# *American Journal of Public Health*

**Reviewer:** Danis

**Title:** An approach to studying social disparities in health and health care

**First Author:** Braverman, P, Egerter, SA, Cubbin, C, Marchi, KS.

**Citation:** American Journal of Public Health 2004; 94: 2139-2148

**Summary:** The authors report a methodology for studying social disadvantage as a determinant of health stutus.

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**Reviewer:** Danis

**Title:** Hurling alone? How social capital failed to save the Irish from cardiovascular disease in the United States

**First Author:** Kelleher, CC, Lynch, J, Harper, S, et al

**Citation:** American Journal of Public Health 2004; 94: 2162-2169

**Summary:** Review of census data from 1850-1970, showed that the Irish were at increased risk of cardiovascular disease due to material deprivation. The principal difference between the Irish and other diadvantaged immigrant groups was dietary habits. Although there was a psychosocial component of disadvantage and discrimination, they had strong community support that might have been expected to be protective for cardiovascular disease. This was not the case.

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**Reviewer:** Danis

**Title:** Undoing an epideniological paradox: the tobacco industry's targeting of US immigrants

**First Author:** Acevedo-Garcia, D, Bardeau, E, Bishop JA, et al

**Citation:** American Journal of Public Health 2004; 94: 2188-2193

**Summary:** This study was designed to determine whether the US tobacco industry conceptualized the US immigrant population as a separate market. It found that the industry used 3 marketing strategies aimed at this population: geographically based marketing directed toward these communities; segmentation based on assimilation status; coordinated marketing focusing on US immigrant groups and their country of origin.

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**Reviewer:** Peerzada

**Title:** Public Health Practice vs Public Health Research: the Role of the IRB

**First Author:** Weeden, R

**Citation:** American Journal of Public Health 2004; 94: 1841-1841

**Summary:** A letter criticizing an article by MacQueen in a prior issue. MacQueen et al apparently proposed that some public health research be exempt from IRB review because it qualifies as innovative public health practice rather than human subjects research. Weeden argues that this view is wrong basically for slippery slope reasons; he worries that protection of human subjects will suffer in the end.

MacQueen replies (in a subsequent letter) that she did NOT propose to exempt innovative public health practice from any and all oversight; instead, she had suggested that mechanisms other than IRB review should provide the oversight.

**Reviewer:** Peerzada

**Title:** Human Testing of Pesticides: Ethical and Scientific Considerations

**First Author:** Lockwood, A

**Citation:** American Journal of Public Health 2004; 94: 1908-1916

**Summary:** The author reviewed 6 human pesticide-dosing studies submitted to the EPA during the pesticide reregistration process-and argues that all had serious ethical or scientific deficiencies. These deficiences included unacceptable informed consent procedures, unmanaged financial conflicts of interest, inadequate statistical power, inappropriate test methods and endpoints, and distorted results.

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**Reviewer:** Peerzada

**Title:** The Global Alliance for Vaccines and Immunization: Is It a New Model for Effective Public-Private Cooperation in International Health?

**First Author:** Muraskin, W

**Citation:** American Journal of Public Health 2004; 94: 1922-1925

**Summary:** The author argues that the GAVI is fundamentally flawed because, 1) it has failed to achieve a balance between "top-down" and "bottom-up" in its relations with countries, and 2) the international public health community has still not been able to reach a genuine consensus on the exact role that immunization should play in protecting the health of children in developing countries. The author then proposes a different/better conceptual model for global intitiatives.

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**Reviewer:** Peerzada

**Title:** State Trends in Uninsurance Among Individuals Ages 18 to 64 Years: United States, 1992-2001

**First Author:** Nelson, D

**Citation:** American Journal of Public Health 2004; 94: 1992-1997

**Summary:** Recent epidemiology of the ininsured-an article for those interested in health policy.

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## *Annals of Internal Medicine*

**Reviewer:** grady

**Title:** The Health Insurance Portability and Accountability Act and the Informed Consent Process

**First Author:** Breese P

**Citation:** Annals of Internal Medicine 2004; 141: 897897-898

**Summary:** Collected HIPAA authorization forms from 111 institutions and measured reading level and length. Concluded that HIPAA forms were complex, above the average reading level, added an average 2 pages to already long consent documents, and were more likely "protecting" the institution than anybody else.

