

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

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**Reviewer:** Danielle Bromwich

**Title:** Neighborhoods and Obesity in Later Life

**First Author:** Irina B. Grafova

**Citation:** American Journal of Public Health 2008; 98: 2042-2050

**Summary:** Grafova and colleagues found, by way of a large and nationally representative survey, that excess weight in older adults is related to “economic, social, and built aspects of the neighbourhoods in which they live.” More specifically, Grafova and colleagues found that “high street connectivity” reduces the likelihood of women being overweight, and that “neighborhood immigrant concentration” increased the likelihood of men being overweight. The authors note that, since interventions to reduce excess weight in later life remains an important public health priority, their findings have important policy implications: “Our study suggests that areas with few households of high socioeconomic status, high immigrant concentration, low street connectivity, and high residential stability and older adults living in these areas should be targeted for interventions.”

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**Reviewer:** Danielle Bromwich

**Title:** Ethnic Disparities in Access to Care in Post-Apartheid South Africa

**First Author:** Zeida R. Kon

**Citation:** American Journal of Public Health 2008; 98: 2272-2277

**Summary:** Kon and colleagues investigated the ethnic disparities in access to health care that potentially exists among Blacks, Whites, Asians and persons of mixed race. The authors found that despite the fact that apartheid ended 14 years ago, White and Asian persons are undeservedly advantaged when it comes to accessing health care.

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

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**Reviewer:** E Largent

**Title:** Healing Skills for Medical Practice

**First Author:** Churchill, LR

**Citation:** Annals of Internal Medicine 2008; 149: 720-724

**Summary:** The authors taped interviews with 50 “healers” and analyzed them for common themes in healing relationships. Eight skills emerged: do the little things; take time; be open and listen; find something to like, to love; remove barriers; let the patient explain; share authority; and be committed. They assert that “these skills are not just interaction strategies but are essential elements of medical ethics.”

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**Reviewer:** Ari

**Title:** Death and Taxes

**First Author:** Mendenhall GS

**Citation:** Annals of Internal Medicine 2008; 300: 822-824

**Summary:** The Economic Growth and Tax Relief Reconciliation Act of 2001 (EGTRRA) has led to a decline in the top marginal rate of the estate tax from 49% in 2003 to 45% in 2009, with a scheduled year-long repeal in 2010 before returning to 55% in 2011. This provides an incentive to die in 2010, leaving one's inheritance tax-free, which may create conflicts of interest in late 2009 and late 2010.

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**Reviewer:** Ari

**Title:** Narrative Review: Do State Laws Make It Easier to Say "I'm Sorry?"

**First Author:** McDonnell WM

**Citation:** Annals of Internal Medicine 2008; 149: 811-815

**Summary:** Errors must be identified before they can be corrected, yet recognition and disclosure of medical errors remains a problem. The "admission by party opponent" exception to the hearsay rule means that past statements, such as "I'm sorry about your father's situation" or "things might have turned out better had I..." can be used against physicians in trial. Out of the 50 states and D.C., there are 36 apology laws since 2000 that at least partially overturn the exception to hearsay for physicians. Some protect against only sympathy statements, while others also protect against admissions of fault. However, the impact of apology laws on disclosure remains unclear. An interesting question raised by the article: should a physician disclose a medical error that has no effect on treatment or outcome?

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**Reviewer:** Ari

**Title:** What Do You Do When Your Loved One is Ill? The Line Between Physician and Family Member

**First Author:** Fromme EK

**Citation:** Annals of Internal Medicine 2008; 149: 825-829

**Summary:** Interesting perspective on the relatively common practice of playing physician to family members and the tensions between personal and professional roles (as well as issues of legality, especially with regard to prescriptions). They use five cases as examples.

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## **Bioethics**

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**Reviewer:** O'Neil

**Title:** Ethical Models Underpinning Responses to Threats to Public Health: A Comparison of Approaches to Communicable Disease Control in Europe

**First Author:** Gainotti, Sabina et al.

**Citation:** Bioethics 2008; 22: 466-476

**Summary:** The authors distinguish four European legislative approaches to public health: authoritarian, moderate, preventive, and laissez faire, with respect to the following set of questions: Involuntary testing? Involuntary isolation? Quarantine? Restriction of employment? Involuntary treatment? Poland is authoritative; Denmark, Sweden are moderate; Ireland, Italy, UK are preventive; and Spain is laissez faire.

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**Reviewer:** O'Neil

**Title:** Infectious Diseases, Security and Ethics: The Case of HIV/AIDS

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

**Citation:** Bioethics 2008; 22: 457-465

**Summary:** Declaring a disease a security threat will, on the one hand, raise attention and attract resources, but on the other, increase the temptation to infringe civil liberties. The authors suggest that only diseases that are fast-spreading or inspire extreme dread should be "securitized"--HIV/AIDS should not.

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**Reviewer:** O'Neil

**Title:** Taking Due Care: Moral Obligations in Dual Use Research

**First Author:** Kuhlau, Frida et al.

**Citation:** Bioethics 2008; 22: 477-487

**Summary:** Products of biological research--both biological materials and knowledge--hold the potential for harmful misuse. The authors think that biologists have a general obligation to take precautions against these harmful misuses, and cite several more specific obligations, e.g. duty to prevent bioterrorism, duty to consider negative implications of research, duty not to publish sensitive information, duty to limit access to dangerous material, duty to report activities of concern.

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## **British Medical Journal**

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**Reviewer:** lepora, chiara

**Title:** Global Research for Health should tackle needs and inform policy

**First Author:** mckee m

**Citation:** British Medical Journal 2008; 337: 1249-1250

**Summary:** An international Symposium on Global Health Research was held last week in Bamako, Mali.  
The status of global health research 4 years after Mexico's conference was reviewed. Increased attention to evidence based policies and greater investment in health system and policies research followed Mexico's recommendations, but still much need to be done. A "Call to action" on global health research request government's commitment to at least 2% of MOHs budgets to it, developing infrastructure like ethical review boards, clinical trial registries and open access to data. Development agency committed for 5%.  
Monitoring mechanisms to follow the implementation of the commitments should be instituted, overcoming discussions on who should lead it.  
Suggestions on changing research founding were expressed, favouring the coexistence of long and short term investments and more balanced research portfolios.  
Geographical vacuum of research capacities appears to be a challenge in terms of scaling up possibilities: government of those areas have been requested of improving basic institutions there, tackling corruptions and governance failures.

