

American Journal of Public Health

Reviewer: Bromwich, Danielle

Title: The Impact of Universal Access to Antiretroviral Therapy on HIV Stigma in Botswana

First Author: William R. Wolfe

Citation: American Journal of Public Health 2008; 98: 1865-1871

Summary: Wolfe and colleagues examine the impact of universal access to antiretroviral therapy (ART) on HIV stigma in Botswana. In this study, Wolfe and colleagues find that HIV stigma has decreased since universal access to ART was introduced in Botswana in 2002. And, while the authors acknowledge that the relationship between treatment access and stigma is complex, they conclude that in light of their finding— that perceived access to treatment is the strongest protective factor both against holding stigmatizing attitudes toward others and against anticipating HIV stigma toward oneself—universal access to ART would play a critical role in reducing HIV stigma in sub-Saharan Africa

Reviewer: Bromwich, Danielle

Title: HIV and Pregnancy Intentions: Do Services Adequately Respond to Women's Needs?

First Author: Sofia Gruskin

Citation: American Journal of Public Health 2008; 98: 1746-1750

Summary: Gruskin and colleagues note that too little is known about how (i) an HIV diagnosis and (ii) access to HIV care affects women's childbearing intentions. The authors maintain that if we are to effectively respect and support women's decision-making in this area, then we need to learn a lot more about the relationship between HIV and reproduction. They claim that the following questions must be addressed by a research agenda that aims to create policies and programs that support the childbearing intentions of women with HIV: "(1) What is the impact of HIV infection and awareness of HIV status on the decisions women face concerning pregnancy and childbirth? (2) How do the constellation and quality of available health services, including access to antiretroviral therapy, affect women's intentions and opportunities? (3) How do marital status and relationship dynamics influence fertility intentions in the context of the HIV epidemic? (4) How do the domains of culture, politics, and economics affect women's options regarding childbearing and management of HIV infection?"

Annals of Internal Medicine

Reviewer: E Largent

Title: Truthfulness and Personal Disclosure in the Physician–Patient Relationship

First Author: Abha Agrawal, MD

Citation: Annals of Internal Medicine 2008; 149: 593-594

Summary: Response to letters to the editor. In an article in May '08 the author told of how she lied to a patient about her sexual orientation (lesbian) to preserve trust in the relationship. There were several letters in response that suggested there may be further implications of the lies -- and a resultant deterioration in trust -- further down the line. Although several doctors understood her reasons for lying, none condoned her lies.

Archives of Internal Medicine

Reviewer: Zettler

Title: National Trends in Treatment of Type 2 Diabetes Mellitus, 1994-2007

First Author: G. Caleb Alexander

Citation: Archives of Internal Medicine 2008; 168: 2088-2094

Summary: Authors used the National Disease and Therapeutic Index to determine the number of patient visits related to Type II diabetes and to analyze the prescription patterns between 1994 and 2007. Authors also used the National Prescription Audit to study medication costs from 2001 to 2007. The number of patient visits for treated Type II diabetes increased from 25 million per year in 1994 to 36 million per year in 2007. The mean number of diabetes medications per patient increased from 1.14 to 1.63 per patient. Aggregate drug expenditures for diabetes medications increased from \$6.7 billion in 2001 to \$12.5 billion in 2007. Authors conclude that more data is needed to determine whether the increased costs associated with treating diabetes are associated with improved outcomes.

Reviewer: Zettler

Title: Stability of Preferences for End-of-Life Treatment After 3 Years of Follow-up

First Author: Marsha N. Wittink

Citation: Archives of Internal Medicine 2008; 168: 2125-2130

Summary: Authors assessed the end-of-life treatment preferences of 818 physicians who graduated from Johns Hopkins Medical School between 1948-1964. In 1999 and 2002, participants were asked what sort of treatment they would want if they had irreversible brain damage and no terminal illness. The authors categorized the treatment preferences into 3 groups - most aggressive, intermediate, least aggressive. Overall, participants were relatively stable in their preferences. Participants who desired the most aggressive treatment in 1999 were most likely to change their preference across the three years. Participants without advance directives in 1999 were more likely than those with advance directives to transition to the most aggressive category during the 3-year follow-up.

Reviewer: Zettler

Title: Patient Awareness of Chronic Kidney Disease

First Author: Laura Platinga

Citation: Archives of Internal Medicine 2008; 168: 2268-2275

Summary: Authors assessed rates of awareness of Chronic Kidney Disease (CKD) in 2992 adults diagnosed with CKD. Patients overall had low rates of awareness of their disease; even among patients diagnosed with stage 4 CKD, less than 50% were aware of their diagnosis.

Reviewer: Zettler

Title: Comments and Opinions: Participants in Phase 1 Oncology Research Trials Are Vulnerable

First Author: Ron Berghmans

Citation: Archives of Internal Medicine 2008; 168: 2287-2288

Summary: Letter written in response to the January article, Participants in Phase 1 Oncology Research Trials: Are They Vulnerable? authored by Justine Seidenfeld; Elizabeth Horstmann, BA; Ezekiel J. Emanuel, MD, PhD; Christine Grady, RN, PhD. The author argues that participants in phase 1 oncology trials may be vulnerable because of their therapeutic misconceptions, even if they do not fall within a conventional definition of vulnerability.

Bioethics

Reviewer: Smith

Title: Health Disparities and Autonomy

First Author: Courtwright, A

Citation: Bioethics 2008; 22: 431-439

Summary: Courtwright assesses Michael Marmot's argument that differences in "autonomy," understood as control, "underlie the status syndrome," the finding the socioeconomic status correlates with health outcomes. Marmot uses Amartya Sen's capabilities approach to argue that the American medical profession ought to advocate improvements in "autonomy." Courtwright points out that the two understandings of "autonomy" are distinct and that each can be altered without alterations in the other. Thus, the empirical autonomy that Marmot describes cannot link to Sen's normative autonomy, and so the argument fails.

Reviewer: O'Neil

Title: Alternative Consent Models for Biobanks: The New Spanish Law on Biomedical Research

First Author: Antonio Casado da Rocha and Jose Antonion Seoane

Citation: Bioethics 2008; 22: 440-447

Summary: Reviews various consent models. Recent Spanish law governing biobanks treats consent for a specific use as encompassing further "related" but unspecified uses of the samples. The authors make some guesses about when a further use is appropriately related to the initial use.

Reviewer: O'Neil

Title: Advancing an Advance Directive Debate

First Author: Christopher Buford

Citation: Bioethics 2008; 22: 423-430

Summary: It was very, very hard to follow the thread of this article. I think the structure went like this. Some challenge the authority of advance directives on the grounds that someone with dementia is not the same person as the one issuing the directive, and directives applying to distinct persons have no authority. Buford rejects the second claim. But then he tries to fit the non-demented and demented relationship into any of three models of authority over distinct persons, and fails. Ultimately, he claims that, if we want to support the moral authority of ADs, we should give up psychological continuity as a criterion for identity and claim that, in fact, the non-demented and the demented are identical.

Reviewer: O'Neil

Title: Ethical Review Issues in Collaborative Research Between Us and Low-Middle Income Country Partners: A Case Example

First Author: Scott McIntosh, et al.

Citation: Bioethics 2008; 22: 414-422

Summary: Describes the sorts of problems cross-cultural differences raise for international research. They encountered two noteworthy problems in the Dominican Republic. Apparently in the DR signing a document always implies a contractual agreement, so even with reassurances, subjects were reluctant to sign the consent form. So they didn't ask them to sign anything. And in the DR payment is considered coercive (it wasn't clear who thinks this, maybe bioethicists in the DR?), so instead of payment they gave subjects a small gift that came as a surprise after the interview.

Reviewer: Smith

Title: Deaf By Design: Disability and Impartiality

First Author: Shaw, David

Citation: Bioethics 2008; 22: 407-413

Summary: The author critically discusses Hallvard Lillehammer's argument for allowing selection for disability in IVF decision-making. Lillehammer claims that the impartial perspective of assessment is inappropriate to the case, and that the case must be considered only in its "context." The author concludes that Lillehammer's arguments are flawed and that the impartial perspective is appropriate here. He goes on to argue against such selection.

Reviewer: Smith

Title: Bioethics in China

First Author: En-Chang, Li

Citation: Bioethics 2008; 22: 448-454

Summary: Article surveys the development and current status of bioethics in China. It also briefly discusses trends in Taiwanese bioethics.

Reviewer: Smith

Title: AIDS – New Ethical Challenges

First Author: Schuklenk, U

Citation: Bioethics 2008; 22: ii-ii

Summary: The author discusses the fact that, as life expectancy for HIV+ individuals rises, the prevalence of unsafe sexual practices will grow. He then briefly discusses renewed discussion of criminalization/decriminalization of certain HIV transmissions before moving onto a discussion of new data suggesting that antiretroviral therapy renders HIV+ individuals non-infectious. After which he raises a number of questions about whether or not we can force individuals onto antiretroviral therapy at times when it may not be in their best interests and urges that bioethicists address such issues.

British Medical Journal

Reviewer: lepora, chiara

Title: Does this work for you? To say a drug "works" is only half of the story

First Author: Christakis, Nicholas A

Citation: British Medical Journal 2008; 337: 1025-1025

Summary: The authors points out different expectations that doctors and patients have on drug efficacy, and the misunderstanding on clinical trials results often happening.
Compare sildenafil (Viagra) to a toaster:
- Sildenafil, even in its best studies, shows that only 48% of men actually respond to the drug, compared to 11% responding to a placebo.
- A toaster that toast bread better than sunshine half of the times would be immediately brought back.
The author insist on the need of focusing on patient's individual variations, having protocols of administration evaluating patient's response.

Reviewer: lepora, chiara

Title: GlaxoSmithKline to limit the payements that it makes to US doctors to \$150.000 each a year

First Author: Kmietowicz, Zosia

Citation: British Medical Journal 2008; 337: 1013-1013

Summary: The company declared their maximum honorarium to US doctors, and stated that no exception will be done. Lists of the payed doctros will not be made public.
This decision come after 2 investigations into undisclosed payements, 1 in Georgia and the other one in the Netherlands regarding the Dutch Health Council on HPV vaccine approval.

Reviewer: lepora, chiara

Title: Changes t abortion law fails as fertility bill moves to Lords

First Author: Dyer, Clare

Citation: British Medical Journal 2008; 337: 1014-1014

Summary: House of Common passed a bill to allow the creation and use of admixed embryos, partly animal and partly human, which will be destroyed after 14 days after harvesting of the stem cells.

Pro choice's MP wanted to use the law as opportunity to rediscuss abortion regulations (2 doctors needing to consent, restrictions in Northern Ireland), but no time was left for the discussion.

Reviewer: Bromwich, Danielle

Title: Prevalence of depression and anxiety in patients requesting physicians' aid in dying: cross sectional survey

First Author: Linda Ganzini

Citation: British Medical Journal 2008; 337: 973-975

Summary: The aim of the study is to determine the prevalence and the severity of psychiatric disorders—including major depressive disorders—in Oregonians who request aid in dying. The Death with Dignity Act—passed in Oregon in 1994—allows physicians to help terminally ill patients to die. There is a general concern, however, about terminally ill patients who request (or might request) aid in dying but who suffer from a treatable psychiatric disorder like depression because such disorders are reliably associated with a desire to hasten the end of life. The Death with Dignity Act states that should a physician become concerned that a patient's judgement is impaired by such a mental disorder, the physician must refer the patient to a mental health professional for assessment. And, moreover, the Act stipulates that no assistance in dying can be given if the mental health professional diagnoses the patient with a condition that impairs judgement. The problem is that (i) "[p]hysicians, hospice professionals, and family members of patients in Oregon who pursue aid in dying generally do not believe that depression influences choices for hastened death" and (ii) those patients who are assisted in dying are rarely evaluated by a mental health professional. Ganzini and colleagues found that, while most Oregonians who requested aid in dying did not have a depressive disorder, current practice fails to protect those terminally ill patients who do and who might seek a prescription for a lethal drug.

Reviewer: lepora, chiara

Title: The global Health Watch 2 Report

First Author: Labonte, Ronald

Citation: British Medical Journal 2008; 337: 1009-1010

Summary: Issued the second "alternative" world health report after 2005's number, product of jointed effort of several organizations and networks.
Include essays in health system, determinants of health, accountability, politics of resistance to unhealthy policies, alternative development, etc.
Proposes reforms like cross-subsidisation and the elimination of health commercialisation.
Analysis of urbanisation, globalisation, nutrition, carbon trading and terror war as health determinants.
Ambiguous analysis of violence supported as short term solution for better long-term health outcome.
Increased concerns on the privatization of health aid, and its lack of accountability.

Reviewer: lepora, chiara

Title: Israeli Doctors call for HIV screening for all high risk

First Author: Siegel-Itzkovich J

Citation: British Medical Journal 2008; 377: 1016-1017

Summary: Dr. Shlomo Ma'ayan, director of Hadassah's AIDS center, call for the health minister "to change its opt-in policy... To an opt-out policy".
A study made on 35 HIV positive women (all of them Ethiopian's immigrant's) highlighted the risk related to the actual policy, with 4 babies infected within the study in the last 11 years.

Reviewer: lepora, chiara

Title: Germany says two doctors needed to approve some drugs

First Author: Tuffs A

Citation: British Medical Journal 2008; 337: 1018-1018

Summary: Sildenafil and Iloprost are at two extremes of a range of marginal drugs which will require a double medical approval in order to be reimbursed by the public system.
In case of disagreement, the prescriber might be consider liable for paying the treatment himself.
Risky and expensive medications should be approved within 10 days from the prescription by any MD with specific experience on the said treatment (10 of the same treatment in the previous year).
Doctors objected heavily to the decision, which today concerns mainly pulmonary arterial hypertension but might be extended to other drugs if it appears to be cost-effective and safe.

Reviewer: Iepora, Chiara

Title: Women with severe depressive symptoms are twice as likely to have a preterm delivery

First Author: Hopkins Tanne, Janice

Citation: British Medical Journal 2008; 337: 1019-1019

Summary: 41% of women in early pregnancy had depressive symptoms, and 22% had severe symptoms.

The first one shows a 60% higher risk of delivering preterm babies, while the ones with severe symptoms are twice as likely at risk for preterm delivery, compared with women without symptoms.

"Delivery before 37 weeks is the leading cause of infant morbidity and mortality in the United States. The authors estimated that the cost of such deliveries in 2005 was \$26.2bn."

Kaiser Permanent Health Plan, in the San Francisco Bay area, is expecting to conduct further research on the subject.

Reviewer: Bromwich, Danielle

Title: US University sets up conflict of interest office after investigation into drug company payments

First Author: Janice Hopkins Tanne

Citation: British Medical Journal 2008; 337: 955-955

Summary: Emory University (Atlanta, Georgia) is creating an office to oversee issues concerning conflicts of interest. This move has been prompted by the US Senate Finance Committee's investigation into Dr. Charles Nemeroff—the chairman of the Department of Psychiatry and Behavioral Sciences at Emory. Nemeroff purportedly failed to report payments from drug companies. This alleged failure led NIH to freeze a five-year grant worth \$9.3m to Dr. Nemeroff and led Nemeroff to temporarily step down as department chairman.

Reviewer: Bromwich, Danielle

Title: Tackling global shortages in health workers

First Author: Olivia Roberts

Citation: British Medical Journal 2008; 337: 943-943

Summary: The problem: while all healthcare professionals have the right to seek work "wherever they wish" exercising this right causes "unpredictability or shortages in the workforce" and is especially problematic when healthcare professionals move from an understaffed and an overburdened system. Practical solutions are required. Sir Nigel Crisp—the former chief executive of the NHS—has investigated ways in which the UK can support healthcare professionals in Africa through education and training. One of Crisp's preliminary findings is that it is important to identify priorities—either specific countries or areas of training—on which to concentrate efforts. Roberts notes that the UK's Department for International Development (DFID) is currently missing opportunities to build on successful projects. She outlines a successful project in Malawi and notes the DFID's failure "to extend Malawi's solution to other countries." Robert's overall concern is that "where initiatives are piloted and then terminated, their potential is unrecognised and the energy of those implementing them is wasted" and this only leads to health professionals continuing to seek better opportunities for themselves outside their home country.

Reviewer: Bromwich, Danielle

Title: Improving generalist end of life care: national consultation with practitioners, commissioners, academics and service user groups

First Author: Cathy Shipman

Citation: British Medical Journal 2008; 337: 1-8

Summary: The aim of this study is to identify major concerns about the "provision, commissioning, research and use of generalist end of life care." By way of a national consultation and prioritizing exercise, the authors found that the term "end of life" is not understood in a uniform way (in the UK), and while most end of life care takes place in a generalist setting many generalists are concerned about their lack of skills and expertise in this area and the lack of available training and support. The authors conclude that access to education and training is essential if generalists are to develop and maintain the knowledge and skills necessary for adequate end of life care.

Reviewer: Bromwich, Danielle

Title: Medicine in developing countries: Fighting the brain drain

First Author: Karen McColl

Citation: British Medical Journal 2008; 337: 958-961

Summary: McColl claims that contextually sensitive financial and non-financial incentives are required to recruit and retain healthcare workers in developing countries. Suggested incentives include: (i) Allowances for working in rural locations (ii) Pensions and retirement packages (iii) Funding for education and training (iv) Improved working conditions (v) Flexible working, holiday, and sabbatical opportunities (vi) Access to training and career development; (vii) Social needs; and (viii) Access to healthcare. (In an accompanying article, McColl talks to Mary Robinson—co-chair of WHO's working group on health worker migration policy—about a proposed global code of practice on international recruitment of health workers.)

JAMA

Reviewer: R. Wolitz

Title: US Health Aid Beyond PEPFAR: The Mother and Child Campaign

First Author: Denny, Colleen

Citation: JAMA 2008; 300: 2048-2051

Summary: Authors suggest that PEPFAR's agenda is not the best use of scarce international health funds. Spending this money in other ways, specifically by targeting mothers and young children, could save many more lives at a substantially lower cost.

Reviewer: Ari

Title: Human Oocyte Research: The Ethics of Donation and Donor Protection

First Author: Levens ED

Citation: JAMA 2008; 300: 2174-2176

Summary: This commentary attempts to use the eight ethical principles of clinical research laid out by Christine, Dave, and Zeke in their 2000 JAMA article to examine the ethics of human oocyte research. The authors only address five of the eight, concluding that oocyte research is ethically justified, provided that the donors are over the age of 21 (based on guidelines for oocyte donation in the clinical context, although unclear why), and that all principles are followed. They pay particular attention to fair risk-benefit ratios and argue that financial compensation should take into account “the time, pain, and risks associated with participation” in these studies, which runs counter to IRB guidelines not to consider money as a benefit of the study.

Reviewer: E Largent

Title: Selling a Medical School's Name: Ethical and Practical Dilemmas

First Author: Jay S. Loeffler, MD; Edward C. Halperin, MD, MA

Citation: JAMA 2008; 300: 1937-1938

Summary: 19 of 126 US medical schools (15%) have names in addition to that of the host university (e.g. Warren Alpert Medical School of Brown University). 15 of these schools (8 of which are private) have changed their name as the result of a gift (median \$95 million dollars). There is an intrinsic risk that the school will be named after someone with a less-than-savory past (slavery? Corporate greed?). It is possible that citizens will see the renaming as a loss of “public property” – this may cause a reduction in funding.

Reviewer: E Largent

Title: A New Federal-State Partnership in Health Care

First Author: Ezekiel Emanuel, MD, PhD; Ron Wyden, JD

Citation: JAMA 2008; 300: 1931-1934

Summary: State governments cannot implement health reform alone because they lack authority and power over too many parts of the healthcare financing and delivery system. Federal government involvement is necessary to ensure that all Americans have access to high-quality, affordable healthcare. Potential roles for the state: innovation, regulation, and facilitation.

Reviewer: R. Wolitz

Title: President's Emergency Plan for AIDS Relief: Health Development at the Crossroads

First Author: Gostin, Lawrence

Citation: JAMA 2008; 300: 2046-2048

Summary: The author praises PEPFAR for the progress it has made, but also acknowledges its “moralizing and constraining spending mandates”. He suggests that rich countries should build on PEPFAR by having a shift in focus to attacking “the root causes of poverty, inequality, and early death”.

Reviewer: R. Wolitz

Title: Aids Groups Target "Silent" Malnutrition

First Author: Kuehn, BM

Citation: JAMA 2008; 300: 1983-1985

Summary: This is an interesting, though brief, article about new developments in food aid for very young children. There have been some clinical trials testing "therapeutic" ready-to-eat lipid based foods that have had some very promising results for avoiding the ramifications of malnourishment. The control arms for the studies seemed to be receiving the current food aid—flour and soy based products.

Reviewer: Ari

Title: Translating New Medical Therapies Into Societal Benefit: The Role of Population-Based Outcome Studies

First Author: Booth CM

Citation: JAMA 2008; 300: 2177-2179

Summary: A commentary on the use of population-based outcome studies that make use of large databases to evaluate outcomes in the population at large. They provide three examples of outcome studies that measure uptake of an intervention, safety, and outcomes in real practice (effectiveness rather than efficacy). The authors argue that this type of study should be considered "as adjuncts to and occasionally as substitutes for randomized controlled trials."

Reviewer: R. Wolitz

Title: Canabislike Drugs May Hold Key to Treating Pain While Bypassing the Brain

First Author: Hampton, T

Citation: JAMA 2008; 300: 1987-1987

Summary: For years there has been controversy surrounding prescription of marijuana for pain relief. New research now suggests that it may be possible to create drugs that have the ability to relieve pain yet by-pass the brain and therefore avoid unwanted side-effects.

Reviewer: E Largent

Title: Uninsured Adults Presenting to US Emergency Departments

First Author: Newton, Keirns, Cunningham, Hayward, Stanley

Citation: JAMA 2008; 300: 1914-1924

Summary: The authors looked at 147 articles to see if assumptions regarding ED usage by uninsured adults (18 to 65) reflected current data. On average, articles contained 3 assumptions about ED usage by the uninsured. Assumptions included: 1) increasing numbers of uninsured patients present to the ED; 2) that uninsured patients lack access to primary care; 3) care in the ED is more expensive than office-based care when appropriate (this is true for insured ED users too); 4) uninsured patients are a primary cause of ED overcrowding; 5) uninsured patients present with less acute conditions than insured patients; 6) the uninsured seek ED care primarily for convenience. The authors believe that 1-3 are supported by the evidence, but that 4-6 are common misperceptions.

Reviewer: R. Wolitz

Title: Persons Tested for HIV United States, 2006

First Author: CDC

Citation: JAMA 2008; 300: 1990-1993

Summary: In September of 2006, the CDC issued new recommendations for implementing HIV screening as a part of routine care for individuals aged 13-64. In order to have a baseline for comparison, the CDC has now analyzed data collected from 2001-2006. Since 2001 the results have been fairly stable with about 40% of survey respondents answering that they had been tested for HIV.

Journal of Clinical Ethics

Reviewer: Annette Rid

Title: Impact of recent legislative bills regarding clinical research on Italian ethics committee activity

First Author: Porcu L et al.

Citation: Journal of Clinical Ethics 2008; 34: 747-751

Summary: JOURNAL OF MEDICAL ETHICS: For those interested in coordination of ethical review in multi-site research, the article offers a description of the Italian way of streamlining IRB opinions: the coordinating investigator's IRB issues an opinion on the protocol, IRBs at other institutions approve or reject the opinion and if they approve, they can only modify the consent form according to local needs, but not the protocol. If they reject the opinion, research will not be performed at that institution. If the coordinating investigator's IRB rejects the protocol, research will not be performed anywhere in the country.

Reviewer: Annette Rid

Title: A critique of the 'best secular argument against abortion'

First Author: Carson Strong

Citation: Journal of Clinical Ethics 2008; 34: 727-731

Summary: JOURNAL OF MEDICAL ETHICS: Critique of Don Marquis' 'Why abortion is immoral'. Marquis holds that killing a fetus deprives it of the same sort of valuable future that an adult is deprived of in being killed, and this is why abortion is morally wrong. Strong argues that the two possible interpretations of Marquis' argument – depriving an individual of a valuable future like ours is a necessary or sufficient condition for the moral wrongness of killing a fetus – fail. Depriving of a valuable future like ours cannot be a necessary condition for the moral wrongness of killing because there are cases of killing that is morally wrong where no future 'like ours' is taken (terminally ill or severely and permanently cognitively impaired person). Depriving of a valuable future like ours cannot be a sufficient condition for the moral wrongness of killing a fetus because a fetus, unlike the adult, is not deprived of everything that the adult is deprived of in being killed (no discontinuation of plans and projects). – Could be a great complement for the Marquis text in bioethics classes.

Reviewer: Annette Rid

Title: Do faculty and resident physicians discuss their medical errors?

First Author: Kaldjian LC, et al.

Citation: Journal of Clinical Ethics 2008; 34: 717-722

Summary: JOURNAL OF MEDICAL ETHICS: Survey among 338 generalist physicians in U.S. teaching hospitals who report that they usually discuss their errors with colleagues. A significant minority does not usually discuss their errors and some do not know colleagues to talk to.

Reviewer: Annette Rid

Title: UNESCO Global Ethics Observatory: databases on ethics related legislation and guidelines

First Author: Ang TW et al.

Citation: Journal of Clinical Ethics 2008; 34: 738-741

Summary: JOURNAL OF MEDICAL ETHICS: UNESCO has launched a new database on ethics related legislation and guidelines that could be useful for comparative legal/regulatory analysis. The hook is that no more than 6 countries had been entered into the database at the time the paper was written.

Journal of General Internal Medicine

Reviewer: Jesse Chao

Title: Physician Effects on Racial and Ethnic Disparities in Patients' Physician Effects on Racial and Ethnic Disparities in Patients' Experiences of Primary Care

First Author: Hector P. Rodriguez, et al.

Citation: Journal of General Internal Medicine 2008; 23: 1666-1672

Summary: The authors seek to clarify mechanisms that contribute to racial and ethnic disparities in patients' experiences of primary care among comparably-insured patients. The study aims to clarify the extent to which racial and ethnic disparities in experiences are attributable to "between-" versus "within-"physician effects. Conclusions: "Within-patient" effects accounted for the bulk of disparities in patients' experiences for Asians and Pacific Islanders (these groups are more likely to report worse experiences relative to Whites in the same PCP practices). "Between-patient" effects contributed more to disparities between Whites and Latinos, Blacks (these groups are more likely to attend PCP practices with low performance on patient experience measures compared to Whites), possibly due to residential segregation.

Reviewer: Jesse Chao

Title: Changes in Medical Students' Attitudes Towards End-of-Life Decisions Across Different Years of Medical Training

First Author: Pascale C. Gruber, et al.

