

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

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**Reviewer:** Peerzada

**Title:** Primary Care, Social Inequalities, and All Cause, Heart Disease, and Cancer Mortality in US Counties, 1990

**First Author:** Shi et al

**Citation:** American Journal of Public Health 2005; 95: 674-680

**Summary:** This study shows that in US counties, greater primary care resources are consistently associated with lower rates of all-cause, heart disease, and cancer mortalities—even in the presence of income inequality and other health determinants. In multivariate regressions, counties with the lowest levels of primary care resources experienced 2% to 3% higher mortality than counties with higher levels of primary care resources. Income inequality was also found to be a significant predictor of county-level variation in mortality. Counties in higher-income inequality quartiles experienced 11% to 13% higher mortality than counties in the lowest quartile.

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**Reviewer:** Danis

**Title:** Integrating occupational safety and health information into vocational and technical education and other workforce preparation programs

**First Author:**

**Citation:** American Journal of Public Health 2005; 95: 404-411

**Summary:** Young and new workers experience the highest rate of occupational injuries or any age group. Incorporating occupational safety and health (OSH) information into the more than 20,000 vocational training programs in the US might reduce work related injuries. Assessment of inclusion of such information into programs, shows inconsistent emphasis on OSH information.

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**Reviewer:** Peerzada

**Title:** Manifold Restraints: Liberty, Public Health, and the Legacy of Jacobson vs. Massachusetts

**First Author:** Colgrove, J and Bayer, R

**Citation:** American Journal of Public Health 2005; 95: 571-576

**Summary:** An essay on an important piece of public health jurisprudence, the US Supreme Court case of Jacobson v Massachusetts, which upheld the authority of states to pass compulsory vaccination laws—and thereby articulated the view that the freedom of the individual must sometimes be subordinated to the common welfare. The essay discusses the relationship between the individual and society in 20th-century public health practice and law (beyond vaccinations—to helmet and seatbelt laws and AIDS). There are two additional essays on the same topic, one by Mariner/Glantz/Annas.

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**Reviewer:** Peerzada

**Title:** Talking About Public Health: Developing America's "Second Language"

**First Author:** Wallack L and Lawrence R

**Citation:** American Journal of Public Health 2005; 95: 567-570

**Summary:** An essay about the difficulty in advancing a public health mission in the U.S. due to the strong emphasis on individualism in our culture. Describes a few instances where public health professionals have reframed an issue in "the language of community" rather than the individual in order to (successfully) enhance population health (gun violence, e.g.).

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**Reviewer:** Danis

**Title:** The state sets the rate: the relationship among state-specific college binge drinking, state binge drinking rates, and selected state alcohol policies

**First Author:** TF Nelson et al

**Citation:** American Journal of Public Health 2005; 95: 441-446

**Summary:** State of residence is a predictor of binge drinking by college students. State control policies may help reduce binge drinking among college students and in the general population.

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**Reviewer:** Danis

**Title:** Smoke-free airlines and the role of organized labor: a case study

**First Author:** J Pan et al

**Citation:** American Journal of Public Health 2005; 95: 398-404

**Summary:** Using case study methodology, the authors report that flight attendants and their unions affected the establishment of smoke-free worksites in the airline industry.

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**Reviewer:** Peerzada

**Title:** Addressing Social Determinants of Health Inequities: Learning From Doing

**First Author:** Baker, Elizabeth et. al

**Citation:** American Journal of Public Health 2005; 95: 553-555

**Summary:** This is an editorial introducing the April issue of the Journal-an issue that presents a collection of case studies from partnerships in the United States and the United Kingdom that are working to influence social determinants in order to address health disparities. In October 2003, representatives from the partnerships described their intervention activities in a forum sponsored by CDC. In addition to those presented in the journal, the case studies included teenagers in New Orleans working to eliminate violence through social actions in their community; health officials in Boston striving to undo racism in a large urban health department; health care providers in Chicago creating culturally appropriate health and social programs for Black males visiting a public health clinic; and a historical case study of health practitioners in rural Mississippi who created a comprehensive community health center to address multiple social determinants of health. Synopses of all case studies presented at the forum can be found at <http://www.cdc.gov/sdoh>

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

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**Reviewer:** Ravitsky

**Title:** Business as Usual

**First Author:** Cohen, Leslie

**Citation:** Annals of Internal Medicine 2005; 165: 838-841

**Summary:** This piece is a narrative told in the first person by a physician working for a company (“Quality Solutions Limited”) that performs “medical reviews” for 15 insurance companies. The “reviewers” are physicians and their job entails calling up the treating physician and getting information about the “acute necessity” of the treatment or the hospitalization, in order to maximize denial of coverage for care that has already been provided. The “business-like” atmosphere that focuses on profit and the constant pressure to implement clinical guidelines that are “too strict and arbitrary”, create extreme stress for the “reviewers”. They are trained as physicians and now find themselves questioning the judgment of fellow-physicians and having to approve denial of coverage in cases where they themselves would have provided care. The piece offers a powerful insight into the ins and outs of the world of medical insurance. It also highlights the ethical aspects of decision-making in this area, by describing heart wrenching dilemmas that the reviewers face every day.

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**Reviewer:** Grady

**Title:** The Ethics of Deactivating Implanted Cardioverter Defibrillators

**First Author:** Berger J

**Citation:** Annals of Internal Medicine 2005; 142: 631-634

**Summary:** Discusses decisions about deactivating ICDs, especially in the context of a request for no CPR or other limited interventions at the end of life. Discusses the need to consider the clinical situation, the patient's preferences and understanding, and physician attitudes

**Reviewer:** Grady

**Title:** On Saying Goodbye: Acknowledging the End of the Patient-Physician Relationship with Patients who are Near Death

**First Author:** Back AL

**Citation:** Annals of Internal Medicine 2005; 142: 682-686

**Summary:** Interesting discussion of why it might be good for the patient, patient's family, and physician for physicians to say goodbye to patients they are not likely to see again (because near death). The authors also recommend an approach to saying goodbye.

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**Reviewer:** grady  
**Title:** Ethics Manual: Fifth Edition  
**First Author:** Snyder L  
**Citation:** Annals of Internal Medicine 2005; 142: 1-2  
**Summary:** The fifth edition of the American College of Physicians' Ethics Manual covers emerging issues in medical ethics and revisits old ones. It reflects on many of the ethical tensions faced by internists and their patients and attempts to shed light on how existing principles extend to emerging concerns. In addition, by reiterating ethical principles that have provided guidance in resolving past ethical problems, the Manual may help physicians avert future problems

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

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**Reviewer:** Peerzada  
**Title:** Patients' Resistance to Risk Information in Genetic Counseling for BRCA1/2  
**First Author:** Gurmankin, Andrea et al.  
**Citation:** Archives of Internal Medicine 2005; 165: 523-529  
**Summary:** An empirical study examining women's perceptions of their risk of breast cancer before and after their actual risks were communicated to them by a health care provider. The women's postcounseling risk perceptions were significantly lower than their precounseling risk perceptions (breast cancer: 17%,  $P < .001$ ; mutation: 13%,  $P < .001$ ) but were significantly higher than the actual risk information communicated (breast cancer: 19%,  $P < .001$ ; mutation: 24%,  $P < .001$ ). Article has some good references for studies about risk perception in the social science and medical literature.