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**Reviewer:** lepora, chiaar

**Title:** Should there be a ceiling on what percentage of GDP countries spend on health? Yes and No debate

**First Author:** Bosanquet, Nick

**Citation:** British Medical Journal 2008; 337: 1382-1383

**Summary:** Most countries (aside US) spend around 3000\$ per person on health, equal to around 8-9% of their total GDP.  
YES  
Decisions on health expenditure should be made on "value", and increased efficiency should be privileged as strategy to meet both public satisfaction and cost containment.  
NO  
Health care cost should not be bind to GDP. Fair agreements, share costs, rational limitations of expenditure might be better ways of ensuring appropriate health coverage in a possible way.

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**Reviewer:** lepora, chiara

**Title:** Research funding goes metric

**First Author:** Watts, Geoff

**Citation:** British Medical Journal 2008; 337: 1380-1381

**Summary:** UK research funding has been allocated in the past through an assessment process called RAE. This system will be used this month for the last time, after several controversies of its flawed decision making and its outcomes. The review process for example, can be done using around 3% of the funding available for research, and increased specialization makes it difficult for panel experts to properly cover all the proposed issues. Research Excellence Framework (REF), will than replace the old RAE system, based on statistical indicators and "metrics". Mixed reactions were encountered in the academic community, where peer review was still considered the best option possible despite it sapparent inefficiency and higher costs. Metrics haven't been defined yet, but they moght include a department's non-governmental income, bibliometrics quality and impact of its publications, number of post-graduates or a combination of all of the above.

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**Reviewer:** lepora, chiara

**Title:** How should health be defined? Join a global conversation at [blogs.bmj.com/bmj](http://blogs.bmj.com/bmj)

**First Author:** Jadad, Alejandro R

**Citation:** British Medical Journal 2008; 337: 1363-1364

**Summary:** WHO, created in 1948 to attain "by all people of the highest possible level of health", defined "health" as a "state of complete physical, mental and social well-being and not merely the absence of diseases or infirmity". Deception migth arise in admitting that those goals might have been to ambitious, and that maybe the same definition of "health" should be revised. BMJ started a blog on the subject, requesting public partecipation

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**Reviewer:** lepora, chiara

**Title:** alcohol consumption and alcohol counselling among US medical students: cohort study

**First Author:** Frank, Erica

**Citation:** British Medical Journal 2008; 337: 1-10

**Summary:** Each year, excessive alcohol consumption kills around 80.000 people in the US. Clinical alcohol screening and counselling shown to be the best cost-effective measure to reduce excessive consumption and related harms. Defining "excessive drinking" as one of the following conditions:  
- at least 1 episode in the past month of consumption of more than 5 drinks  
- more than 2 drinks/day for men, or more than 1 drink/day for women  
Around 29% of medical student drunk excessively in the past month of a self-reported interview done in 16 representative medical school in the US. The report showed as well that young medical student would be more prone to involve in alcohol counselling than students at their last year.

**Reviewer:** lepora, chiara

**Title:** Washington state legalises physician assisted suicide

**First Author:** Dyer, Clare

**Citation:** British Medical Journal 2008; 337: 1133-1133

**Summary:** Initiative 1000 will constitute the second framework of legalisation of assisted suicide, after Oregon's Death with Dignity Act. Physicians will be able to prescribe lethal doses for mentally competent patients with less than 6 months of life expectancy, residing in the state from 15 days or longer. Around 341 patients used Oregon's act since it's application, 11 years ago. 18 among them were depressed at that time.

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**Reviewer:** lepora, chiara

**Title:** Discrepancies in sample size calculations and data analyses reported in randomised trials: comparison of publications with protocols

**First Author:** Chan, An Wen

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

**Summary:** Retrospective cohort study compared statistical data of research protocols and their respective publications in 70 randomised controlled trials recently published in main medical journals. Only 11 out of 62 studies provide consistent information between protocols and publications. Sample size calculation, protocols deviation and methods for those cases, missing data, primary outcome analysis, subgroup and adjusted analysis were the major discrepancies found. "The reliability of trial reports cannot be assessed without having access to the full protocol".

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**Reviewer:** lepora, chiara

**Title:** Doctor's Health: Healthy doctors - healthy practice

**First Author:** Brewster, Joan M

**Citation:** British Medical Journal 2008; 337: 1121-1122

**Summary:** although good health cannot be used as the main indicators to define a good doctor, studies show a correlation between doctor's health and their professional outcomes. Multicentric studies should be done in order to have results less linked with contextual situations.

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**Reviewer:** lepora, chiara

**Title:** International Regulation on Alcohol

**First Author:** room, robin

**Citation:** British Medical Journal 2008; 337: 1248-1249

**Summary:** The recent issuing on WHO's report on Social Determinants of Health, suggest using the 2005 framework for tobacco control for alcohol. Increase in alcohol availability seems correlated to greater health inequality, as a result of release of tax policy and trading monopolies. Strong medical evidencies support the necessity of regulating internationally alcohol selling and trading, in order to avoid cross-border trafficking and have a general persuasive effect on governments and society.

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**Reviewer:** Danielle Bromwich

**Title:** Drug use in children: cohort study in three European countries.

**First Author:** Sturkenboom

**Citation:** British Medical Journal 2008; 337: 1338-1341

**Summary:** Sturkenboom and colleagues provide an overview of "primary care prescription patterns" in paediatric populations in the UK, Italy and the Netherlands. The authors note that their data could be used to improve the prioritisation of research into both the long term safety of paediatric drugs and efficacy and effectiveness in paediatric medicine. Sturkenboom and colleagues more specifically recommend that the most commonly used paediatric drugs—almost all of which are used off-label—be considered research priorities

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**Reviewer:** Danielle Bromwich

**Title:** Scientist is denied renewal of licence to carry out research on primates

**First Author:** Ned Stafford

**Citation:** British Medical Journal 2008; 337: 1316-1316

**Summary:** A German neuroscientist, investigating how simple cognitive processes are generated by the interaction of neurons, has been denied the right to continue his research with primates. Dr Kreiter—the neuroscientist in question—plans to fight the ruling claiming that the German constitution guarantees a scientist's right to conduct ethical research. Ingelore Rosenkötter, the SPD party member who is (partially) responsible for denied Kreiter's request for continuation, claims that his research is "ethically unjustified" because "it focuse[s] on long term scientific questions and not on medical treatments." Rosenkötter, it turns out, is influenced by Jörg Luy—the director of the Institute of Animal Protection and Behaviour at the Free University of Berlin—who claims that "if similar experiments were done on prisoners of war it would be called torture."