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**Reviewer:** grady

**Title:** Effectiveness of acupuncture as adjunctive therapy in osteoarthritis of the knee.

**First Author:** Berman B

**Citation:** Annals of Internal Medicine 2004; 141: 901-919

**Summary:** In light of our interest in CAM, I thought it was striking that 3 of the main articles in this issue of Annals were about clinical trials of CAM therapies. Actually there are 2 articles reporting on RCTs involving acupuncture- this one comparing it to sham acupuncture for knee pain and function in osteoarthritis, another comparing acupuncture vs. placebo (actually mock TMS of acupuncture points) in chronic neck pain. The third involved spinal manipulation.
At the same time in the on-line BMJ of November, was another RCT of acupuncture vs. placebo-acupuncture for knee pain and function in osteoarthritis.

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**Reviewer:** grady

**Title:** Management of Implantable Cardioverter Defibrillators in End-of-Life Care

**First Author:** Goldstein N

**Citation:** Annals of Internal Medicine 2004; 141: 835-839

**Summary:** Interesting article recommending the importance of giving patients the option of deactivating implantable cardioverter defibrillators (ICD) when they decide that their goals are maximizing comfort rather than prolonging life.
ICDs reduce arrythmias and the risk of arrythmic death. But the ICD discharge is uncomfortable- like a shock. Shocks can occur repeatedly especially when someone is failing clinically.
This study reports on a telephone survey of the next of kin of 100 patients who died with ICDs in place. Physicians had discussed deactivation in only 27/100 cases, usually in the last couple of days of life. (even of those with DNR orders, less than 1/2 had discussed deactivation).21 of the 27 who had the discussion decided to deactivate the ICD

**Reviewer:** Shalowitz, David

**Title:** Update on the Health Disparities Literature

**First Author:** Long, JA

**Citation:** Annals of Internal Medicine 2004; 141: 805-812

**Summary:** Literature update on Health Disparities. Authors did a comprehensive review of articles published in high-impact journals in 2002-2003. Selected articles with important health conclusions in health disparities are highlighted.

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**Reviewer:** grady

**Title:** I want to go home

**First Author:** Pan C

**Citation:** Annals of Internal Medicine 2004; 141: 964-965

**Summary:** An essay on "Being a Doctor" about a creative way to help a dying patient go home before she died.

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## *Archives of Internal Medicine*

**Reviewer:** Peerzada

**Title:** Advertising, Patient Decision Making, and Self-referral for Computed Tomographic and Magnetic Resonance Imaging

**First Author:** Illes, J

**Citation:** Archives of Internal Medicine 2004; 164: 2415-2419

**Summary:** The authors conducted a detailed analysis of print advertisements and informational brochures for self-referred imaging (MRI and CT) with respect to themes, content, accuracy, and emotional valence. Not surprising, they found that DTC marketing of these imaging services fails to provide consumers with balanced information vital to informed autonomous decision making.

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**Reviewer:** Krohmal, Ben

**Title:** Can We Ensure that all Research Subjects Give Valid Consent?

**First Author:** David Wendler

**Citation:** Archives of Internal Medicine 2004; 164: 2201-2204

**Summary:** Wendler suggests assessing the informed consent of all potential research subjects with a postdecision questionare, not just those patients at risk for reduced capacity, since even those with full capacity often fail to give valid consent.

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## *Bioethics*

**Reviewer:** Wendler

**Title:** The genesis of public health ethics

**First Author:** Bayer and Fairchild

**Citation:** Bioethics 2004; 18: 473-492

**Summary:** The authors argue that an ethics of public health is need, and that bioethics is not the place to start. With it emphasis on individual authonomy, bioethics does not provide the resources necessary for addressing key questions in public health ethics such as paternalism and acceptable confinement.

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**Reviewer:** Wendler

**Title:** Ethical issues in public health communication interventions

**First Author:** Guttman and Salmon

**Citation:** Bioethics 2004; 18: 531-552

**Summary:** Campaigns to increase awareness regarding public health concerns has been credited with important improvements in overall health. Here the authors consider a variety ethical issues that arise in the context of public health communication, including targeting certain groups, promulgating messages of culpabilitiy, and how to address them.

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## *British Medical Journal*

**Reviewer:** grady
**Title:** Lessons from the end of a life
**First Author:** Levenson R
**Citation:** British Medical Journal 2004; 329: 7476-7
**Summary:** A narrative about the author's experience when her frail, elderly mother died in the hospital. The main message is that in an already stressful time when family members are making difficult decisions, defensiveness and fear among the staff, as well as lack of communication between disciplines makes it much worse.