Citation: Journal of General Internal Medicine 2008; 23: 1608-1614

Summary: Medical and non-medical students at The Chinese University of Hong Kong completed a questionnaire assessing their attitudes towards end-of-life decisions of acutely ill patients. Discontinuing life-support therapy was more accepted among senior medical students (41%) compared to junior medical students (22%) and non-medical students (22%). However, a larger percentage of non-medical students and junior medical students (64% and 50%) found euthanasia acceptable in cases of limited prognosis, compared to senior medical students (23%). When making decisions regarding limiting life-support therapy, students chose to involve patients (98%), doctors (92%), and families (73%) but few chose to involve nurses (38%).

Journal of Health Politics, Policy and Law

Reviewer: Sarah R. Lieber

Title: Promoting a "Good Death": Determinants of Pain-Management Policies in the United States

First Author: Sara L. Imhof

Citation: Journal of Health Politics, Policy and Law 2008; 33: 907-941

Summary: Issue: Inadequate pain treatment at end of life and the relationship between practice and "lack of supportive public policies" "lack of evidence-based clinical practices" and lack of organizational efforts.

Summary: authors try to identify the variables most critical in shaping pain policies developed by state medical boards. Methods include evaluating 15 years of eight different pain policies and test the impact of "contextual, political, extrinsic, and institutional variables." Results: presence of legal counselors on state medical boards increased chances state board adopted a policy "associated with progressive pain management." Policies negatively impacted by historical activity: once a board adopted a policy, unlikely to adopt additional policies. Compared variables that affected adoption of "enhancing" provisions for pain management or "impeding" provisions for pain management.

Reviewer: Sarah R. Lieber

Title: Racial Disparities in Access to Long-Term Care: The Illusive Pursuit of Equity

First Author: David Barton Smith

Citation: Journal of Health Politics, Policy and Law 2008; 33: 861-881

Summary: Issue: racially disparity and quality of care in nursing homes and the question of how to make progress in ensuring equity in treatment.
Summary: Provider behavior and structure of care can contribute to racial disparities, but there is lack of information by race about health care treatment. Nursing homes are one of the only providers which have reporting requirements on racial disparities in use and quality of care. In 2000, use of nursing homes was substantially higher among African Americans than Caucasians. This is likely due to shifts in payment incentives which have "eliminated the selective admission of easy-care private-pay (predominantly Caucasian) patients and helped fuel the growth of private pay home care and assisted living" catered to Caucasians. Increased use of nursing homes by African Americans is associated with a higher degree of segregation and disparity in the quality of nursing homes.

Lancet

Reviewer: Schaefer, G. Owen

Title: Chen Zhu: from barefoot doctor to China's Minister of Health

First Author: Watts, Jonathan

Citation: Lancet 2008; 372: 1455-1455

Summary: The article uncritically profiles Chen Zhu, China's new Minister of Health. Though he is one of the few non-communist ministers, he plans to reform the relatively market-based policies which have until now dominated China's health care system. Chen's major proposals include extending health insurance to 90% of the population and buying back control of public hospitals (which he claims overprescribe drugs to get lucrative commissions). The 2003 SARS outbreak led many to see the need for more robust and centralized health care in China, and Chen hopes this sentiment will enable him to enact his proposals. The article alludes to the great challenges Chen will face in trying to achieve his goals, including entrenchment from many officials who profit quite nicely off the current system.

Reviewer: Schaefer, G. Owen

Title: Nigeria struggles to contain poliomyelitis

First Author: Cheng, Margaret Harris

Citation: Lancet 2008; 372: 1287-1290

Summary: 2008 has seen a polio outbreak in Nigeria, which houses 91% of African polio victims (776 current cases in Nigeria). One cause is increasingly inconsistent administration of polio vaccines, due in part to rumors the vaccine was deliberately contaminated with HIV. Such had led to a similar outbreak which was contained in 2006; the "Immunization Plus Days" which contained the outbreak then faltered due to lack of funding. Additionally, corruption has drained both resources and public trust from the vaccination campaign.

Reviewer: Schaefer, G. Owen

Title: Designer babies: choosing our children's genes

First Author: Steinbock, Bonnie

Citation: Lancet 2008; 372: 1294-1295

Summary: The author runs through several arguments for prohibiting “designer babies” – i.e., genetic modification of embryos. Each argument which is refuted indeed seems quite flimsy, though the author only attributes one argument – that modification amounts to undesirable “hyper-parenting,” when parents should simply accept their child as he or she is – to specific individuals (Thomas Murray and Michael Sandel). Though one paragraph per argument is quite inadequate to fully engage the issues at hand, the article indicates there is a dearth of quality literature opposing designer babies.

Reviewer: Schaefer, G. Owen

Title: Collapse of GMC hearing into research misconduct

First Author: Whitelaw, Andrew

Citation: Lancet 2008; 372: 1283-1284

Summary: The author criticizes a recent General Medical Council hearing in the UK. The GMC was hearing a complaint into the conduct of a study on supporting the breathing of preterm babies, and ultimately cleared the investigator of all charges. The author supports the GMC’s ultimate findings, but harshly criticizes the process – the original study was between 1990 and 1993, and the complaint filed in 1997; it took over 10 years from when the initial complaint was filed until a hearing was held. The hearing itself was cut short when it became clear the allegations were without merit. If the evidence of wrongdoing was so thin, the author asks, why then was the process not resolved much sooner?

Reviewer: Schaefer, G. Owen

Title: Metabolically healthy but obese individuals

First Author: Karelis, Anthony D.

Citation: Lancet 2008; 372: 1281-1283

Summary: About 30% of all obese Americans – BMI \geq 30 kg/m² – are metabolically healthy, with high insulin sensitivity, no hypertension, plus normal lipid, inflammation and hormonal profiles. They are, in effect, about as healthy as an average “lean” person. Long-term study indicates this group has relatively low incidence of type 2 diabetes and cardiovascular disease. Interestingly, dieting/weight-loss regimens might actually harm such individuals, though the author insists more research is needed into this question. This has obvious implications for how health-care professionals approach obesity, which is quite prevalent in the US.

Reviewer: Kingma

Title: WHO’s budgetary allocations and burden of disease: a comparative analysis.

First Author: Stuckler, D. et al

Citation: Lancet 2008; 372: 1563-1569

Summary: The authors analyse the WHO’s budget and argue that it is misaligned with global disease burden.

Reviewer: Kingma

Title: Health and health-research priorities: has WHO got it right?

First Author: Lopez, A

Citation: Lancet 2008; 372: 1525-1527

Summary: After an assessment of the WHO budget, the author argues that WHO should devote more attention, money and energy to non-communicable diseases and injury prevention.

Reviewer: Schaefer, G. Owen

Title: US Senator John McCain and risk of melanoma-associated mortality

First Author: Alam, John

Citation: Lancet 2008; 372: 1462-1462

Summary: The author, an Obama supporter, uses available data to estimate that Sen. McCain's mortality risk due to melanoma is 6% per year.

New England Journal of Medicine

Reviewer: LD Stunkel

Title: Living Unlabeled — Diagnosis and Disorder

First Author: Rosenbaum, L

Citation: New England Journal of Medicine 2008; 359: 1650-1653

Summary: The author considers whether diagnosis is too often the goal of medicine. Even to order a diagnostic test or to submit the paperwork that allows a doctor to get paid, he or she must write down a probable diagnosis: "There is no reimbursement for leaving matters undefined." Worse, having a diagnosis often affects the patient's own experience of their symptoms. Health care could benefit from being a little more hesitant to jump to a diagnosis.

Reviewer: LD Stunkel

Title: Symptomatic Relief, but No Cure — The Obama Health Care Reform

First Author: Antos, JR

Citation: New England Journal of Medicine 2008; 359: 1648-1650

Summary: The author suggests that Obama's health care reform plan only addresses the symptoms of the ailing health care systems without dealing with the underlying causes of those issues. He criticizes the "pay to play" policy, which could ultimately penalize workers rather than businesses. Additionally, although the plan would offer insurance to everyone, it may lead to high costs that would not necessarily be affordable for anyone.

Reviewer: LD Stunkel

Title: Waste, We Know You Are Out There

First Author: Aaron, HJ

Citation: New England Journal of Medicine 2008; 359: 1865-1867

Summary: There is too much wasteful health care spending, but it is difficult to determine what interventions will be wasteful, especially because of the paucity of relevant data. The author suggests that in order to eliminate wasteful spending, it is necessary to (1) increase spending on research into the efficacy of interventions and (2) cover the uninsured, among other things.

Reviewer: LD Stunkel

Title: Reproductive Freedom and the Next President

First Author: Adashi, EY

Citation: New England Journal of Medicine 2008; 359: 1867-1869

Summary: This article compares the two candidates' positions regarding all aspects of reproductive freedom, including abortion and stem cell research. The authors also suggest that because we have had so many more years to observe McCain's position on reproductive freedom, Obama may be the less predictable of the two. Finally, the authors remind us that as technology changes, the relevant issues of reproductive freedom will also evolve, and we cannot know the candidates' positions on whatever issues may arise in the future.

Reviewer: LD Stunkel

Title: Moving Forward on Reproductive Health

First Author: Rosenfield, A

Citation: New England Journal of Medicine 2008; 359: 1869-1871

Summary: To help solve the nation's current reproductive health problems, the authors suggest using the ideology and methodology of the field of public health, by which they mean: "base policies on evidence, not ideology." They recommend (1) providing accurate scientific information regarding reproductive health (rather than concerns based on political or religious motivations), including more comprehensive reproductive health education than abstinence-only. They also advocate (2) "legally, financially, and practically accessible" reproductive health services, (3) fertility services, (4) improved safety for pregnancy, which means including pregnant women in drug trials, and (5) improving the social aspect of pregnancy by addressing issues associated with balancing work and family. The authors conclude with the claim that access to reproductive health care that fulfills all these criteria is a human right—quite a strong claim.

Reviewer: LD Stunkel

Title: Patients' Perception of Hospital Care in the United States

First Author: Jha, AK

Citation: New England Journal of Medicine 2008; 359: 1921-1931

Summary: This study examined the relationship between patient satisfaction and several hospital characteristics. The authors found that patients were generally more satisfied with hospitals with more nurses (higher ratio of nurses to patient-days). Likewise, not-for-profit hospitals generated greater patient satisfaction than for-profit hospitals. Whether the hospital was a teaching hospital did not have a significant impact on patient satisfaction.

Reviewer: LD Stunkel

Title: Genomics and Clinical Medicine; Translational Research in Genetics and Genomics

First Author: Boguski, MS

Citation: New England Journal of Medicine 2008; 359: 1969-1970

Summary: This article reviews Genomics and Clinical Medicine; edited by Dhavendra Kumar and Sir David Weatherall, and Translational Research in Genetics and Genomics by Moyra Smith. The reviewer questions some of the historical context and organization of the first book, concluding that although it could be useful as a resource, the book seems removed from the reality of current genomics. It includes a section on "Health Genomics," including "global health; genetic testing; ethical, legal, and social issues; and the regulation of human subject research that involves genomics," that could be relevant for this department. However, the reviewer criticizes the style of this section and its connection to the rest of the book. The reviewer is more impressed with the second book, which, although not a detailed resource, has more to offer those in the field of genomics and seems to be written with a greater appreciation of the current state of the field.

Reviewer: LD Stunkel

Title: Primum Non Nocere — The McCain Plan for Health Insecurity

First Author: Blumenthal, D

Citation: New England Journal of Medicine 2008; 359: 1645-1647

Summary: The author suggests that McCain's proposed health care plan, in which the role of health insurance would be decreased and consumers would pay a larger portion of their health care costs directly, would lead to an increase in the number of uninsured Americans. Costs would also increase due to higher administrative costs and a decrease in employer-sponsored insurance plans, which typically cost less because of the bargaining power of employers. The McCain plan would ultimately cause the most harm to the seriously and chronically ill, who may no longer be able to afford health insurance.

Philosophy and Public Affairs

Reviewer: Carla

Title: Turning the Trolley

First Author: Thomson, Judith Jarvis

Citation: Philosophy and Public Affairs 2008; 36: 359-374

Summary: Thomson examines Philippa Foot's Letting Five Die Vs. Killing One Principle, which is meant to explain our different positions regarding similar trolley cases. There is a difference, Foot argues, in what we owe to people in the form of aid –positive duties— and what we owe to them in the form of non-interference –negative duties—. Negative duties are weightier than positive duties. After thoroughly (and entertainingly) discussing a “wild efflorescence of hypothetical cases,” Thomson concludes that Foot is right about the difference in weight between positive and negative duties. However, she points out that we still need an account to explain the source of the difference.

PLoS Medicine

Reviewer: Sarah R. Lieber

Title: Should Informed Consent for Cancer Treatment Include a Discussion about Hospital Outcome Disparities?

First Author: Nadine Housri

Citation: PLoS Medicine 2008; 5: 1413-1417

Summary: Issue: Including info on hospital outcome disparities in informed consent
Summary: Studies have reported a “volume–outcome relationship”: better outcomes of medical procedures across different hospitals have been associated with higher procedure volume (this has been found to be the case for two types of cancer surgery: resection of the pancreas and esophagus). Authors of this article engage in a debate that “examines whether physicians have an ethical obligation to inform patients of hospital outcome disparities for these cancers.” Different arguments made: 1) Physicians Have an Ethical Duty to Inform Patients of Hospital Outcome Disparities for Select Cancers, 2) Such a Discussion Faces Logistic Hurdles and Risks Unintended Consequences, 3) More Work Is Needed before Outcomes Data Are Routinely Used in Clinical Decision-Making

Reviewer: Sarah R. Lieber

Title: Off-Label Promotion, On-Target Sales

First Author: Adriane Fugh-Berman

Citation: PLoS Medicine 2008; 5: 1432-1435

Summary: Issue: "This paper addresses public health issues associated with off-label use, and describes techniques by which pharmaceutical companies covertly promote off-label use even where such promotion is illegal." For businesses, increased off-label use means larger revenues from larger user populations, especially for products with narrow indications. The disadvantage of an off-label market is limited growth, because a company cannot legally promote sales. In deciding which drugs to research, ease of approval is the most important for a company. "If extensive off-label use is anticipated, a company may seek approval for a narrow indication in order to speed a drug to market. In other words, a drug may be approved for a decoy indication while an extensive off-label campaign is not disclosed to regulators." Publication strategies include marketing via: Meetings/ Abstracts and Posters, Medical and Graduate Education, Pharma Reps, Compendia Listings of Drug Info (companies send pharmacists including company-provided articles with marketing messages). Authors encourage policies or incentives to discourage companies from marketing off-label use.

Reviewer: Sarah R. Lieber

Title: inSPOT: The First Online STD Partner Notification System Using Electronic Postcards

First Author: Deb Levine

Citation: PLoS Medicine 2008; 5: 1428-1431

Summary: Traditionally, partner notification of sexually transmitted infections has been done in person, by phone, or by mail, with the assistance of a public health investigator. San Francisco Dept of Health and Internet Sexuality Information Services (non-profit) developed inSPOT: "a web site that uses electronic postcards (e-cards) to assist people in disclosing an STD diagnosis to their sex partner(s)." There are 2 sections of the website: 1) Tell Them and 2) Get Checked. In Tell Them, users follow this path: a) choose one of six e-cards, b) type in recipients' e-mail addresses (up to six), c) select an STD from a pull-down menu, d) type in own e-mail address or send anonymously, e) type in an optional personal message. "The Get Checked section is divided into STD information, a map of local testing sites, and links to online resources. To ensure the privacy of the user, no database to store e-mail addresses or information about e-card senders or recipients exists." Results: Over 750 people visit the inSPOT.org portal daily. Since its launch in 2004, more than 30,000 people have sent over 49,500 e-cards. Authors claim inSPOT has the potential to be a national and international resource (already many states in US participate).

Science

Reviewer: O'Neil

Title: Informed Consent in Social Science

First Author: John List

Citation: Science 2008; 322: 672-672

Summary: An economist defends foregoing informed consent (in particular, letting subjects not letting subjects know they are participating in research) when there are good methodological reasons for not letting them know.

Reviewer: smith

Title: When Embryonic Stem Cell Lines Fail to Meet Consent Standards

First Author: Sugarman J and Siegel, A

Citation: Science 2008; 322: 379-379

Summary: Authors point out that evolution in standards of consent used to obtain embryos for stem cell research appears to create problems as embryos may have been obtained under older standards. Authors suggest that in itself this does not render use of the lines impermissible. The authors also consider whether waiver of consent may allow usage in such cases.