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**Reviewer:** Danielle Bromwich

**Title:** Is health care getting safer?

**First Author:** Charles Vincent

**Citation:** British Medical Journal 2008; 337: 1205-1207

**Summary:** Vincent and colleagues note that, while considerable efforts have been made to improve patient safety in the UK, it is difficult to ascertain whether patients are actually any safer as result of the efforts that have been made. The problem stems from the lack of reliable information on safety and the fact that obtaining this information is not high on any agenda. Vincent and colleagues make some general recommendations: (i) we need to move away from an “unsystematic voluntary reporting towards systematic measurement”; (ii) we need to compile safety indices which could be done by making minor adjustments to existing information systems (iii) and, finally, “careful attention to epidemiology and monitoring” is required.

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**Reviewer:** Danielle Bromwich

**Title:** Taskforce rejects system of presumed consent for organ donation in UK

**First Author:** Zosia Kmietowicz

**Citation:** British Medical Journal 2008; 337: 1189-1189

**Summary:** The Organ Donation Taskforce has rejected a proposed system of presumed consent for organ donation in the UK. They offer two reasons for this rejection: (i) it is not clear that presumed consent will increase the number of organ donations; and (ii) a system of presumed consent risks breaking trust that is essential to the patient-doctor relationship.

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**Reviewer:** Danielle Bromwich

**Title:** Prescribing “placebo treatments”: results of national survey of US internists and rheumatologists

**First Author:** Jon Tilbert

**Citation:** British Medical Journal 2008; 337: 1097-1100

**Summary:** Tilbert and colleagues surveyed internists and rheumatologists to ascertain their attitude towards prescribing placebo treatments—placebo treatments are treatments “whose benefits derive from positive patient expectations and not from the physiological mechanism of the treatment itself.” Tilbert and colleagues report that respondents both commonly prescribe placebo treatments and view this practice as ethically permissible despite the fact that these placebo treatments are rarely described as such in conversations with patients. Tilbert and colleagues conclude that “[w]hether, or under what circumstances, recommending or prescribing placebo treatments is appropriate remains a topic for ethical and policy debates.”

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**Reviewer:** Danielle Bromwich

**Title:** Patients in England are given green light to buy drugs privately alongside NHS care

**First Author:** Zosia Kmietowicz

**Citation:** British Medical Journal 2008; 337: 1071-1071

**Summary:** On the condition that “top-up” treatments are not administered in an NHS setting, English patients are now permitted both to purchase “top-up” treatments and to continue to receive NHS care.

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**Reviewer:** Danielle Bromwich

**Title:** Patient fails in attempt to get law on aiding suicide abroad clarified

**First Author:** Clare Dyer

**Citation:** British Medical Journal 2008; 337: 1075-1075

**Summary:** The director of public prosecutions for England and Wales has refused to issue guidance clarifying whether the husband of a woman with MS would face prosecution if he helped her travel to Switzerland for an assisted suicide.

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**Reviewer:** lepora, chiara

**Title:** Euthanasia and depression: no surprise / Depression in terminal illness

**First Author:** Koch, Tom

**Citation:** British Medical Journal 2008; 337: 1127-1127

**Summary:** Prevalence of depression and anxiety in patients' requesting assisted suicide was confirmed in a study from Oregon, after several dutch evidencies.  
Dr. Jack Kevorkian, a necroscopy doctor, is cited to show how no clear organic dysfunction could be found in the majority of assisted suicide cases.  
Koch claim depression treatment should be considered before assumin assisted suicide as default option.  
Evans answer reminds that depression is not a psychotic disorder, therefore it does not jeopardize autonomy in taking a reasonable decisions.

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**Reviewer:** lepora, chiara

**Title:** It's time to change how Europe regulates research

**First Author:** Godlee Fiona

**Citation:** British Medical Journal 2008; 337: 1361-1362

**Summary:** Attempt to conduct research in UK seemed to be threatened by excessive burocratic regulations.  
Sir Iain Chalmers, one of the Cochrane founders, claims that ethics committee and other regulators failed patients in acquiescing to unneseccary research.  
EU clinical trial directive appear to have increased the problem from it approval in 2004.

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## ***Hastings Center Report***

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**Reviewer:** Kingma

**Title:** Pregnancy and Clinical Research

**First Author:** Lyerly A et al

**Citation:** Hastings Center Report 2008; 38: 53-53

**Summary:** Lyerly, Little and Faden argue against the standard practice of excluding pregnant women from research; since pregnant women are not immune to illnesses, many women have to take drugs during pregnancy. If we don't research these drugs on pregnant women, we have no data on safety or efficacy on the basis of which we can prescribe them.

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**Reviewer:** Kingma

**Title:** Rethinking the Ethics of Vital Organ Donations

**First Author:** Miller FG et al

**Citation:** Hastings Center Report 2008; 38: 38-46

**Summary:** Miller and Truog argue that there is a current discrepancy between the dead donor rule – the requirement that a person is dead before organs can be extracted – and current organ harvesting practices where organs are extracted from people who are brain dead (i.e. not dead, according to the authors) and from people whose life support has been turned off so recently that their cardiopulmonary cessation may still be reversible, which, according to the authors, also means that they are not dead. Rather than fiddling with definitions of death, the authors propose that in cases of turning off life support, we both accept that this act is causally responsible for the death of the patient and that causing the patient's death is legitimate given the patient's right to refuse treatment. Given that it is legitimate to 'kill' patients in these circumstances, the authors propose that it does not matter whether the patient is killed by the turning off of life support, or by the removal of organs. Hence we should have no problem removing organs from these patients, regardless of whether we consider them to be 'dead' or 'alive'.