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**Reviewer:** Peerzada  
**Title:** Respecting the Autonomy of Irrational Patients  
**First Author:** Blank, Arnold  
**Citation:** Archives of Internal Medicine 2005; 165: 590-590  
**Summary:** A letter responding to Samia Hurst's article in a previous issue: "When patients refuse assessment of decision-making capacity." The author contends that Hurst wrongly equates decision-making capacity with making rational choices. Making an irrational decision can still be consistent with exercising one's autonomy. His arguments are a little confusing and, from a cursory read of Samia's article, he seems to misrepresent her view.

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**Reviewer:** Ben Krohmal  
**Title:** What if the Patient Were Your Mother?  
**First Author:** Greenland, Philip  
**Citation:** Archives of Internal Medicine 2005; 165: 607-608  
**Summary:** An editorial, and one of several papers in this issue about professionalism in medicine - emphasizing taking care of patients in addition to scientific knowledge.

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**Reviewer:** Ben Krohmal

**Title:** The Effect of Physician Disclosure of Financial Incentives on Trust

**First Author:** Levinson, W et al.

**Citation:** Archives of Internal Medicine 2005; 165: 625-630

**Summary:** Medicare requires that physicians who receive financial incentives to limit orders for expensive tests and procedures disclose that information to patients. Levinson et al performed a telephone survey of randomly selected English speaking households. Half of households had heard of financial incentives to limit tests and procedures, 95% supported disclosure. 6 "disclosure strategies" were tested. Respondents were most satisfied with the "negotiation" approach (stresses understanding patient's concern), and least satisfied with "common enemy" (stresses patient-physician alliance against health plan) - though respondents also found common enemy more believable than negotiation. Oddly, of the 6 strategies, only 1 of them actually involves disclosing financial incentives to patients. The study thus fails to show much of anything about how best to disclose this information.

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**Reviewer:** Ben Krohmal

**Title:** Physicians' Responses to Resource Constraints

**First Author:** Hurst, S., Chandros Hull, S., DuVal, G., Danis, M.

**Citation:** Archives of Internal Medicine 2005; 165: 639-644

**Summary:** Telephone survey to determine physicians' responses to ethical challenges posed by scarce funds and resources. Challenges were most often raised by pressure to use or not use resources and insurance constraints. Resources posing difficulties were most often treatments, and the most common response was to negotiate with the health system. 11% of physicians appealed to justice or equality as a rationale for how they handled constraints.

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**Reviewer:** Ben Krohmal

**Title:** Advertising by Academic Medical Centers

**First Author:** Larson, R., et al

**Citation:** Archives of Internal Medicine 2005; 165: 645-651

**Summary:** 16 of the 17 medical centers named to US News' 2002 honor roll of America's Best Hospitals advertise to attract patients. These ads are unregulated and the authors argue that they have the potential to mislead.

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## ***British Medical Journal***

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**Reviewer:** Danis

**Title:** Effect of electronic health records in ambulatory care

**First Author:** T Garrido et al

**Citation:** British Medical Journal 2005; 330: 581-581

**Summary:** In a retrospective, serial, cross sectional study, comprehensive electronic medical records was associated with reduced number of office visits (-9%). Telephone contacts increased from 1.3 to 2.0 per year. Measures of quality remained unchanged.

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**Reviewer:** Grady

**Title:** Who needs health care- the well or the sick

**First Author:** Heath I

**Citation:** British Medical Journal 2005; 330: 954-954-956

**Summary:** Argues that the more people are exposed to health care, the sicker they feel. That preventive care is overrated. Money is made from selling preventive care to the healthy majority and less \$ is made from treating the sick. Suggests that there be a tax on preventive drugs sold in rich countries to be used to fund drugs in poorer countries.

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**Reviewer:** Grady

**Title:** A feasibility study of signed consent for the collection of patient identifiable information for a national pediatric clinical audit database

**First Author:** McKinney, R

**Citation:** British Medical Journal 2005; 330: 877-879

**Summary:** A study to investigate the feasibility of obtaining consent from parents to send identifiable data about sick 12- 16 year olds in intensive care units to a national clinical audit database.

43% of parents gave consent. Consent rates were better for kids who were more ill, older, and stayed longer in the hospital.

Obtaining consent to send identifiable info to a database unlikely to be successful unless more training, time, and administrative support.

**Reviewer:** Danis

**Title:** Government launches plan to overhaul social care services

**First Author:** C White

**Citation:** British Medical Journal 2005; 330: 687-687

**Summary:** The UK is planning to establish a network of new posts to bring together the health, social, community, and voluntary sectors to improve adult social care. Service users will have more responsibility for their own care. The plan emphasized the need for preventive measures to foster independence of elderly who need care.

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**Reviewer:** Grady

**Title:** The influence of big pharma

**First Author:** Ferner RE

**Citation:** British Medical Journal 2005; 330: 855-856

**Summary:** An editorial about a recent report issued by the House of Commons Health Committee on "The Influence of the pharmaceutical industry" which they found was extensive.

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**Reviewer:** Danis  
**Title:** UK agency to combat research misconduct  
**First Author:** C White  
**Citation:** British Medical Journal 2005; 330: 615-615  
**Summary:** The UK Panel for Health and Biomedical Research Integrity will begin work in Oct.Planning is being done by Universities UK.

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**Reviewer:** Danis  
**Title:** UN committee approves declaration on human cloning  
**First Author:** S Mayor  
**Citation:** British Medical Journal 2005; 330: 496-496  
**Summary:** Declaration calls for countries to prohibit all forms of human cloning as they are incompatible with human dignity and protection of human life

**Reviewer:** Danis  
**Title:** European Commission drops health from services proposal in face of opposition  
**First Author:** R Watson  
**Citation:** British Medical Journal 2005; 330: 560-560  
**Summary:** The health sector will be excluded from legislation designed to open up the market for services because of the unique nature of health services. Service providers will now be able to operate throughout the EU from their home base as long as they are registered with their own national regulators.

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## ***Health Affairs***

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**Reviewer:** Lie  
**Title:** Public-private partnerships and antiretroviral drugs for HIV/AIDS: Lessons from Botswana  
**First Author:** Ramia, I  
**Citation:** Health Affairs 2005; 24: 545-551  
**Summary:** Discussion of the Merch-Gates financed initiative in Botswana to finance HAART. Discusses both the reasons for the success, such as strong management, access to funds, and lack of bureaucratic hurdles, as well as problems, such as long term sustainability, and increasing costs. One point made is that the program provides high cost treatment that is now difficult to change to a more sustainable program because a variety of stakeholders have interests in maintaining the system as it is.