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**Reviewer:** Danis
**Title:** US judge halts compulsory anthrax vaccination for soldiers
**First Author:** Dyer, Owen
**Citation:** British Medical Journal 2004; 329: 1062a-1062
**Summary:** Judge said FDA violated its own rules by failing to seek public comment before approving vaccine. Pentagon has vaccinated 1.2 million troops but 500 have been court marshalled for refusing it.

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**Reviewer:** Danis
**Title:** FDA approves implantable chip to access medical records
**First Author:** News roundup
**Citation:** British Medical Journal 2004; 329: 1064-1064
**Summary:** FDA has approved Verichip, an implantable radiofrequency indentification device for patients, which would enable doctors to access their medical records. Intended to improve emergency treatment of unconscious patients or patients without medical records.

**Reviewer:** Danis
**Title:** Standards of care in research
**First Author:** Bhutta, Zulfiqar
**Citation:** British Medical Journal 2004; 329: 1114-1115
**Summary:** Helsinki and Council for International Organizations of Medical Science guidelines must suggest a contextual interpretation for standards of care in research

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**Reviewer:** Danis
**Title:** Reducing maternal and neonatal mortality in the poorest countries
**First Author:** Costello, A, Osrin, D, Manandhar, D
**Citation:** British Medical Journal 2004; 329: 1166-1168
**Summary:** Every year 530,000 women die of maternal causes and 4 million infants die in the neonatal period. Despite new validated interventions, millenium development goals to reduce mortality by 75% in mothers and 66% in infants are unlikely to be reached because interventions do not reach the poorest households. Community based interventions have been neglected. Effectiveness trials of such interventions are needed.

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**Reviewer:** Danis-

**Title:** Innovative low cost technologies for biomedical research and diagnosis in developing countries

**First Author:** Coloma, J, Harris, E,

**Citation:** British Medical Journal 2004; 329: 1160-1162

**Summary:** Lack of resources in academic and state laboratories in the developing world produces creative pressure that forces scientists to invent and reuse as much as possible. Strategies involve sunstitutions of equipment, recycling, of disposable materials, simplification of protocols, production of simplified kits. These strategies may be of use elsewhere in the world.

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**Reviewer:** Grady

**Title:** Is economic evaluation in touch with society's health values

**First Author:** Coast, Joanna

**Citation:** British Medical Journal 2004; 329: 1233-1236

**Summary:** Author, a health economist, recognizes that health funding is increasingly based on the results of economic evaluation and provides some background information on methods of economic evaluation. She says that cost-effective analysis is based on achieving an assumed societal objective of maximizing health, but the evidence does not show that this is the desired objective of policy or decision makers (they also consider for eg. Equity, need, access, etc). She says using QALYs as a single outcome measure for economic evaluation excludes important health consequences and the findings of these analyses are complex and difficult for decision makers to use. She recommends a "cost-consequence" analysis instead to meet the needs of decision makers.

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**Reviewer:** grady

**Title:** Barriers to better care for people with AIDS in developing countries

**First Author:** Furber A, Hodgson I, Desclaux A, Mukasa D

**Citation:** British Medical Journal 2004; 329: 1281-1283

**Summary:** Discussion of some of the changes that must be made to health care infrastructures and models in developing countries in order for the WHO 3 by 5 initiative to deliver ARVs to 3 million people by 2005 to succeed. Recommendations include the development of a 'chronic disease model' of care; strengthening the public health infrastructure; collaborating with existing programs, CBOs, health care workers and others; monitoring the influence of stigma; and basing access to treatment on rights and not on ability to pay

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**Reviewer:** grady

**Title:** Authority consults public on paying women 1000 pounds to donate eggs

**First Author:** Coombes R

**Citation:** British Medical Journal 2004; 329: 1206-1206

**Summary:** Short news article about controversy regarding the amount of money allowable for egg donation. Currently donors are paid a maximum of 15 pounds. Organizationsn and clinics representing donors proposed to increase it to 300-500 pounds and 50 pounds for male sperm donors. Because it is such a controversial issue, the Human Fertilization and Embryology Authority has asked for public consultation. There is a document and questionnaire available at www.hfea.gov.uk (and look for SEED) but just until FEB 4! P.S. I printed out the questionnaire if anyone wants to see it.

**Reviewer:** Ben Wilfond

**Title:** Patenting Genes:May slow down innovation, and delay availablity of cheaper genetic test

**First Author:** Matthijs, Gert

**Citation:** British Medical Journal 2004; 329: 1358-1360

**Summary:** This paper argues that patents on genes are not good beause it prevents other labs from offering tests, and thus results in increased prices. As an example, the author cites the recent decision to revoke Myiads BRCA I patent in Europe ,and the example of Cancer UK to liscense the BRCA II test for free to other labs. However, the author claims, not very convincingly, that this issue should be addressed at the patent level and not at the liscenng level, because the resrtiction of access and cost will hurt pateints. He justifies the lack of patents on the basis of the "low cost" of developing diagnostic tests.

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**Reviewer:** Ben Wilfond

**Title:** The Polymeal: a more natural, safer, and probably tastier (than the Polypill) strategy to reduce cardiovascular disease by more than 75%

**First Author:** Franco, O

**Citation:** British Medical Journal 2004; 329: 1447-1450

**Summary:** Although the Polypill concept (proposed in 2003) is promising in terms of benefits for cardiovascular risk management, the potential costs and adverse effects are its main pitfalls. The objective of this study was to identify a tastier and safer alternative to the Polypill: the Polymeal.

Data on the ingredients of the Polymeal were taken from the literature. The evidence based recipe included wine, fish, dark chocolate, fruits, vegetables, garlic, and almonds. Data from Framingham were used to build life tables to model the benefits of the Polymeal in the general population from age 50.

Combining the ingredients of the Polymeal would reduce cardiovascular disease events by 76%. For men, taking the Polymeal daily represented an increase in total life expectancy of 6.6 years.

This might make for a nice tea!.

**Reviewer:** Ben Wilfond

**Title:** Data protection gone too far: questionnaire survey of patients' and visitors' views about having their names displayed in hospital

**First Author:** Gudena, R

**Citation:** British Medical Journal 2004; 329: 1491-1491

**Summary:** A survey was completed by 243 patients and 215 visitors, of whom 181 were from orthopaedic and 277 from surgical wards about their attitudes about having patients names and room number listed on a baord in the nursing station and/or over patients beds. Overall, 233 (96%) patients were in favor of having their names written on the name boards, and 194 (90%) of the visitors did not think this infringed upon patients' privacy. When asked about name cards, 236 (97%) patients and 201 (93%) visitors were in favour of names being displayed. Sixteen (3%) were opposed to having name boards placed in the open. Seventy (29%) patients and 58 (27%) visitors had not noticed the name boards displayed in the wards.

This paper raises the generic issue of the role of preference in policy, and balance of privacy with other values, such as efficiency.

**Reviewer:** Ben Wilfond

**Title:** Effect of democracy on health: ecological study

**First Author:** Franco, A

**Citation:** British Medical Journal 2004; 329: 1421-1423

**Summary:** In the paper the effect of democracy on life expectancey and maternal and infant mortality was explored. The democracy classification and health status was based onreports from the Freedom House and the IMF. This paper suggests That democracy shows an independent positive association with health, which remains after adjustment for a country's wealth, its level of inequality, and the size of its public sector

## *Hastings Center Report*

**Reviewer:** Lie

**Title:** Bioethics and armed conflict: mapping the moral dimensions of medicine and war

**First Author:** Gross, Michael L.

**Citation:** Hastings Center Report 2004; 34: 22-30

**Summary:** Gross criticizes the declaration from 1983 by the World Medical Association that "medical ethis in time of armed conflict are identical to medical ethics in time of peace". Gross argues that there are fundamental differences between the two, maintaining that "war fundamentally transforms the major principles and central issues that engage bioethics". He maintains that in the ordinary situation patients interests alweays have priority, but in war society's interests are primary. It seems to me that his thesis his fundamentally flawed because of a mischaracterization of ordinary medical ethics. In peace conditions we also override patient interests for the sake of society: infectious disease control, resource allocation etc. Both in peace and war there it is a matter of arguing under what circumstances this is justified. The article contains many examples, but I also found it weak in its details.
There is also in the same volume a commentary by Leonard S. Rubenstein of Physicians for Human Rights, criticizising Gross' distinction, and a case commentary by George Annas arguing that torture in war conditions is always wrong.

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**Reviewer:** Lie

**Title:** Enhancing reflection: An interpersonal exercise in Ethics Education

**First Author:** Verkerk, M et al

**Citation:** Hastings Center Report 2004; 34: 31-38

**Summary:** This is yet another article on narrative ethics, where the claim is that we do ethics by telling stories, and revising these stories. In this article the authors put forward a tool for ethics education, composed of several steps. The first one is to let the clinican tell the initial story about the situation, then the educator should ask systematically about whether there are relevant social norms, what all the consequences of the actions are, but the core values of the agent are etc, and then after such a conversation, the clinician will revise the story and so on. This may be a good heuristic tool, but I fail to see how this 1) helps us understanding the nature of ethical conflicts and 2) is different from a standard approach emphasizing consistency among principles and intuitions.

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**Reviewer:** Lie

**Title:** Medically assisted nutrition and hydration: A contribution to the dialogue

**First Author:** Repenshek, Mark and Slosar, John Paul

**Citation:** Hastings Center Report 2004; 34: 13-16

**Summary:** Discussion of the recent papal announcement on "Life Sustaining treatments and the vegetative state" where the Pope says that artificial hydration and nutriton should be considered "in principle, ordinary and proportionate, and as such morally obligatory", apparently taking and extreme position, and going against previous practice within the Catholic tradition. The article argues that this passage should not be interpreted that way, but that it only means that there is a prima facie duty that can be overriden by other considerations.

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## *Health Economics*

**Reviewer:** Frank L

**Title:** Accounting for the Cost of Scaling-up Health Interventions

**First Author:** Johns, B

**Citation:** Health Economics 2004; 13: 1117-1124

**Summary:** Authors develop a model to accurately estimate the cost of extending the coverage of a health service to cover greater percentages of the population.

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**Reviewer:** Frank L

**Title:** The Role of Public and Private Transfers in the Cost-Benefit Analysis of Mental Health Programs

**First Author:** Brent, R

**Citation:** Health Economics 2004; 13: 1125-1136

**Summary:** All patients receive treatment services. Mental health patients receive both treatment services and maintenance services (housing, food, etc.) that would come from somewhere else if they did not come from the mental health system. The question is, from a cost-benefit point of view, whether these maintenance costs should be viewed as a pure transfer, in which case they can be ignored. Brent argues they should not, because maintenance costs can have productivity, distribution, and tax distortion effects.

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## *IRB*

**Reviewer:** Peerzada

**Title:** So What Are We Going to Do About Research Using Clinical Information and Samples?

**First Author:** Clayton, E

**Citation:** IRB 2004; 26: 14-15

**Summary:** The author presents recently-issued OHRP guidance re: uses of medical records and tissue specimens under the Common Rule. The OHRP limits the need for informed consent and IRB review in studies where investigators obtain data without interacting with indiviiduals and where strict confidentiality (anonymity?) is maintained. The author claims that the OHRP's guidance is not consonant with the wishes of patients and research participants because studies show that many want oversight or even informed consent for the use of their tissue or records.

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**Reviewer:** Peerzada

**Title:** Costs to Subjects for Research Participation and the Informed Consent Process

**First Author:** Iltis, A

**Citation:** IRB 2004; 26: 9-13

**Summary:** An article that considers the ethical and regulatory aspects of research studies in which participants are expected to pay some of the costs incurred in the study. Ethics: obvious concern for selection bias, promotion of the therapeutic misconception, and risk to subjects if they can't pay the bills. Regulatory: transparency needed about costs during the informed consent process.

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**Reviewer:** Peerzada

**Title:** By Any Other Name: the Many Iterations of "Patient Advocate" in Clinical Research

**First Author:** Morreim, H

**Citation:** IRB 2004; 26: 1-8

**Summary:** The author examines the concept of a "patient advocate" in the context of clinical research, basically cataloguing the various roles that such an advocate might play. Might be of interest to those who write about the ethics of the informed consent process in research (because an advocate could help ensure adequate patient understanding of risks/benefits, etc.)

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## *JAMA*

**Reviewer:** Shalowitz, David

**Title:** Ownership and Use of Tissue Specimens for Research

**First Author:** Hakimian, Rina

**Citation:** JAMA 2004; 292: 2500-2505

**Summary:** A good review of the legal background of ownership of human tissue specimens collected and/or used in research. In sum, legal territory is conflicted. OHRP does not allow participants to relinquish property rights to tissue in informed consent documents, despite the fact that no such property right has been established to begin with. Two judicial decisions have found that individuals from whom tissue has been collected do not retain property rights to that tissue (Moore, 1990; Greenberg 2003). No states have established property rights to tissue, though many have special ownership/privacy protections for *genetic* information.

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**Reviewer:** Hampson

**Title:** Drugs and Depression (Book Review: Let Them Eat Prozac: The Unhealthy Relationship Between the Pharmaceutical Industry and Depression)

**First Author:** Varley, Christopher (reviewer)

**Citation:** JAMA 2004; 292: 2920-2921

**Summary:** A review of David Healy's book about the relationship between the phamaceutical industry, psychiatry, and governmental regulatory agencies. Healy asserts that highly respected psychiatrists, regulatory agencies, and pharma have distorted research findings and clinical reports, especially citing conflicts of interest of well-known researchers as a result of having grants funding by pharmaceutical companies. Review was favorable but cautions that the book tends to be inflammatory, implying misconduct rather than offering solutions.

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**Reviewer:** Hampson

**Title:** Relation of Body Mass Index in Young Adulthood and Middle Age to Medicare Expenditures in Older Age

**First Author:** Daviglus, Martha

**Citation:** JAMA 2004; 292: 2743-2749

**Summary:** This study explored the effect of body mass impact (BMI) earlier in life on Medicare expenditures in older age.
The study followed 17,500 individuals who were free of coronary heart disease, diabetes, and major electrocardiographic abnormalities; were not underweight; and were Medicare-eligible from 1984-2002, with an average follow-up of 32 years.
The outcome measures were cardiovascular disease-related charges, diabetes-related charges, total average annual Medicare charges, and cumulative Medicare charges; these were adjusted for age, race, education, and smoking. Participants were grouped as nonoverweight, overweight, obese, and severely obese.
The study found that average annual and cumulative Medicare charges were significantly higher by higher baseline BMI both for women and men.
Nonoverweight women: $6,224/$76,866
(Nonoverweight men: $7,205/$100,431)
Overweight women: $7,653/$100,959
(Overweight men: $8,390/$109,098)
Obese women: $9,612/$125,470
(Obese men: $10,128/$119,318)
Severely obese women: $12,342/$174,752
(Severely obese men: $13,674/$176,947)

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**Reviewer:** Hampson

**Title:** Research Ethics (Book Review: Double Standards in Medical Research in Developing Countries)

**First Author:** Scully, Jackie Leach (Reviewer)

**Citation:** JAMA 2004; 292: 3036-3037

**Summary:** A review of Ruth Macklin's book that explores the ethics of conducting clinical trials in developing countries. Macklin asks two questions: 1. Should research be done in a developing country using protocols that would not be permitted in an industrialized one? 2. Do sponsors of pharmaceutical research in developing countries have a responsibility to ensure that research benefits are made available to the local population? A philosophically-grounded book flavored with personal experience, and not unbiased ("ethical standards should not depend on where the research is performed"), although both sides of the arguments are presented.

## *Journal of General Internal Medicine*

**Reviewer:** Wendler

**Title:** Literacy and health outcomes

**First Author:** DA Dewalt et al

**Citation:** Journal of General Internal Medicine 2004; 19: 1228-1230

**Summary:** The authors did a systematic search of the literature on the topic. They conclude that existing studies are decent but could be improved on and that low literacy is correlated with a 1.5-3 times greater chance of given adverse health outcomes.

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## *Journal of Health Politics, Policy and Law*

**Reviewer:** Frank L

**Title:** The Paradoxical Politics of Provider Reempowerment

**First Author:** Brown, L D

**Citation:** Journal of Health Politics, Policy and Law 2004; 29: 1045-1071

**Summary:** This article is addressed to the balance of power between providers and managed care: there exists the perception that after the managed care revolution of the 1990s, providers are now reasserting themselves. Examining results from Round III of the Community Tracking Study (CTS), the authors try to determine the extent to which this perception is correct. They find that the re-empowerment thesis is overstated. First, the extent of re-empowerment is not general, but rather highly diverse locally. Second, the existing debate overstates the extent of zero-sum conflict between providers and managed care. Third, the most interesting recent story is really the rise of state involvement in the health care industry.