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## ***Health Affairs***

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**Reviewer:** Wolitz

**Title:** Expanded Use of Imaging Technology and the Challenge of Measuring Value

**First Author:** Laurence C. Baker et al

**Citation:** Health Affairs 2008; 27: 1467-1478

**Summary:** This article discusses challenges in determining the value of increased availability and use of CT and MRI scanning. There are two major challenges: 1) moving from cost-effectiveness studies that focus on specific clinical situations to "population-level" analyses and 2) more fully understanding the range of benefits associated with imaging that might not show up in cost benefit analyses like patient physical and emotional comfort.

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**Reviewer:** Wolitz

**Title:** Assessing The Comparative Effectiveness of A Diagnostic Technology: CT Colonography

**First Author:** Pearson, S., et al

**Citation:** Health Affairs 2008; 27: 1503-1514

**Summary:** There are important gaps in evidence regarding the clinical effectiveness of new imaging tests and treatments as compared to the best existing alternatives. Evaluating the comparative effectiveness of medical imaging faces numerous distinct challenges. Using the example of CT Colonography, the authors conclude that "manufacturers and clinical researchers should work together to improve the evidence available for comparative effectiveness assessments", that evidence reviewers need to place emphasis on the value of "longitudinal engagement and dialogue with an advisory group consisting of a broad mix" of relevant parties, and that decision makers need to become more actively engaged as well as work with reviewers to become comfortable with applying decision-analytic modeling to "questions of comparative effectiveness".

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**Reviewer:** Wolitz

**Title:** The Evidence Dilemma in Genomic Medicine

**First Author:** Khoury, Muin J. et al

**Citation:** Health Affairs 2008; 27: 1600-1611

**Summary:** There is an ongoing dilemma in genomic medicine to balance the need for scientific innovation with the appropriate level of evidence thresholds for new technologies to be introduced into practice. To date, however, genomic medicine has been reluctant to subscribe to evidence based medicine. This could be attributed to a variety of reasons including that this area of medicine is usually focused on rare diseases and that "clinical utility" is variably defined in this context. Setting a low threshold for evidence runs the risk of having ineffective and even harmful tests make their way into the market place. Having a high evidence threshold on the other hand could create disincentives for developing genomic technology. Authors conclude that it is imperative to work out the appropriate evidence thresholds for different applications soon.

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## **JAMA**

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**Reviewer:** Ari

**Title:** Male Circumcision as an HIV Prevention Strategy in Sub-Saharan Africa: Sociolegal Barriers

**First Author:** Gostin LO

**Citation:** JAMA 2008; 300: 2539-2541

**Summary:** This commentary discusses social, logistical, and legal barriers to effective scale-up of male circumcision as an HIV prevention strategy in Sub-Saharan Africa. Although the authors point out some of the wide range of issues, including some evidence that men feel safer once circumcised and increase their number of sexual partners, they conclude that the prevention strategy should be scaled "to achieve coverage levels adequate for population effect" and the tone is certainly paternalistic.

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**Reviewer:** Ari

**Title:** Clinical Equivalence of Generic and Brand-Name Drugs Used in Cardiovascular Disease: A Systematic Review and Meta-analysis

**First Author:** Kesselheim, AS

**Citation:** JAMA 2008; 300: 2514-2526

**Summary:** In spite of ZERO evidence of brand name superiority in cardiovascular medications (including beta-blockers, calcium channel blockers, diuretics, alpha-blockers, angiotensin converting enzyme inhibitors, and statins), there is a persistence of editorial comments with negative views of generic substitution (53% of editorials on the subject).

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**Reviewer:** Wolitz

**Title:** Disparities in Liver Transplantation Before and After Introduction of the MELD Score

**First Author:** Moylan, Cynthia A., et al.

**Citation:** JAMA 2008; 300: 2371-2378

**Summary:** In 2002, the allocation system for liver transplantation became based on the Model for End-Stage Liver Disease Score (MELD). Prior to this new model, blacks were disproportionately likely to die or get too sick for a transplant while on the waiting list. Authors set out to study the links between race, sex, and transplantation post MELD. They conclude that race is no longer associated with getting a transplant or dying on the waitlist, but that gender is still a source of disparity. Women are 30% more likely to die on the wait list or become too sick for a liver transplant. Causes for this might be related to MELD's use of creatinine values or the size of donor organs not matching. Authors don't really know.

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**Reviewer:** E Largent

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

**First Author:** Levens, E

**Citation:** JAMA 2008; 300: 2174-2176

**Summary:** The authors use the 7 principles of ethical research (loosely) to examine the ethics of oocyte research. Although undue inducement is a particular concern, and it is unclear if the benefits – including those to society – outweigh the risks, the authors conclude that oocyte research can be conducted in an ethical fashion. The article specifically examines egg donation and does not look at the ethics of donating fertilized embryos for scientific use.

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**Reviewer:** E Largent

**Title:** Translating New Medical Therapies Into Societal Benefit

**First Author:** Booth CM

**Citation:** JAMA 2008; 300: 2177-2179

**Summary:** The authors contend that well-designed population-based outcome studies should be conducted in follow-up of all major randomized controlled trials. They point out that it is unclear who might be responsible for conducting and funding such studies and recognize that randomized controlled trials will remain the gold standard. Even so, they feel (and provide examples in which) population-based outcome studies "have the ability to provide unique insight into the societal benefits of treatments in the real world."

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## *Journal of Clinical Ethics*

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**Reviewer:** Annette

**Title:** Harmful rights-doing? The perceived problem of liberal paradigms and public health

**First Author:** Coggon J

**Citation:** Journal of Clinical Ethics 2008; 34: 798-801

**Summary:** [JOURNAL OF MEDICAL ETHICS] The author argues that the Nuffield Council's most recent report on public health ethics – presented during Grand Rounds at NIH – does not develop a principled account for the ethics of public health interventions, but 'waters down' a Millian framework in a more or less arbitrary fashion. The author suggests that Joseph Raz' liberalism would provide a better and more principled basis for the Council's substantive than its own stewardship model.

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**Reviewer:** Annette

**Title:** Patient complaints in Finland 2000-2004: a retrospective register study

**First Author:** Jyisnabeb K

**Citation:** Journal of Clinical Ethics 2008; 34: 788-792

**Summary:** [JOURNAL OF MEDICAL ETHICS] Paper presenting the structure of the Finnish nationwide patient complaints register and how it was used over a period of four years. Nice discussion about the need to deal with patient complaints locally (where treatment has been provided), rather than centrally. Of potential interest to those working in quality assurance and improvement in the delivery of health care.

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**Reviewer:** Annette

**Title:** Is informed consent effective in trauma patients?

**First Author:** Bhangu A

**Citation:** Journal of Clinical Ethics 2008; 34: 780-782

**Summary:** [JOURNAL OF MEDICAL ETHICS] Empirical study on the quality of informed consent of orthopedic trauma patients vs. orthopedic elective patients in the U.K.. Recall of complications in trauma patients was significantly lower than in elective patients, although both groups scored poorly overall. – These data are not really news, but may be useful for people working on emergency research.

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**Reviewer:** Annette

**Title:** Empirical developments in retraction

**First Author:** Redman BK

**Citation:** Journal of Clinical Ethics 2008; 34: 807-809

**Summary:** [JOURNAL OF MEDICAL ETHICS] Paper reviewing papers that were listed as retracted in PubMed between 1995-2004. 328 out of 5,041,587 papers were retracted. The post-retraction citation rate remains high, with a mean number of citations per retracted paper ranging from 6-24. The retraction rate has increased when compared to the rate between 1966-1997, and retraction is initiated less by authors and more by editors, sponsors, and institutional officials. Plagiarism is a new problem.

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

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**Reviewer:** Jesse Chao

**Title:** Physician Personality Characteristics and Inquiry About Mood Symptoms in Primary Care

**First Author:** Paul R. Duberstein, et al.

**Citation:** Journal of General Internal Medicine 2008; 23: 1854-1857

**Summary:** The authors explore the influence of physician personality on depression assessments. Physician personality was assessed via items from the NEO-PI-R; physicians each saw one patient with major depression and one with adjustment disorder. Results show that physicians who are more 'dutiful' were more likely to document a diagnosis of depression, but are no more likely to ask about suicide than their less 'dutiful' peers.

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**Reviewer:** Jesse Chao

**Title:** Reach and Impact of a Mass Media Event Among Vulnerable Patients: The Terri Schiavo Story

**First Author:** Rebecca L. Sudore, et al.

**Citation:** Journal of General Internal Medicine 2008; 23: 1854-1857

**Summary:** The authors ask whether health-related media stories reach diverse older adults and influence advance care planning (ACP). Subjects were asked whether they had heard of Terri Schiavo and whether subjects engaged in ACP. Results show 92% reported hearing of TS, with participants with adequate literacy, at least a high school diploma, and that were English speaking (vs. Spanish) being more likely to report hearing of TS. 61% reported clarifying their own goals of care, 66% talking to their family/friends about ACP, and 37% wanting to complete an advance directive as a result of TS.

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**Reviewer:** Jesse Chao

**Title:** Impact of an Evidence-Based Medicine Curriculum on Resident Use of Electronic Resources: A Randomized Controlled Study

**First Author:** Sarang Kim, et al.

**Citation:** Journal of General Internal Medicine 2008; 23: 1804-1808

**Summary:** The authors seek to determine the effectiveness of EBM teaching in residency on residents' behavior. Residents assigned to EBM teaching participated in a formal curriculum (12 hours total) based on published studies and guides for EBM. After intervention, a test of EBM knowledge was administered, which included clinical vignettes, first without then with access to electronic resources. Results show that EBM teaching improved EBM knowledge (100-point scale) and increased use of evidence-based resources by residents (mean score increase 22 vs. 12, p=0.012).

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

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**Reviewer:** Sachs, Ben

**Title:** (Uncontrolled) Donation after Cardiac Determination of Death: A Note of Caution

**First Author:** Doig, Christopher James

**Citation:** Journal of Law, Medicine and Ethics 2008; 36: 760-765

**Summary:** The Institute of Medicine has recently begun promoting the practice of uncontrolled organ donation after cardiac death" (uDCD). The "uncontrolled" label is used to distinguish this practice from the practice of harvesting organs from people who suffer cardiac death following withdrawal of ventilation. The time the patient spends on ventilation, and the ability to plan exactly when ventilation will be withdrawn, gives the medical team the opportunity to plan organ harvesting and to seek consent from family members if necessary. In uDCD, the dying person suddenly goes into cardiac arrest while not on ventilation, which means that potentially transplantable organs could die of oxygen starvation while attempts are made to resuscitate the person. Furthermore, when he or she does die, the individual might have to be ventilated or perfused to keep the option of organ donation on the table.

The authors argue that uDCD should be approached with caution. They have three worries. First, that the option of uDCD could put doctors in difficult situations in which they feel pressure to avoid resuscitating individuals who, if they died, would be candidates for uDCC. Second, that uDCD would not greatly alleviate the shortage of donor organs. Third, the medical professionals and the public might not support uDCD. The authors are somewhat convincing on the first and second point, but very unconvincing on the third.

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**Reviewer:** Sachs, Ben

**Title:** Private Gain and Public Pain

**First Author:** Siegel, Bruce

**Citation:** Journal of Law, Medicine and Ethics 2008; 36: 644-651

**Summary:** This article considers the various explanations of America's skyrocketing health care spending, and settles on the development and spread of technology as the most powerful factor.

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**Reviewer:** Sachs, Ben

**Title:** Legal Authority to Preserve Organs in Cases of Uncontrolled Cardiac Death: Preserving Family Choice

**First Author:** Bonnie, Richard J.

**Citation:** Journal of Law, Medicine and Ethics 2008; 36: 741-751

**Summary:** It is commonplace for doctors to leave recently deceased patients on mechanical ventilation to preserve the option of organ donation while the deceased's family members are found and asked for permission. This option is available for people who are declared dead according to neurological criteria. But what about people who suffer a sudden cardiac death? For them, preserving the option of organ donation requires making small incisions in the body cavity to perfuse the organs. However, some hospitals have expressed doubts as to whether they are legally authorized to do this.

The authors argue, first, "that preservation of organs while seeking family consent is implicitly authorized by the Uniform Anatomical Gift Act (UAGA), the model for all state organ donation statutes; second, even if courts were to conclude that these statutes do not confer the necessary authority, preserving organs under these circumstances (i.e., without explicit statutory authority) would not violate the rights of family members and would not pose any meaningful risk of liability."

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## ***Lancet***

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**Reviewer:** Kingma

**Title:** Medical Research Ethics in China

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

**Citation:** Lancet 2008; 372: 1967-1968

**Summary:** An article considering the situation in China with respect to medical ethics. The author writes on a positive note that principlism is on its way up in China. Article is most notable for its uncritical adoption of principlism as the universal way forward, especially considering the fact that the article describes research ethics.

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**Reviewer:** G. Owen Schaefer

**Title:** Obama's plans for US and global health

**First Author:** Brisol, Nellie

**Citation:** Lancet 2008; 372: 1797-1798

**Summary:** The author expresses cautious optimism about Obama's plans for health care. While universal insurance coverage may be delayed, smaller initiatives like SCHIP will likely be enacted quickly. The ban on stem cell research and the global gag rule (NGO's supported by federal funds cannot perform or promote abortions) could be quickly rescinded, while some say an institute to evaluate treatment effectiveness like the U.K.'s NICE (NICER?) could be implemented.

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**Reviewer:** Kingma

**Title:** Why and how is Health a Human Right?

**First Author:** Sen, A.

**Citation:** Lancet 2008; 372: 2010-2010

**Summary:** In a brief essay Sen considers how health can be a human right if ensuring health is neither required by binding legislation, nor feasible. In answer to the first question, Sen argues rights should be thought of as having a function in terms of social ethics; they are meant to guide legislation. In answer to the second question Sen points out that guaranteeing everyone's liberty or life is also not feasible, yet we do not consider those rights to be incoherent.  
More on health and a human right in the rest of this issue.

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**Reviewer:** G. Owen Schaefer

**Title:** The role of welfare state principles and generosity in social policy programmes for public health: an international comparative study

**First Author:** Lundberg, Olle

**Citation:** Lancet 2008; 372: 1633-1640

**Summary:** A study on 18 OECD studies the correlation between social policies and health. In particular, the study compared infant mortality with amount of family support, as well as pension rates with old-age excess mortality. The general effect: a 1 percent increase in dual-earner family support was correlated with a .5 percent reduction in infant mortality. There is a weaker correlation between pension rates and old-age excess mortality. Only stronger universal pension systems were correlated with lower old-age excess mortality; Stronger income-based pension systems were not correlated. The latter finding is nevertheless important because it implies ensuring all elderly have a basic level of support may be more important than enforcing savings. All findings must also be approached with caution, as there are a large variety of other factors (especially that increased social support is likely correlated with increased health support) which could confound results. Still, it appears that the Nordic models (which have the common feature of having better-funded social programs) are well-correlated with at least these two health indicators.

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**Reviewer:** G. Owen Schaefer

**Title:** Fair and ethical trade in health procurement

**First Author:** Bhutta, Mahmood F

**Citation:** Lancet 2008; 372: 1935-1937

**Summary:** This article (along with an editorial in the same issue) points out an interesting intersection of labor and health care ethics. The U.K.'s NHS is taking steps to ensure health supplies it purchases are not produced unethically. While it is unclear what specific "fair trade" standards will be used, the initiative is focused on ensuring appropriate wages and limiting exploitation and abuse.

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**Reviewer:** G. Owen Schaefer

**Title:** Rethinking suicide prevention in Asian countries

**First Author:** Chen, Ying-Yeh

**Citation:** Lancet 2008; 372: 1629-1630

**Summary:** The Japanese government has recently announced an anti-suicide initiative, specifically bolstering treatment for depression. The authors are, however, skeptical that psychiatric treatment will be as effective in East Asia compared to other nations. The less individualistic Confucian philosophy is argued to be incongruous with individualistic psychiatry. Rather than depression, the authors claim "acute life stresses," especially economic issues, are primarily to blame for inordinately high East Asian suicide rates. Expanding treatment for depression, then, would not be the best public policy strategy for preventing suicide in the region.

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**Reviewer:** G. Owen Schaefer

**Title:** Solutions to the R&D crisis for neglected diseases

**First Author:** The Lancet

**Citation:** Lancet 2008; 372: 1784-1784

**Summary:** Oxfam recently released a report, Ending the R&D crisis in public health: promoting pro-poor innovation. The report suggests increased funding is only one part of the solution – a rethinking of R&D incentives is also necessary. Oxfam specifically advises that prize funds (schemes similar to Thomas Pogge's Health Impact Fund which give cash awards to pharmaceutical companies depending on how much a drug contributes to public health in exchange for a waiver of patent rights) and patent pools (which allow two or more companies to hold joint patents, helping get around 'patent thickets' which impede research). Finally, Oxfam recommended that more research be done abroad, which would be cheaper (and so lower drug costs), help local economies and develop medical infrastructure abroad.

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

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**Reviewer:** E. Abdoler

**Title:** The Genetic Privacy of Presidential Candidates

**First Author:** Green, RC

**Citation:** New England Journal of Medicine 2008; 359: 2192-2193

**Summary:** In this perspective piece, the authors discuss the possibility of genomic information about candidates being used in future presidential elections. Recognizing the potential phenomenon as an extension of the press's current practice of seeking personal and family health information about candidates, Green and Annas warn about the limits of genomic analysis and the possible negative consequences for future presidential races. In an effort to prevent "genetic McCarthyism," the authors urge future candidates to keep their own, and their opponents', genetic information private. Further, they implore experts to engage in the public education necessary to thwart the spread of genetic discrimination and scrutiny.

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**Reviewer:** E. Abdoler

**Title:** South Dakota's Abortion Script — Threatening the Physician–Patient Relationship

**First Author:** Lazzarini, Zita

**Citation:** New England Journal of Medicine 2008; 359: 2189-2192

**Summary:** In this article, the author describes South Dakota's "Informed Consent" law for abortion and the concerns it raises. First, she disagrees with the Eighth Circuit Court of Appeals' recent decision that the law does not violate the First Amendment rights of physicians; she claims the scripted language physicians must use to describe the fetus as "a whole, separate, unique, living human being" is ideological rather than biological. Second, she argues that the "informed consent" script physicians must use before performing abortions is designed to intimidate and upset women; further, she notes that the "informed consent" process itself is burdensome and undermines the autonomy of women seeking abortions. Finally, the author contends that the South Dakota abortion law "threatens the physician-patient relationship" by demanding that physicians use an "informed consent" script containing misinformation about the actual, confirmed risks of the procedure.

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**Reviewer:** E. Abdoler

**Title:** Physicians and the First Amendment

**First Author:** Curfman, GD

**Citation:** New England Journal of Medicine 2008; 359: 2484-2485

**Summary:** In this editorial, the authors echo and expand upon Lazzarini's arguments in an earlier issue of the NEJM that the South Dakota "abortion script" informed consent law violates the First Amendment rights of physicians by 1) "mandating ideological speech" and 2) obliging physicians to relay "false and misleading" information to their patients. The authors urge all physicians, regardless of their abortion views, to oppose the legislation, saying, "Patients should not accept, and our profession should not allow, physicians to become a mouthpiece of state-sponsored ideology."

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**Reviewer:** E. Abdoler

**Title:** Circumcision — A Surgical Strategy for HIV Prevention in Africa

**First Author:** Katz, IT

**Citation:** New England Journal of Medicine 2008; 359: 2412-2415

**Summary:** This article describes the current debate regarding circumcision as an HIV prevention strategy in Africa, especially among heterosexual men. While the evidence overwhelmingly supports the claim that circumcision reduces the rate of HIV infection in this population of men, circumcision programs face many barriers and much criticism. Barriers include an inadequate number of trained providers, cultural differences, and suspicion of Western intervention in African health. Much of the criticism surrounding circumcision programs is directed at their cost; in a context of limited resources for health interventions, circumcision programs compete against other important health goals. Accordingly, the authors call for strong leadership to help ensure successful advancement of the programs.

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**Reviewer:** LD Stunkel

**Title:** The Future of Primary Care

**First Author:** Lee, TH

**Citation:** New England Journal of Medicine 2008; 359: 2085-2092

**Summary:** The primary care system is presently tasked with caring for an increasing number of patients in less time, and primary care physicians are not compensated as well as specialists. The system is disorganized and inadequate, and fewer and fewer new doctors choose to pursue primary care.

The Need for Reinvention by TH Lee (2085-2086)

While some of the problems of primary care may be due to the fact that primary care physicians often earn less than specialists, the author suggests that they may also be due to the unique challenges faced by primary care physicians, including long hours and low job satisfaction. He suggests that we need to address these problems in order to attract doctors to primary care.

Sustaining Relationships by K Treadway (2086-2088)

The author relates a personal story of using her role as a primary care physician to offer comfort and guidance to a patient and her family. She suggests that our challenge in redesigning primary care will be to preserve the special nature of the relationship between patient and primary care physician.

Transforming Practice by T Bodenheimer (2086-2089)

The author argues that primary care should be reorganized "into a team-based endeavor," shifting some of the burden off overworked physicians.

Reforming Physician Payment by AH Goroll (2087-2090)

The author asserts that the current system of compensation for primary care physicians, fee-for-service, is flawed, and suggests that a new system be implemented in which a "base-payment" be established, and bonuses be offered for meeting cost and quality goals.

Refocusing the System by B Starfield (2087-2091)

Empirical evidence shows that increasing access to primary care improves the overall health of populations. The author suggests structural and financial reforms to decrease patients' use of specialists. Strengthening the role of primary care physicians will improve the health of the US population.

Lessons from the U.K. by M Roland (2087-2092)

The single-payer system in the UK is effectively an incentive to improve care quality and preventative care, thus elevating the status of the primary care physician. However, the UK system sacrifices some aspects of the personal relationship between patient and doctor.

**Reviewer:** LD Stunkel

**Title:** Innovation in Primary Care — Staying One Step Ahead of Burnout

**First Author:** Okie, S

**Citation:** New England Journal of Medicine 2008; 359: 2305-2309

**Summary:** The author discusses several strategies to avoid primary care physician burnout. For example, some small practices are making better use of nurses and administrative support to decrease the burden on physicians. For the treatment of chronic conditions, group information sessions to supplement individual consultations can increase success. Increased use of telephone and email communication can also improve efficiency.

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**Reviewer:** LD Stunkel

**Title:** Pay Now, Benefits May Follow — The Case of Cardiac Computed Tomographic Angiography

**First Author:** Redberg, RF

**Citation:** New England Journal of Medicine 2008; 359: 2309-2311

**Summary:** Insurers, including Medicare, are often paying for interventions that have not yet been proven effective. This can in some cases lead to useless expenditures that have the potential to cripple Medicare. This is in part driven by fee-for-service compensation plans. The author advocates stricter adherence to evidence-based medicine both to save money and to avoid risk from unproven interventions.

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**Reviewer:** LD Stunkel

**Title:** The Lessons of Success — Revisiting the Medicare Story

**First Author:** Blumenthal, D

**Citation:** New England Journal of Medicine 2008; 359: 2384-2389

**Summary:** The history of Medicare and Medicaid are the best examples to study if we want to enact health care reform during Obama's presidency. Similar to Obama, Johnson was a Democratic president elected with a Democratic majority in Congress. Even then, Johnson moved very quickly to enact health reform while his victory was still fresh and influential, which was crucial to his success. Also, Johnson worked with Congressman Mills, who actually wrote the bill, ensuring that the bill came from Congress. Finally, Johnson did not concentrate on the cost of Medicare, saying, "I'll go a hundred million or a billion on health or education. I don't argue about that any more than I argue about Lady Bird [Mrs. Johnson] buying flour. You got to have flour and coffee in your house and education and health."

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**Reviewer:** LD Stunkel

**Title:** The Insanity Offense: How America's Failure to Treat the Seriously Mentally Ill Endangers Its Citizens

**First Author:** Veenhuis, PE

**Citation:** New England Journal of Medicine 2008; 359: 2401-2402

**Summary:** This article reviews E. Fuller Torrey's book, which traces the history of social and legal attitudes toward the mentally ill in order to show how it became acceptable to allow the seriously mentally ill to refuse treatment. He advocates a reassessment of current attitudes, an effort to identify those at risk to commit violent acts, and "the creation of a national data bank to which people could be added only by judicial order; access to this data bank would be limited to health professionals and members of law enforcement agencies."

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**Reviewer:** E. Abdoler

**Title:** Home Delivery — Bringing Primary Care to the Housebound Elderly

**First Author:** Okie, S

**Citation:** New England Journal of Medicine 2008; 359: 2409-2412

**Summary:** In this article, the author describes several new programs that involve general internists and nurse practitioners in the care of homebound elderly and disabled patients. It is not clear whether the new programs, including "House Calls" in Boston and "Just for Us" at Duke, save the system money; in fact, total spending may increase under these programs. However, evidence exists that the programs reduce hospital admission rates and hospital days. Further, different payment systems may help support these programs and the type of care coordination they provide, attracting young physicians to family medicine.

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## ***PLoS Medicine***

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**Reviewer:** Sachs, Ben

**Title:** Reporting Bias in Drug Trials Submitted to the Food and Drug Administration: Review of Publication and Presentation

**First Author:** Rising, Kristin

**Citation:** PLoS Medicine 2008; 5: 1561-1570

**Summary:** The objective of this study was to determine the publication rate of efficacy trials submitted to the Food and Drug Administration (FDA) in approved New Drug Applications (NDAs) and to compare the trial characteristics as reported by the FDA with those reported in publications. The authors found that trials with positive results (results favorable to the drug) were more likely to be published; that primary outcomes reported to the FDA were, when unfavorable to the drug, less likely to be published; that there were sometimes discrepancies in reporting of statistical significance between results submitted to FDA and results published, where (usually) the analysis of statistical significance in the publication was more favorable to the drug than the analysis submitted to the FDA; and that there were sometimes discrepancies in reporting of conclusions between conclusions submitted to FDA and conclusions published, where (universally) the conclusion in the publication was more favorable to the drug than the conclusion submitted to FDA.

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**Reviewer:** Sachs, Ben

**Title:** The Chilling Effect: How Do Researchers React to Controversy?

**First Author:** Kempner, Joanna

**Citation:** PLoS Medicine 2008; 5: 1571-1578

**Summary:** In October 2003 Congress publicly called into question over 250 NIH grants investigating sexual behavior and drug use, suggesting that such studies might be a waste of taxpayer money. All grants remained funded, but various people expressed worry that the incident might discourage scientists from undertaking research in these areas. This article uses this incident as an opportunity to examine whether and to what extent this "chilling effect" is real. Its author surveyed and interviewed the scientists whose NIH grants were called into question.

"About half of the sample said that they now remove potentially controversial words from their grant and a quarter reported eliminating entire topics from their research agendas. Four researchers reportedly chose to move into more secure positions entirely, either outside academia or in jobs that guaranteed salaries. About 10% of the group reported that this controversy strengthened their commitment to complete their research and disseminate it widely."

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## Science

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**Reviewer:** smith

**Title:** Changes to NIH Grant System May Backfire

**First Author:** Peter Karp et al

**Citation:** Science 2008; 322: 1187-1188

**Summary:** Article poses three problems for reforms proposed for the NIH grant system. They claim that the shortening of grant proposals is too strong, curbing the abilities of reviewers, especially for multidisciplinary work. They suggest a middle ground between the current length and the proposed shorter length. They propose that the forced requirements for PIs to serve on review panels are also too strong and suggest a weaker requirement. Finally, they suggest that the proposed requirement that investigators with over \$1 million in funding provide reason for additional funding requests will have negative consequences and that review panels should instead have the right to make decisions in the matter.

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**Reviewer:** Smith

**Title:** European Union Floats Tighter Animal-Research Rules

**First Author:** Gretchen Vogel

**Citation:** Science 2008; 322: 1037-1038

**Summary:** Article details new European regulations on animal research and recounts mixed reactions by both scientists and animal welfare activists. The new directive sets out "3Rs": "reducing the number of animals used, refining techniques to lessen pain and discomfort, and replacing animal studies with alternatives."

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**Reviewer:** Smith

**Title:** Obama Victory Raises Hopes for New Policies, Bigger Budgets

**First Author:** Constance Holden et al

**Citation:** Science 2008; 322: 1034-1035

**Summary:** Authors recount policy implications that the science community hopes for coming out of the Obama victory.

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**Reviewer:** smith

**Title:** Biology, Politics, and the Emerging Science of Human Nature

**First Author:** Fowler, James H. and Schreiber, Darren

**Citation:** Science 2008; 322: 912-914

**Summary:** Authors point to possible interactions between genetic behavioral research and social science research into political behavior.

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**Reviewer:** smith

**Title:** Zerhouni's Parting Message: Make Room for Young Scientists

**First Author:** Jocelyn Kaiser

**Citation:** Science 2008; 322: 834-835

**Summary:** Article reports action taken by Elias Zerhouni in his final days as NIH Director to make formal policy out of the push to secure more R01 Grant funding for younger scientists. It then covers the debate that has taken a significant portion of his tenure on the issue.

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**Reviewer:** smith

**Title:** US Visa Delays on the Rise, Scientists Abroad Report

**First Author:** Richard Stone

**Citation:** Science 2008; 322: 1172-1173

**Summary:** Article details growing difficulties for researchers wishing to obtain visas for conference participation in time to actually attend said conferences and proposes that security agencies should endorse an expert vouching system in which agencies rely on the judgment of a scientific body or a university that the application is for its proposed purposes.

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**Reviewer:** smith

**Title:** Study Shows How Degraded Surroundings Can Degrade Behavior

**First Author:** Constance Holden

**Citation:** Science 2008; 322: 1175-1175

**Summary:** Article details recent findings that give empirical strength to the so-called Broken Window Theory, on which individuals antisocial behavior is effected by environmental signals that such behavior is taking place increase the rate of it.

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**Reviewer:** smith

**Title:** Malaria Drugs, the Coca-Cola Way

**First Author:** Martin Enserink

**Citation:** Science 2008; 322: 1174-1174

**Summary:** The article details the possibility of decreasing the price of anti-malaria medication to poor individuals in Africa by subsidizing private intermediaries to create a supply-chain. The idea is that competition between the intermediaries should reduce prices. It reports results from a trial in Tanzania in which wholesalers were allowed to sell in two rural districts that increased take home of said expensive malarial medication from 1% to 44%. Pilots of larger scope are planned.

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**Reviewer:** smith

**Title:** The Touchy Subject of "Race"

**First Author:** Constance Holden

**Citation:** Science 2008; 322: 839-839

**Summary:** Author gives report of meeting at NHGRI on attempting to find terminology that is acceptable for presentation of genetic findings, which will separate them from terms that are strongly linked from the social dynamics of "race." Author reported difficulties in finding appropriate language. Most interesting part was a quote by Allen Buchanan: "A visible concerted effort to change vocabulary for moral reasons is likely to trigger a backlash, [and hence, there is a] risk of ... stifling freedom of expression in the name of political correctness."

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