**Reviewer:** Lie  
**Title:** Special issue on racial and ethnic disparities  
**First Author:** Various  
**Citation:** Health Affairs 2005; 24: 300-500  
**Summary:** This issue of Health Affairs has a series of articles on racial and ethnic disparities in health and health care, and should be of interest to anyone working on equity issues in health

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## **Health Economics**

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**Reviewer:** Lie

**Title:** The impact of price regulation on the launch delay of new drugs - evidence from twenty-five major markets in the 1990s

**First Author:** Danzon, P M et al

**Citation:** Health Economics 2005; 14: 269-292

**Summary:** The article compares number of new launches of drugs in various countries, and finds that countries that have lower than expected prices and smaller markets, have fewer launches and delays in launches of new drugs. Pharmaceutical companies have no incentive to launch new drugs in small markets with low prices if there is significant parallel trade, as the drugs will then be exported and sold at these lower prices in high priced markets.

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**Reviewer:** Lie

**Title:** 'Irrational' stated preferences: a quantitative and qualitative investigation

**First Author:** San Miguel, F et al

**Citation:** Health Economics 2005; 14: 307-322

**Summary:** Numerous studies have shown that people do not behave the way they are supposed to according to economic theory, or expected utility theory. This article attempts to explore why people "fail" the rationality test. They find that such things as complexity of experiment, redefinition of problem, alternative explanation for answers given, explain the "failure" of the task. This means that the respondents do not necessarily behave in ways that are irrational according to economic theory.

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**Reviewer:** Sabik

**Title:** Inequalities in self-reported physical health in the United States, 1993-1999

**First Author:** Sehili S

**Citation:** Health Economics 2005; 14: 377-389

**Summary:** The study looked at inequalities in physically healthy days in the US from 1993-1999 by socioeconomic and demographic group. The authors were particularly interested in intra-group inequality since few studies have examined this (due mainly to lack of data). The authors found that inequality for the US adult population overall increased by 17% from 1993-1999. Low and middle income groups had the highest within group increases in inequality. The least educated, Asian/Pacific Islanders, American Indians/Alaskan Natives, the oldest, the youngest, and the richest had the lowest increases in health inequality within group. Overall American Indians/Alaskan Natives has the highest inequalities and Asians/Pacific Islanders had the lowest inequalities within group.

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**Reviewer:** Sabik

**Title:** Book Review: Getting Health Reform Right

**First Author:** Williams A

**Citation:** Health Economics 2005; 14: 433-434

**Summary:** Review of "Getting Health Reform Right: A guide to Improving Performance and Equity." Calls the book a "thinker's guide to health care reform," which includes a chapter on ethical theory and pays attention to the interplay between ethics and economics. Finds the book too American in its approach to economics and its narrow view of all economists as champions of market solutions and its confusion between 'customers' and 'citizens.' Still finds the book very useful for grappling with tough health care reform questions.

## ***IRB***

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**Reviewer:** Peerzada

**Title:** Research on Stored Biological Samples

**First Author:** Wendler, D

**Citation:** IRB 2005; 27: 1-5

**Summary:** An empirical study of attitudes of 347 adults (86% female) in Uganda regarding the research use of stored biological samples. Ninety-five percent were willing to provide a blood sample (from their child) for future research that requires IRB approval but not their consent. Almost all wanted to know prospectively the kinds of possible future research that would be done with the sample and approx. half wanted this information retrospectively. As the authors point out, the results may not be generalizable but are an important first step.

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**Reviewer:** Peerzada

**Title:** Determining the Level of Statistician Participation on Canadian-Based Research Ethics Boards

**First Author:** Thabane, Lehana et al.

**Citation:** IRB 2005; 27: 11-14

**Summary:** An empirical study of IRBs to assess how many have a statistician and, if not, why they do not have one. The response rate was 55%. Most IRB's (80%) don't have a statistician and most (73%) don't think they need one.

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**Reviewer:** Peerzada

**Title:** Just In Time IRB Review: Capitalizing on Scientific Merit Review to Improve Human Subjects Research Compliance

**First Author:** Kelly, Adam

**Citation:** IRB 2005; 27: 6-10

**Summary:** A study formally evaluating the policy of "Just In Time" IRB review. Apparently, this means that only grant applications deemed worthy of funding will undergo IRB review at the PI's home institution, i.e. protocols would undergo review first by the grant funding agency, then by an IRB. This policy was adopted by the VA Health Services Research and Development Service for allocation of its research funds; they studied the advantages and disadvantages of the policy during its implementation.

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**Reviewer:** Peerzada

**Title:** Contraception in Research: A Policy Suggestion

**First Author:** Schonfeld, Toby and Gordon, Bruce

**Citation:** IRB 2005; 27: 15-20

**Summary:** The authors propose a framework for contraception requirements in research studies, attempting to minimize the risks of the study medication to a potential fetus without compromising unnecessarily the autonomy of women. The authors contend that investigators are often too restrictive of women's contraceptive choices during a research study, in part because they give disproportionate weight to the duty to protect potential fetuses or because they inflate the risks to the potential fetus. They borrow the FDA's Use in Pregnancy categories to suggest different contraceptive requirements for drugs with different risk/benefit ratios.

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**JAMA**

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**Reviewer:** Hampson

**Title:** Kidney Donor Exchange Program Planned

**First Author:** Kuehn, BM

**Citation:** JAMA 2005; 293: 1716-1716

**Summary:** US kidney transplant experts convened to design a donor exchange kidney transplant program, where a patient in need of a kidney transplant who has a willing donor who is not compatible would be identified, and the donor-pair would be matched with a nother patient-donor pair that has the opposite type of compatibility. Programs like this already exist in South Korea and the Netherlands. Experts discussed creating a computer-based algorithm that would match the patient-donor pairs at various hospitals. See also: "Kidney Paired Donation and Optimizing the Use of Live Donor Organs" by Segev et al. in this issue (JAMA 2005; 293:1883-1890). The article shows that a national optimized matching algorithm would result in more transplants (47.7% vs 42.0%,  $p<.001$ ), better HLA concordance (3.0 vs 4.5 mismatched antigens;  $<.001$ ), more grafts surviving at 5 years (34.9% vs 28.7%;  $p<.001$ ), and a reduction in the number of pairs required to travel (2.9% vs 18.4%;  $p<.001$ ) when compared with the currently used first-accept scheme on a national level. Also, highly sensitized patients would benefit 6-fold (2.3% vs 14.1% successfully matched;  $p<.001$ ). Even if only 7% of patients awaiting kidney transplantation participated, the health care system could save as much as \$750 million.

**Reviewer:** Hampson

**Title:** Direct-to-Consumer Advertising: A Haphazard Approach to Health Promotion

**First Author:** Hollon, Matthew

**Citation:** JAMA 2005; 293: 2030-2033

**Summary:** An editorial related to Direct-to-Consumer advertising trial.

**Reviewer:** Hampson

**Title:** Gene Therapy Trials on Hold

**First Author:** Hampton, Tracy

**Citation:** JAMA 2005; 293: 1966-1966

**Summary:** US FDA put a clinical hold on 3 experimental trials using gene transfer to treat X-SCID. The committee convened after a French boy was the third child to develop leukemia after receiving gene therapy for treatment of X-SCID. The committee required that the US studied must update their informed consent processes to highlight the potential risks more thoroughly.

**Reviewer:** Hampson

**Title:** Differences in World Responses to Natural Disasters and Complex Emergencies

**First Author:** Spiegel, Paul

**Citation:** JAMA 2005; 293: 1915-1918

**Summary:** A commentary that discusses why the tsunami received such a huge response whereas current crises in Darfur, Sudan and the Democratic Republic of Congo are not receiving any attention. Spiegel makes a distinction between 2 types of disasters: those caused by natural phenomenon and those generated by the will of humans. Spiegel chalks it up to the idea that a response to a natural disaster is easier and less politically risky. With a natural disaster, cause and blame cannot be easily attributed to people whereas with complex emergencies they may be more political and complicated.

**Reviewer:** Hull

**Title:** Dealing with Conflict in Caring for the Seriously Ill

**First Author:** Back AL

**Citation:** JAMA 2005; 293: 1374-1381

**Summary:** This is a teaching article, using a case about an 84-year old woman with advanced dementia and an advance directive stating no artificial hydration and nutrition. Her family and physicians had conflicting views over the use of short-term feeding and IV hydration in the course of her care. The authors identify several points where communication could have been handled differently and provide several helpful suggestions for mediating and addressing conflict. This is a useful article for people involved with ethics consultation (although it is really intended to help clinicians work out the conflicts with family members themselves, before they get to the level of needing an ethics consult).

**Reviewer:** Hull

**Title:** Mortality and Malnutrition Among Populations Living in South Darfur, Sudan

**First Author:** Grandesso, Francesco

**Citation:** JAMA 2005; 293: 1490-1494

**Summary:** Recognizing the increasing concerns about the health of the 1.5 million+ displaced people in the Darfur region, the purpose of this (Medecins Sans Frontieres funded) study was to perform rapid epidemiological assessments of mortality and nutritional status at 3 relief sites in South Darfur. Crude mortality rates in each of the 3 sites were between 2.0 and 3.2 deaths per 10000 per day, and under 5-year mortality rates were between 1.0 and 5.9. Violence was reported to be responsible for 72% of deaths and diarrheal disease was reported to cause between 25% and 47% of deaths in camp residents. Acute malnutrition affected between 11-24% of this population. As we consider issues of global justice, these data underscore the need for appropriate and timely humanitarian responses.

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**Reviewer:** Hampson

**Title:** Influence of Patients' Requests for Direct-to-Consumer Advertised Antidepressants

**First Author:** Kravitz, Richard L.

**Citation:** JAMA 2005; 293: 1995-2002

**Summary:** **OBJECTIVE:** The study aimed to ascertain the effects of patients' DTC-related requests on physicians' initial treatment decision in patients with depressive symptoms. **DESIGN:** The study involved a randomized trial using standardized patients. Six standardized patient roles were created by crossing 2 conditions (major depression or adjustment disorder w/ depressed mood) with 3 request types (brand-specific, general, or none). **PARTICIPANTS:** There were 152 family physicians and general internists recruited. **INTERVENTION:** The SPs were assigned to make 298 unannounced visits, with assignments constrained so physicians saw 1 SP with major depression and 1 with adjustment disorder. The SPs made a brand-specific drug request, a general drug request, or no request (control) in 1/3 of visits. **RESULTS:** In major depression, rates of antidepressant prescribing were 53%, 76%, and 31% for SPs making brand-specific, general, and no requests, respectively (p less than .001). In adjustment disorder, antidepressant prescribing rates were 55% (brand-specific), 39% (general), and 10% (no request) with a p less than .001. **CONCLUSIONS:** Patients' requests have a profound effect on physician prescribing in major depression and adjustment disorder.

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**Reviewer:** Hull

**Title:** Pharmaceutical Industry Funding for Residencies Sparks Controversy

**First Author:** Kuehn, BM

**Citation:** JAMA 2005; 293: 1572-1580

**Summary:** News item on a controversial American Academy of Dermatology pilot program that uses pharma funding to up the # of derm. residencies. This plan raises questions about whether we really need more dermatologists out there and whether this could expose residents to undue pharma influence.

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**Reviewer:** Shalowitz!

**Title:** The Unintended Consequences of Publicly Reporting Quality Information

**First Author:** Werner, RM

**Citation:** JAMA 2005; 293: 1239-1244

**Summary:** Public reporting about the quality of physicians, hospitals and health care plans is intended to promote accountability, openness and trust between providers and the public. However, the authors argue, there are no data to suggest that such reporting actually improves the quality of delivered health care. In fact, providers may artificially select their patient bases in order to make their report cards look better. The authors call for a re-evaluation of the purpose of public reporting of quality data.

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**Reviewer:** Hampson

**Title:** HIPAA and Patient Care

**First Author:** Lo, Bernard

**Citation:** JAMA 2005; 293: 1766-1771

**Summary:** HIPAA and patient care--recommendations for physicians on how to think through what incidental disclosures in patient care are ethically permissible and what safeguards ought to be taken.

**Reviewer:** Shalowitz

**Title:** Impact of Participant and Physician Intervention Preferences on Randomized Trials: A Systematic Review

**First Author:** King, M

**Citation:** JAMA 2005; 293: 1089-1099

**Summary:** Addresses whether participants' preferences to receive a particular treatment impacts the validity, either external or internal, of randomized controlled trials. There is some worry that if participants prefer a treatment other than the one to which they are randomized, they may either (1) withdraw from the study or (2) manifest a "negative placebo effect" because of their resentment. The authors conclude that preferences do impact whether people participate in randomized controlled trials, but there is little evidence that this influence significantly affects study validity.

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**Reviewer:** Hampson

**Title:** Confronting Genetic Testing Disparities

**First Author:** Hall, Michael

**Citation:** JAMA 2005; 293: 1783-1785

**Summary:** See also Armstrong et al. (2005 JAMA; 293: 1729-1736) "Racial differences in the use of BRCA1/2 testing among women with a family history of breast or ovarian cancer"

**Reviewer:** Hampson

**Title:** Clinical Trial Registry

**First Author:** Mitka, M

**Citation:** JAMA 2005; 293: 1718-1718

**Summary:** Senate introduced legislation to require researchers to register clinical trials for prescription drugs (Fair Access to Clinical Trials Act of 2005). The FACT Act would require maintaining a clinical trials registry accessible to patients and physicians and would create a database of trial results of all publicly and privately funded clinical trials.

**Reviewer:** Shalowitz

**Title:** Clinical Empathy as Emotional Labor in the Patient-Physician Relationship

**First Author:** Larson, EB

**Citation:** JAMA 2005; 293: 1100-1106

**Summary:** Interesting article which describes empathy as an emotional disposition which is part of performing the role of physician. Discusses the characteristics of clinical empathy and how physicians should develop their empathic abilities, or at least pretend like they have.

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**Reviewer:** Hampson  
**Title:** Health Vulnerability  
**First Author:** Shi, Leiyu  
**Citation:** JAMA 2005; 293: 1924-1924  
**Summary:** Book review of the book "Vulnerable Populations in the United States". The book calls attention to inequitable health and health care among vulnerable populations with a focus on SES, race and ethnicity, and health insurance.

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

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**Reviewer:** Wendler  
**Title:** Resident and Faculty Perceptions of Conflict of Interest in Medical Education.  
**First Author:** P Watson, A Khandelwal, J Musial, J Buckley  
**Citation:** Journal of General Internal Medicine 2005; 20: 357-362  
**Summary:** Most internal medicine residents and faculty perceive that industry influences teaching, and want teachers to disclose their financial relationships with industry.

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**Reviewer:** Wendler  
**Title:** Motivations for Physician-assisted Suicide. Patient and Family Voices  
**First Author:** Pearlman et al  
**Citation:** Journal of General Internal Medicine 2005; 20: 234-241  
**Summary:** Participants were recruited through advocacy organizations that counsel individuals interested in PAS, as well as hospices and grief counselors.

Most patients deliberated about PAS over considerable lengths of time with repeated assessments of the benefits and burdens of their current experience. Most patients were motivated to engage in PAS due to illness-related experiences, a loss of their sense of self, and fears about the future. None of the patients were acutely depressed when planning PAS.

**Reviewer:** Hull  
**Title:** Resident and Faculty Perceptions of Conflict of Interest in Medical Education  
**First Author:** Watson PY  
**Citation:** Journal of General Internal Medicine 2005; 20: 357-359  
**Summary:** Survey was conducted with 81 residents and 196 faculty in a academic medical center to determine their perceptions on pharma's influence on medical education. Residents (compared to faculty) believed that a higher % of faculty receive industry income or gifts and are influenced by these income or gifts in their teaching. Most residents and faculty thought that disclosure of financial relationships with industry should be disclosed by lecturers should be required. Authors conclude that this has implications for the credibility of faculty among residents. Authors were also worried that 9% of residents and 19% of faculty said that no amount of annual industry income or gifts could influence teaching -- and heralded a call for more education.

**Reviewer:** Hull

**Title:** Strangers or Friends? A Proposal for a New Spirituality-in-Medicine Ethic

**First Author:** Curlin FA

**Citation:** Journal of General Internal Medicine 2005; 20: 370-374

**Summary:** The authors are not satisfied with how physicians handle questions of religion in dealing with patients, and believe that physicians should be willing to engage patients regarding these questions, guided by an "ethic of moral friendship." There is an accompanying editorial affirming the growing sterility of medical encounters and calling for more debate on the place of religion at the bedside.

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**Reviewer:** Wendler

**Title:** Strangers or Friends? A Proposal for a New Spirituality-in-Medicine Ethic

**First Author:** Farr A. Curlin and Daniel E. Hall

**Citation:** Journal of General Internal Medicine 2005; 20: 370-373

**Summary:** The authors argue that discussions regarding patients' religious beliefs should be approached "as a form of philosophical discourse about ultimate human concerns."

**Reviewer:** Wendler

**Title:** A Clinician's Approach to Clinical Ethical Reasoning

**First Author:** Kaldjian, Weir, Duffy

**Citation:** Journal of General Internal Medicine 2005; 20: 306-311

**Summary:** The authors offer a straightforward, systematic strategy to help clinicians address ethical issues. Their strategy attempts to "situate clinical ethical reasoning within the paradigm of clinical reasoning."

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**Reviewer:** Wendler

**Title:** Should Physicians Have Facial Piercings?

**First Author:** Newman, Wright, Wrenn, Bernard.

**Citation:** Journal of General Internal Medicine 2005; 20: 213-218

**Summary:** Survey of physicians and "patrons" at a hospital in Southeastern US.

Many patrons and physicians feel that some types of nontraditional piercings (i.e. not earrings) are inappropriate, and negatively affect perceived competency of the physicians.

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**Reviewer:** Hull

**Title:** Resident and Faculty Perceptions of Conflict of Interest in Medical Education

**First Author:** Watson PY

**Citation:** Journal of General Internal Medicine 2005; 20: 357-359

**Summary:**

**Reviewer:** Wendler

**Title:** The Effect of Physician Solicitation Approaches on Ability to Identify Patient Concerns

**First Author:** Lawrence Dyche, Deborah Swiderski

**Citation:** Journal of General Internal Medicine 2005; 20: 280-283

**Summary:** Studies showing that physicians often interrupt the patient's opening statement assume that this compromises data collection. However, in this study, interruption did not diminish physicians' identify patient concerns, although failure to ask for the patient's agenda did.

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### ***Journal of Law, Medicine and Ethics***

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**Reviewer:** Paul Litton

**Title:** Currents in Contemporary Ethics: Research Privacy Under HIPAA and the Common Rule

**First Author:** Mark Rothstein

**Citation:** Journal of Law, Medicine and Ethics 2005; 33: 154-159

**Summary:** The Common Rule and HIPAA's Privacy Rule protect research privacy interests, but there are inconsistencies between the rules that leave gaps of privacy protection and place added burdens on researchers. The author explains both rules and their differences, and argues that they should be revised to maximize privacy protection and minimize burdens on research.

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**Reviewer:** John Barton

**Title:** Symposium: Regulation of Biobanks

**First Author:** Rothstein & Knoppers (editors)

**Citation:** Journal of Law, Medicine and Ethics 2005; 33: 7-101

**Summary:** This is a 9-paper symposium on the regulation of biobanks, including discussion of the various problems of privacy, informed consent, consent to future use, possibility of use without consent following anonymization, and -- issues which differentiate biobanks from some other forms of research -- profit and benefit sharing, as well as privacy of on-line data. One of the best papers is Knoppers, p. 7, which reviews the international principles in the area, including those of HUGO, UNESCO, WHO, CIOMS, and the Council of Europe. Another is Clayton on p. 15, which discusses the tensions between the Common Rule, HIPAA, FDA, and an August 2004 statement of OHRP, which excludes much tissue bank research from the Common Rule. Deschenes and Salee, p 40, provide an excellent description of the actual working and control of 4 of the most important international banks (the UK Biobank, the Estonian Genome Project, CARTaGENE, which is under development in Quebec, and deCode Genetics in Iceland). Of special note is also Palmer on p. 70, who discusses past and pending litigation by donors against banks. Among the topics discussed in other papers that may be of interest to members of the Department are virtual banks (Majunder, p. 31), technology transfer (Malinowski, p. 54), and what happens when a bank goes bankrupt and considers selling materials to protect creditors (Janger, p. 79).

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**Reviewer:** Paul Litton

**Title:** Evaluating the Dissent in Oregon v. Ashcroft

**First Author:** Byran Hilliard

**Citation:** Journal of Law, Medicine and Ethics 2005; 33: 142-153

**Summary:** Article discusses the dissenting opinion from the 9th Circuit's decision holding that Ashcroft's determination that physician-assisted suicide, approved by the voters in Oregon, violates federal law (the Controlled Substances Act). Author argues that the dissent and Ashcroft's determination subscribe to an overly simplistic and troubling view of the doctor-patient relationship, ignoring the physician's duty to come to the aid and comfort of her patients. Moreover, the author argues that the dissent wrongly asserts that respect for the democratic process requires deference to Ashcroft; rather, he argues, the contours of the doctor-patient relationships should not be determined by such unchecked discretion.

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## ***Lancet***

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**Reviewer:** martin

**Title:** PSA testing: what is the use?

**First Author:** crawford ed

**Citation:** Lancet 2005; 365: 1447-1449

**Summary:** Discusses the value of screening for prostate specific antigen, PSA as a marker, and what to tell patients. Argues that, while PSA is not a perfect marker and it is necessary to develop better techniques and better identify who will benefit from treatment, it is currently the best tool for early diagnosis and continues to be important for identifying men at risk of prostate cancer.

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**Reviewer:** Martin

**Title:** Random mandatory drugs testing of prisoners

**First Author:** bird sm

**Citation:** Lancet 2005; 365: 1451-1452

**Summary:** The UK currently practices random mandatory drug testing of prisoners. This article presents evidence that there is a high risk for prisoners of starting or restarting opiate abuse while in prison. Argues that mandatory random drugs-testing fails to decrease the risk and does not help those who have restarted. Proposes instead a measure that may soon be adopted in Scotland: randomly announced, cost-efficient, non-punitive, methodologically robust, voluntary, anonymous behavioural surveillance

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**Reviewer:** martin

**Title:** newborn screening report sparks debate in USA

**First Author:** black h

**Citation:** Lancet 2005; 365: 1453-1454

**Summary:** A group, from the American College of Medical Genetics (ACMG) recommends all US states include tandem mass spectrometry (MS/MS) in newborn screening programs.

(MS/MS) can detect biochemical markers for dozens of metabolic disorders, and a number of critics argue that testing for many of these disorders is unjustified, because there is no treatment.

A British study published last year examined the clinical and cost-effectiveness of MS/MS for screening inborn errors of metabolism, and concluded that replacing existing technologies for PKU screening with MS/MS was not economically justified. The report did recommend adding screening for medium-chain acyl-CoA dehydrogenase deficiency (MCADD; a disorder in fatty acid oxidation that puts a child at risk for profound hypoglycaemia during fasting or illness that can cause severe encephalopathy, mental retardation, and death).

**Reviewer:** martin

**Title:** income inequality and nations' altruism

**First Author:** materia e

**Citation:** Lancet 2005; 365: 1462-1463

**Summary:** Reports there is an association between income inequality and a nation's propensity to distribute development aid.

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**Reviewer:** Martin

**Title:** several articles on malaria trials in Africa

**First Author:** Multiple

**Citation:** Lancet 2005; 365: 1441-1443

**Summary:**

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**Reviewer:** Martin

**Title:** Should physicians' self-prescribing be restricted by law?

**First Author:** Rosvold eo

**Citation:** Lancet 2005; 365: 1372-1374

**Summary:** We need public debate about the regulation of physicians' self-prescription and self-treatment. There is some evidence that the great majority of physicians at some point practice self-Rx (e.g. on Norwegian study of 1000 physicians found 75%), and that it can lead to diagnostic and treatment delays. There is little evidence that prohibitions on self-Rx are effective, or that it prevents physicians with addictions to prescription drugs from self-prescribing.

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**Reviewer:** Martin

**Title:** Death after withdrawal of nutrition and hydration (comment)

**First Author:** chamberlain p

**Citation:** Lancet 2005; 365: 1446-1447

**Summary:** In July, 1995, the Supreme Court in Ireland upheld by a majority of four to one an earlier High Court judgment allowing withdrawal of nutrition and hydration from a 45-year-old woman, who had been in a "very near" fully persistent vegetative state for 23 years as a result of an anaesthetic accident in 1972. No institution in Ireland was willing to receive the patient and follow through the Court's orders, so she was brought home and cared for by her family; her sister was a public-health nurse and some of her colleagues assisted. The patient died after 8 days. Those caring for her described those days as "peaceful." The article reports on the details of her care and condition in those eight days.

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**Reviewer:** Martin

**Title:** India's new patent laws may still hurt generic drug supplies

**First Author:** chatterjee p

**Citation:** Lancet 2005; 365: 1378-1378

**Summary:** Following the Patent (Amendment) Act, passed by Parliament last month, India has to implement laws in compliance with the World Trade Organisation Trade-Related Aspects of Intellectual Property Rights (TRIPS) Agreement. Several last-minute amendments (article does not specify) make it possible for people in need to continue receiving affordable treatments, but in the longer run the new law will pose hardship for poor people who previously relied on India's generics.

**Reviewer:** Sabik

**Title:** Placing principle before expediency: the Shipman Inquiry

**First Author:** Baker R

**Citation:** Lancet 2005; 365: 919-921

**Summary:** Comment on the UK General Medical Council (GMC) inquiry into Harold Shipman, the general practitioner who killed about 250 of his patients. The chair of the inquiry concluded that the GMC has not been fulfilling its primary purpose of regulating doctors to protect patients, but has sometimes acted in the interest of doctors. It seems that many physicians view the GMC as protecting them, when its mandate is to monitor them in order to protect patients. Raises interesting questions about the role of various professional organizations and how to ensure that they have the interest of patients in mind.

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**Reviewer:** zeke

**Title:** Epidemiology and reporting of randomized trials published in PubMed journals

**First Author:** Chan AW

**Citation:** Lancet 2005; 365: 1159-1162

**Summary:** Assessed 519 RCTs published in Dec 2000.

93% published in speciality journals

Median of 80 participants--very small sample size

60% blinded

Power, primary outcomes, random sequence generation, handling of attrition not well described in over 50%.

**Reviewer:** zeke

**Title:** US Exceptionalism comes to research ethics

**First Author:** Lurie P

**Citation:** Lancet 2005; 365: 1117-1119

**Summary:** Argue that US views itself above international requirements and that FDA and DHHS more generally are trying to put themselves above Declaration of Helsinki. Authors claim Declaration is the key document on international research ethics. Attacks this Department for its criticisms of Declaration of Helsinki on placebos.

Article has many false claims about the Dept. Also has a false claim that the CIOMS process--placebo position is not liked by the authors-- was dominated by Americans while the Declaration's process--placebo position is liked by the authors-- was more democratic than CIOMS.

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**Reviewer:** zeke

**Title:** Epidemiology 1: Sample size calculations in randomized trials: mandatory and mystical

**First Author:** Schulz KF

**Citation:** Lancet 2005; 365: 1348-1353

**Summary:** Part of a new series on statistical issues in research. Good summary of power and sample size with Type I and II errors.

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**Reviewer:** zeke

**Title:** Medical end of life decisions made for neonates and infants in Netherlands 1995-2001

**First Author:** Vrakking AM

**Citation:** Lancet 2005; 365: 1329-1331

**Summary:** Survey form to doctors.

From 1995 to 2001 end of life decisions for neonates and infants were done in 62% which increased to 68%.

Forego or withhold treatments 49%

Euthanasia 1%

Use of drugs with life shortening effect 3%

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**Reviewer:** Sabik

**Title:** Social determinants of health inequalities

**First Author:** Marmot m

**Citation:** Lancet 2005; 365: 1099-1104

**Summary:** Michael Marmot gives an overview of health current health inequalities both between and within countries (including data on child mortality, adult mortality, and ageing). He then describes the role of social determinants and argues that there are two linked themes underlying the rationale for the new existence of the WHO Commission on Social Determinants: first, that social determinants must be addressed to make progress on major public health issues, and second, that health status is the best measure of whether a population is thriving. He ends by pointing out that social inequalities in health are avoidable, making them an issue of social justice.

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**Reviewer:** Sabik

**Title:** Public health is a social issue

**First Author:** Jong-wook L

**Citation:** Lancet 2005; 365: 1005-1006

**Summary:** Short commentary by the Director-General of WHO on the WHO Commission on Social Determinants of Health. He says that the outcome the Commission is aiming for is a reorientation of public-health action and policy towards more effective and sustainable approaches. He also points out that the social causes of health and disease have been of concern to WHO since the 1950s, but that translating this awareness into action will take a lot of effort.

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**Reviewer:** Sabik

**Title:** Offering participants results of a clinical trial: sharing results of a negative study

**First Author:** Partridge AH

**Citation:** Lancet 2005; 365: 963-964

**Summary:** Study aiming to assess the process and effect of providing the results of a negative study to its participants. The study in question of a phase II trial of breast excision alone for women with ductal carcinoma in situ, which was stopped early because of a high rate of local recurrence. Results were offered to the study's 135 participants. 85 of 94 respondents chose to receive the results. Overall, those who chose to receive results were more educated than those who chose not to. Women who reported increased concern about future breast cancer after being offered results were also more likely to be college graduates. Also, choosing to receive results was associated with increased distress. Overall, though, 96% of respondents were glad to have been offered results and 88% would want to be informed of overall results if they were to participate in other studies.

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**Reviewer:** Sabik

**Title:** 5 NICE years

**First Author:** Rawlins MD

**Citation:** Lancet 2005; 365: 904-908

**Summary:** The chair of the UK's National Center for Clinical Excellence gives an overview of the first 5 years of NICE. The article includes an explanation of NICE's main duties and activities and its relation to the NHS. Rawlins also defends the institute against its current critics and lays out a broad plan for the future.

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**Reviewer:** Sabik

**Title:** The 21st century challenge of slums and cities

**First Author:** Sclar ED, Garau P, Carolini G

**Citation:** Lancet 2005; 365: 901-903

**Summary:** An overview of the health problems and health outcomes of poor urban residents. About a third of the world's estimated 3 billion current urban residents live in slums or other insufficient housing, and this number is rising. Authors argue that unless the health problems of the urban poor are a priority we will accrue a "health debt" that will cost much more to remedy than it will to take action now to invest in housing, sanitation, water, and public health.

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**Reviewer:** Sabik

**Title:** Embryos and ensoulment: when does life begin? (book review)

**First Author:** Neuberger J

**Citation:** Lancet 2005; 365: 837-838

**Summary:** Book Review of "The Soul of the Embryo: An Enquiry into the Status of the Human Embryo in the Christian Tradition," by David Jones. The book considers the history of religious thought on the moral status of the embryo. The reviewer says the book is a "surprisingly calm look at what Christians and other have had to day and a considered denial of the position taken by the Pope" that Catholic doctrine on this topic has been the same for 2000 years.

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**Reviewer:** Sabik

**Title:** Bill Gates: a 21st century Robin Hood?

**First Author:** editors, Lancet

**Citation:** Lancet 2005; 365: 911-912

**Summary:** Editorial on the pros and cons of the Gates Foundation's efforts in global health

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**Reviewer:** Sabik, Lindsay

**Title:** Newborn survival: putting children at the centre

**First Author:** Horton R

**Citation:** Lancet 2005; 365: 821-822

**Summary:** Introduction to the Lancet series on newborn survival put together by the Lancet Neonatal Survival Steering Team. Gives an overview of the issues involving child and newborn survival and current challenges. Issue involves a number of articles on this topic for anyone who is interested.

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**Reviewer:** Sabik

**Title:** Procurement of organs from executed prisoners (letter)

**First Author:** Mosimann F

**Citation:** Lancet 2005; 365: 843-844

**Summary:** A letter to the editor on a 2004 Supplement article (p s30) on the procurement of organs from executed prisoners in China. Author of this letter agrees with the article's call to the western transplant community to put pressure on China to stop this practice. He also thinks it is necessary to acknowledge that similar practices occurred in the west not long ago, though. Original article might be interesting.

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

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**Reviewer:** GS

**Title:** Without conscience

**First Author:** Elie Wiesel

**Citation:** New England Journal of Medicine 2005; 352: 1511-1513

**Summary:** Wiesel explores the problem of the Nazi doctors and also, more broadly, the disturbing willingness of the German medical profession (during WW2) to participate in the Gnadentod program. He suggests that understanding the history of German medicine during WW2 requires understanding German education in general; Nazi doctors knew good from evil, but they lacked a sense of reality.

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**Reviewer:** GS

**Title:** Health care vouchers-a proposal for universal coverage

**First Author:** Emanuel, EJ

**Citation:** New England Journal of Medicine 2005; 352: 1255-1260

**Summary:** Zeke's proposal in print

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**Reviewer:** GS

**Title:** Standards of ethics at the NIH

**First Author:** Steinbrook, R

**Citation:** New England Journal of Medicine 2005; 352: 1290-1292

**Summary:** Just summary

**Reviewer:** GS

**Title:** Physician-assisted suicide-Oregon and beyond

**First Author:** Okie, S

**Citation:** New England Journal of Medicine 2005; 352: 1627-1630

**Summary:** An overview of Oregon v. Ashcroft/Gonzales, which SCOTUS will hear in October.

2001: Oregon's attorney general and some medical professionals sued to block DoJ from punishing some Oregon docs and pharmacists who provided lethal medications to terminally ill patients.

May 2004: 9th Appeals rules pro-Oregon; Controlled Substance Act cannot be used to penalize Oregon docs.

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**Reviewer:** GS

**Title:** A potential decline in life expectancy in the United States in the 21st century

**First Author:** Olshansky, SJ

**Citation:** New England Journal of Medicine 2005; 352: 1138-1156

**Summary:** The Social Security Administration (SSA) has recently raised estimates of the life expectancy (LE) of Americans. The authors here disagree with SSA's estimates, arguing instead that increased obesity trends will put an end to the steady rise in American life expectancy.

Typically, LE predictions are based on extrapolations from historical trends. The authors argue, though, that such extrapolation fails to consider health status of present people, and would therefore be weakened by the fact that prior increases in LE were related to saving the young, while future increases will be related to extending life of the old.

Some standard stats on obesity in the US  
67% of american adults are overweight/obese  
28% men are obese  
34% women  
50% black women

#### CONCLUSION

The obesity-adjusted conditional probability of death formula they develop suggests that, given current rates of death from obesity, the net negative effect of obesity will be reduction of 0.33-0.75 year

For comparison, this reduction in LE is greater than the combined effects of all accidental deaths.

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**Reviewer:** GS

**Title:** Do we really want broad access to health care?

**First Author:** Mongan, JJ

**Citation:** New England Journal of Medicine 2005; 352: 1260-1263

**Summary:** Argues that the major obstacle to genuinely broader health coverage is not political will-- the political will does not exist because the American public is "antitax."

Suggests that new proposal for broader coverage should strike a balance between the shortcomings of a corporate-market model and the fear-inducing centralized power of a government model (this is just a circuitous way to say new plans should appeal to liberals AND conservatives).

## Science

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**Reviewer:** Ben Krohmal

**Title:** Patents on Human Genes: An Analysis of Scope and Claims

**First Author:** Paradise, J., Andrews, L., Holbrook, T.

**Citation:** Science 2005; 307: 1566-1567

**Summary:** Investigators searched US Patent and Trademark Office and found and analyzed 74 patents on human genetic material that encompassed 1167 claims. 38% of the claims were problematic in that they were overly broad, not novel, poorly described, or not useful. The authors suggest better training for patent examiners and reforming the system that makes it easier for examiners to receive bonuses when they quickly approve patents.

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**Reviewer:** Ben Krohmal

**Title:** Doctors Pay High Price for Priority

**First Author:** Enserink, M.

**Citation:** Science 2005; 307: 1848-1849

**Summary:** News piece on two doctors facing legal action in the Netherlands for failure to report re-emergence of the STD LGV for "fear that others would run with the data and publish about the matter first." As a result, the warning came 6 to 8 months later. The disease has spread through Europe and the US.

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**Reviewer:** Ben Krohmal

**Title:** Ethics: A Weapon to Counter Bioterrorism

**First Author:** Somerville, M. and Atlas, R.

**Citation:** Science 2005; 5717: 1851-1851

**Summary:** The authors propose 9 ethical guidelines for "all persons and institutions engaged in any aspect of the life sciences." The guidelines emphasize vigilance, beneficence, and non-maleficence in attempting to avoid harm from "dual use" discoveries.

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**Reviewer:** Hampson

**Title:** Case Probes What's Fair Game in the Search for New Drugs

**First Author:** Kintisch, Eli

**Citation:** Science 2005; 308: 174-174

**Summary:** A brief news article about an upcoming case the US Supreme Court will hear regarding the interpretation of a 1984 federal law known as the "FDA safe harbor" that gives drug researchers an exemption from patent liability for work "reasonably related" to the FDA, originally intended to speed generic drugs to market. Congress created the exemption so that companies making generic drugs could work with patented materials in preparing FDA applications without having to wait until the patent expired. The Court's decision will rest on defining the phrase "reasonably related".

**Reviewer:** Hampson

**Title:** Restiveness Grows at NIH Over Bush Research Restrictions

**First Author:** Holden, Constance

**Citation:** Science 2005; 308: 334-335

**Summary:** A brief article about the growing dissatisfaction at the NIH over the Bush administration's restrictions on funding for work with human embryonic stem cells. (Even Zerhouni seems to be calling for more cell lines.)

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**Reviewer:** Hampson

**Title:** IOM Panel Clears HIV Prevention Study

**First Author:** Couzin, Jennifer

**Citation:** Science 2005; 308: 334-334

**Summary:** An IOM panel has found no major problems with the conduct of an HIV trial in Uganda to test nevirapine to prevent mother-to-child transmission in the late 1990s. The panel was convened after an NIH staffer claimed that the investigators failed to adhere to regulatory standards governing data collection and record keeping. The panel agreed that there were flaws in the study (for example, during a chart review the panel found that about 10% of adverse events were not reported) but maintained that the findings were valid. Some called the panel biased because six out of nine members receive NIH grants.

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**Reviewer:** Hampson

**Title:** Panel Would Entrust Stem Cell Research to Local Oversight

**First Author:** Holden, Constance

**Citation:** Science 2005; 308: 611-611

**Summary:** The National Research Council and the IOM called for the creation of an oversight body at institutions where hES cell research is conducted. Their recommendations, created because of an absence of federal regulations for this type of research, include the creation of an Embryonic Stem Cell Research Oversight (ESCRO) committee comprised of experts in the scientific, medical, legal, and ethical questions of hES research. The recommendations specifically state that the panel should not merely be a "subcommittee" of the IRB. The report leaves most decisions to local committees. The panels would also be reviewing the derivation of new lines, no matter how they are being created. The report discusses the need for informed consent from donors and recommends that donors should not be paid. The report also draws the line at no research on embryos over 14 days old.

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**Reviewer:** Hampson

**Title:** Private Partnership to Trace Human History

**First Author:** Pennisi, E

**Citation:** Science 2005; 308: 340-340

**Summary:** The National Geographic Society and IBM announced a 5-year genographic project which will collect 100,000 human DNA samples and determine patterns of human migration from them. The partnership will also sell \$99 DNA kits to people who want details about their past or want to contribute their genetic samples.