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**Reviewer:** Frank L

**Title:** Reconsidering Risk: Adapting Public Health Policies to Intergenerational Determinants and Biosocial Interactions in Health-Related Needs

**First Author:** Strully, K W

**Citation:** Journal of Health Politics, Policy and Law 2004; 29: 1073-1107

**Summary:** Some public programs are universal in coverage (social security, medicare); these programs tend to be popular and well-funded. Other public programs are means-tested (welfare); these programs tend to be unpopular and poorly funded. This is unfortunate because targeted programs, naturally, have the potential to be much more efficient. Targeted programs typically rely on income means-testing. The authors of this article examine alternatives methods of targeting that might suffer from less stigmatization. Specifically, they advocate using measures of biomedical risk as basis for targeting public programs.

The authors use the example of low birth weight. It is fairly easy to identify parents with the greatest risk for having children with a low birth weight. These families should be targeted for greater public assistance. For example, risk factors might be taken into account when determining Medicaid eligibility.

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## *Journal of Law, Medicine and Ethics*

**Reviewer:** Litton, Paul

**Title:** What Conditions Justify Risky Nontherapeutic or "No Benefit" Pediatric Studies

**First Author:** Loretta Kopelman

**Citation:** Journal of Law, Medicine and Ethics 2004; 32: 749-758

**Summary:** Inquiry: "How should we distinguish medical conditions that, all things being equal, should allow increased research hazard in nontherapeutic pediatric studies from those that should not?" She rejects a narrow interpretation (only expressed diseases and disabilities) and a wide interpretation (any "condition" associated with disease or illness), and suggests a moderate approach: "When is a condition serious enough to warrant 'no benefit, higher hazard' studies?" She argues that her view is consistent with treating children according to their best interests because it is not in any child's best interest for to be a rule against exposing children to risk unjustified by the potential benefit to the research subjects. Guiding principles must promote the right and welfare of children, individually and collectively.

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**Reviewer:** Litton, Paul

**Title:** Institutional Conflicts of Interest

**First Author:** Gordon DuVal

**Citation:** Journal of Law, Medicine and Ethics 2004; 32: 613-624

**Summary:** Purpose of the article is to outline the specific kinds of threats to potential subjects, scientific integrity, and the public trust arising from the alliance of academic research institutions and industry (eg, pressure to recruit leads to inappropriate subjects and misrepresentation of facts to them; researchers with ties to industry more likely to report favorable results or design protocol to have great likelihood of "positive" results; clinical data may not be released by sponsor to investigators for independent analysis, etc.). Article concludes with recommendations: e.g., institutions should erect firewalls between overall management of investment activities and its academic affairs; institutional officials should disclose all conflicts to a superior and recuse herself from decision-making when possible; multicenter trials should be placed under authority of a Steering Committee; financial conflicts should be routinely disclosed and made publicly available, etc.

**Reviewer:** Barton

**Title:** The ELSI Genetics Regulatory Resource Kit: A Tool fo rpolicymakers in Developing Countries

**First Author:** Metali Z, Singer PA, Boulyjenkov V, and Daar AS

**Citation:** Journal of Law, Medicine and Ethics 2004; 32: 692-700

**Summary:** A piece describing a resource tool kit to help policymakers in developing countries develop regulatory policies for the ethical, legal, and social aspects of genetics. The kit is being developed by the World Health Organization in partnership with the Joint Center of Bioethics at the University of Toronto. The article reviews the discussions leading up to the kit and notes, briefly, some of the prior regulatory activities (UK, South Africa, India, Australia, Mexico, and Canada) on which the kit is being based.

**Reviewer:** Litton, Paul

**Title:** Multiple Symposia

**First Author:** Multiple

**Citation:** Journal of Law, Medicine and Ethics 2004; 32: 547-740

**Summary:** The most recent Journal of Law Medicine and Ethics has many articles on subjects of interest because of its symposia topics.

Here are a few articles and brief summaries provided by the journal's table of contents. (Some of the articles are summarized separately in other journal club entries).

D. Chalmers, "Research Involving Human: Time for a Change?" Article examines the reasons underlying an international movement towards greater regulation – as opposed to self-regulation – of research on human subjects. The article then examines the recently authored documents of two Australian committees that recommend stricter regulation regarding genetic research.

S. Fluss, "The Evolution of Research Ethics." Reviews the principal stakeholders in the formulation of binding and non-binding instruments governing research on people. