Nonsimultaneous, extended, altruistic-donor) chains.

Reviewer: E. Abdoler

Title: Reforming Medicare's Physician Payment System

First Author: Wilensky, G. R.

Citation: New England Journal of Medicine 2009; 360: 653-655

Summary: In this article, the author calls for changes in Medicare's physician payment system. After reviewing the history of this system, she briefly describes the main problems with the payment system as currently embodied. She focuses her critique primarily on the use of the SGR (Sustainable Growth Rate), which links overall physician service expenditures to the growth of the economy. After discussing several reform proposals related to the SGR, the author advocates for what she believes is the best reform strategy – an aggregate payment system – suggesting immediate “quick fix” steps and urging for the development of specific reform proposals.

Reviewer: LD Stunkel

Title: Happy Pills in America: From Miltown to Prozac; The Age of Anxiety: A History of America's Turbulent Affair with Tranquilizers; Before Prozac: The Troubled History of Mood Disorders in Psychiatry

First Author: Horwitz, AV

Citation: New England Journal of Medicine 2009; 360: 841-844

Summary: This is a book review of Happy Pills in America: From Miltown to Prozac by David Herzberg, The Age of Anxiety: A History of America's Turbulent Affair with Tranquilizers by Andrea Tone, and Before Prozac: The Troubled History of Mood Disorders in Psychiatry by Edward Shorter. The reviewer begins with the claim: “Psychotropic drugs are...[often] used to alleviate the stresses of everyday life...” He explains that the first two books trace the history of the usage and marketing of psychotropic drugs. The third book discusses how drug companies have used marketing to present SSRIs as superior to older psychotropic drugs, although the author, Shorter, claims that the older tranquilizers and sedatives had higher efficacy and fewer side effects. The reviewer concludes by cautioning the reader against “a prescription for the newest miracle drug that reputedly will relieve the perennial pains of human existence.”

Reviewer: LD Stunkel

Title: Progress and Deficiencies in the Registration of Clinical Trials

First Author: Wood, AJJ

Citation: New England Journal of Medicine 2009; 360: 824-830

Summary: Publishing the results of clinical trials is critical to our understanding of medicine and to making clinical trials ethical. In the words of the author: “Ethical clinical research should contribute to generalizable knowledge and improve human health. The dedication of patients who take the risks to participate in clinical research is dishonored when their data remain secret.” A recent mandate has expanded the requirement to report clinical trials to include, in some cases, the results of the trials. Although the author lauds this step as a significant improvement, he advocates making this information more available to the general public, who fund the reporting system with their tax dollars.

Reviewer: LD Stunkel

Title: Ethical and Scientific Implications of the Globalization of Clinical Research

First Author: Glickman, SW

Citation: New England Journal of Medicine 2009; 360: 816-823

Summary: The authors consider the ethical implications of the globalization of clinical research, including concerns about risk-benefit ratio and exploitation, and scientific validity (including how well they can be generalized). The authors make suggestions for improving the current state of globalized clinical research regarding patient selection, transparency, training and oversight, genomic information, financial arrangements, and confidentiality. They suggest that the WHO or the IOM should commission a comprehensive review of these issues.

Reviewer: LD Stunkel

Title: Health, Medical Care, and Economic Crisis

First Author: Catalano, R

Citation: New England Journal of Medicine 2009; 360: 749-751

Summary: Job loss can lead to psychological disorders such as clinical and subclinical depression, anxiety, substance abuse, and antisocial behavior; job loss can also lead to somatic illnesses. The author considers the possible causes and confounding factors that may be associated with this phenomenon. He then urges us to help those whose health is being affected by the worsening economy, admonishing that we are coming to the financial rescue of those who caused the crisis.

Reviewer: LD Stunkel

Title: Commercial versus Social Goals of Tracking What Doctors Do

First Author: Grande, D

Citation: New England Journal of Medicine 2009; 360: 747-749

Summary: According to the authors, the New Hampshire decision: "suggests that the social purpose being pursued can determine allowances for and restrictions on the use of health information and that legislators will have latitude in making these determinations." The authors consider the possibility that this will lead to more regulations on health information based on a distinction between appropriate and inappropriate uses. Because the authors recognize that information about physicians' behaviors can be used for good or for ill, they suggest that physicians and lawmakers need to clarify appropriate uses.

Reviewer: LD Stunkel

Title: Prescribing Records and the First Amendment — New Hampshire's Data-Mining Statute

First Author: Post, R

Citation: New England Journal of Medicine 2009; 360: 745-747

Summary: Data miners sell the prescribing information of physicians to pharmaceutical companies, making it easier for pharmaceutical sales representatives to tailor their sales pitch to each physician. In New Hampshire, this practice is illegal. Data miners claim that this violates their First Amendment right to free speech, but the author argues that: "correct constitutional inquiry about statutes like New Hampshire's is whether the regulation of a data-transmission channel is likely to impair the informed and intelligent creation of public opinion." The author concludes that these statutes do not impair the creation of public opinion; the U.S. Court of Appeals for the First Circuit agreed, and the statute was upheld.

Reviewer: LD Stunkel

Title: The Placebo Response and the Power of Unconscious Healing

First Author: Temple, R

Citation: New England Journal of Medicine 2009; 360: 646-647

Summary: This is a review of The Placebo Response and the Power of Unconscious Healing, by Richard Kraden. The reviewer notes that the book is intended to provide "an explanatory model for the placebo response." The author of the book gives an account of how much is currently lacking in our understanding of the placebo effect, and the reviewer observes that this leaves Kraden's project effectively futile; he cannot really succeed in explaining the placebo effect.

Reviewer: LD Stunkel

Title: Limits on Medicare's Ability to Control Rising Spending on Cancer Drugs

First Author: Bach, PB

Citation: New England Journal of Medicine 2009; 360: 626-633

Summary: Spending on cancer drugs is rising much faster than spending on other areas of health care, and outcomes are not improving as quickly as prices are escalating. The author suggests that this is due, in part, to regulations that protect cancer drugs from the standard cost-control strategies employed by Medicare. The article explicates the strategies Medicare generally employs, and the regulations that have effectively protected cancer drugs from these strategies. The author suggests that a change in those regulations would help to curb rising costs for cancer treatment.

Reviewer: LD Stunkel

Title: The Supreme Court, Preemption, and Malpractice Liability

First Author: Kesselheim, AS

Citation: New England Journal of Medicine 2009; 360: 559-561

Summary: Wyeth v. Levine is a current Supreme Court case which will address whether FDA approval of a drug label protects the drug company from being sued for inadequately warning patients about risks and side effects. In the past, the court has accepted provision of warnings to physicians as adequate, because the physician is thought to act as a "learned-intermediary" between drug companies and patients. However, direct-to-consumer advertising has changed the ideal of the learned-intermediary. In this case, the FDA-approved warnings are alleged to be incomplete. If the approval is determined to be an adequate shield for the drug company, the authors worries that physicians may be open to a greater share of litigation in the future.

Reviewer: LD Stunkel

Title: Health Insurers and Medical-Imaging Policy — A Work in Progress

First Author: Iglehart, JK

Citation: New England Journal of Medicine 2009; 360: 1020-1037

Summary: There is currently a lack of evidence that cutting-edge medical imaging technology improves patient outcomes. As a result, many insurers are reluctant to pay for expensive scans, and medical specialty groups are racing to provide evidence that the scans offer a clinical advantage. Meanwhile, the fee-for-service model of medical billing itself is being questioned.

PLoS Medicine

Reviewer: Sachs, Ben

Title: An Unbiased Scientific Record Should Be Everyone's Agenda

First Author: The editors

Citation: PLoS Medicine 2009; 6: 119-121

Summary: This editorial aims to address bias in scientific publishing: outcome reporting bias, conflicts of interest, restrictions on access to data, e.g. The editors propose a five-part solution:

1. Editors should declare their own competing interests and biases
 2. Editors should be on the lookout for non-financial conflicts of interest
 3. Combat ghostwriting
 4. Editors should demand to see the protocol
 5. Editors should attempt to publish the important studies, not necessarily the exciting ones
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Reviewer: Sachs, Ben

Title: Conducting Unlinked Anonymous HIV Surveillance in Developing Countries: Ethical, Epidemiological, and Public Health Concerns

First Author: Rennie, Stuart

Citation: PLoS Medicine 2009; 6: 30-34

Summary: This article addresses unlinked anonymous testing (UAT) for HIV. UAT for HIV serves a "surveillance" purpose; in other words, its purpose is to give public health workers a sense of the prevalence of HIV in a given area. In UAT for HIV, health workers take anonymized, unlinked blood samples collected for some purpose other than HIV screening and test them for HIV.

The authors, while in general supportive of UAT for HIV, discuss various ways in which particular instances of the practice can be unethical. For instance, they are concerned about breaches of confidentiality and about ensuring that UAT is linked with other measures that benefit the target population, such as capacity-building (in other words, they endorse something like a fair benefits requirement), and they are also concerned, though I don't understand why, that UAT for HIV not be conducted in settings in which there is widespread access to antiretroviral drugs. Their most interesting ethical concern, however, is deceit. Sometimes the blood samples that are purportedly drawn for "other purposes" are really drawn for UAT for HIV. The authors contend that if the motivation for the blood draw is UAT for HIV, even if the blood drawn really is going to be used for something else as well, then the patient ought to be told this.

Reviewer: Sachs, Ben

Title: Effect of Removing Direct Payment for Health Care on Utilisation and Health Outcomes in Ghanaian Children: A Randomised Controlled Trial

First Author: Ansah, Evelyn Korkor

Citation: PLoS Medicine 2009; 6: 48-58

Summary: This is a randomized controlled trial studying the effect of the removal of user fees for health care in developing countries. The study involved 2,592 Ghanaian children. The control group remained in a situation in which their parents would have to pay user fees for their health care, while the control group was enrolled in a prepayment scheme (Community Based Health Insurance, or CBHI). The children in the intervention arm accessed health services more frequently, but did not have better health outcomes (incidence of and death from anemia).

Reviewer: Sachs, Nben

Title: What Should Be Done To Tackle Ghostwriting in the Medical Literature?

First Author: Gotzsche, Peter C.

Citation: PLoS Medicine 2009; 6: 122-125

Summary: This article is composed of three short opinion pieces on the practice of ghostwriting, which is where someone (often a professional writer) writes a manuscript without attribution or disclosure, so that the article can be attributed to someone with scientific credibility:

Opinion 1: Ghostwriting is scientific misconduct and should be treated accordingly

Opinion 2: Ghostwriting is difficult to define, and we need more evidence of its frequency and impact

Opinion 3: Professional writers can be legitimate contributors, but ghostwriting is dishonest and unacceptable

Reviewer: Sachs, Ben

Title: Inadequate Dissemination of Phase I Trials: A Retrospective Cohort Study

First Author: Decullier, Evelyne

Citation: PLoS Medicine 2009; 6: 202-209

Summary: Researchers retrospectively tracked the progress of all protocols approved by a sample of ethics committees in France over a one-year period, which included 140 Phase I trials and 304 Phase II-IV trials. They found that Phase I trials were more likely to be initiated and completed, but less likely to be published. The authors are particularly concerned about this last fact. While some suggest that disseminating the results of Phase I trials is less important due to the decreased clinical significance of such trials, the authors disagree. They support mandatory registration of Phase I trials and publication of all results.

Reviewer: Sachs, Ben

Title: Explaining Adherence Success in Sub-Saharan Africa: An Ethnographic Study

First Author: Ware, Norma C.

Citation: PLoS Medicine 2009; 6: 39-47

Summary: This is an ethnographic study attempting to discover why ART adherence in sub-Saharan Africa is so high (higher, in fact, than adherence in North America), despite the extreme poverty prevalent in that region. Researchers conducted interviews and observed clinic activities.

The authors conclude, "Adherence success in sub-Saharan Africa can be explained as a means of fulfilling social responsibilities and thus preserving social capital in essential relationships."

Science

Reviewer: Smith

Title: Presidents Who Value Science

First Author: McCarthy, J

Citation: Science 2009; 323: 853-853

Summary: Somewhat forced editorial in honor of the Lincoln-Darwin bicentennial, commemorating Lincoln's contributions to science and grateful/hopeful for Obama's.

Reviewer: Smith

Title: Robot Rights

First Author: Guo, Shesen and Zhang, Ganzhou

Citation: Science 2009; 323: 876-876

Summary: Comment on 19 Dec 2008 article on ethics of robotics. Very difficult to make sense of out of context, but seems to at least consider some views on which robots, not sure what form of being is implied here, might have rights.

Reviewer: Smith

Title: Social Science Evolves to Include Biology

First Author: Barash, DP

Citation: Science 2009; 323: 877-877

Summary: Comment on 7 Nov. 2008 Special Section that explored the intersections of biology (especially neurobiology) and social science. Commentator wanted to point out that while the previous discussion largely focused on politics, many other "social science" (in which the author includes "even literary criticism and aesthetics") are now integrated biology, to lend them "increasing empirical and theoretical validity."

Reviewer: Smith

Title: Journal Flinches as Article on Voice Analyzer Sparks Lawsuit Threat

First Author: Cho, A

Citation: Science 2009; 323: 863-863

Summary: Interesting "current event" story on how a call from the lawyer of the business that makes a voice analyzer, which was negatively reviewed by an article in "The International Journal of Speech, Language, and the Law." The analyzer is supposed to detect signs of emotional stress and indications of lying. The business, Nemesysco, claims that the objection was to "defamation" and ad hominem attacks in the article. The journal revoked the article from its website (but seems not to have issued a retraction from what I can see) and claims that it "simply lacks the resources to put up a legal fight." To add an element, this analyzer is currently used by agencies of several governments, who love it. A spokesman for the London Borough of Harrow points out that while the device itself identifies several individuals, who are then further reviewed, as having made inflated claims, it is further useful because when told that they had been analyzed several fold more self-reported their inflation. The author of the revoked article contends that such usage is unethical, whether or not people are tricked into revealing wrongs that they did in fact commit because the product lacks scientific foundation. Several interesting questions arise.

Reviewer: Smith

Title: Pains and Pleasures of Social Life

First Author: Lieberman, MD and Eisenberger, NI

Citation: Science 2009; 323: 890-891

Summary: Authors comment on Takahashi et al's article in this issue of "Science." The authors note that findings such as Takahashi et al's – that social pain (envy for Takahsai et al) activates a the same area as physical pain and that the reward (schadenfreude for Takahsai et al) activates the same network as physical pleasure in relieve from pain (eating food to relieve hunger) – suggest that social psychological pain and reward responses could have the same "motivational" significance as is postulated for physical psychological pain and reward responses. The authors then speculate on the evolutionary advantages of placing such importance on social reward. See also Takahashi et al in same issue.

Reviewer: Smith

Title: When Your Gain Is My Pain and Your Pain Is My Gain: Neural Correlates of Envy and Schadenfreude

First Author: Takahsahi, H et al

Citation: Science 2009; 323: 937-939

Summary: Authors displayed a relation of strength of envy to strength anterior cingulated cortex (ACC) activation. They then displayed a relation strength of schadenfreude to strengthen of striatum activation. Furthermore, strength of ACC activation (envy-related) predicated strength of striatum activation (schadenfreude-related). Authors believe that this suggests a neurocognitive mechanism underlying the psychological reward reaction of schadenfreude. See also Lieberman and Eisenberger in same issue.

Reviewer: O'Neil

Title: Some Neglected Diseases Are More Neglected than Others

First Author: Martin Enserink

Citation: Science 2009; 323: 700-700

Summary: Summarizes conclusions from the first global study tracking spending on R&D for neglected diseases. Ireland and the US are relatively generous; Germany and Japan are not. Dengue is well-funded, but not pneumonia, meningitis, and diarrhea. And 80% of total funds are spent on HIV, malaria, and TB.
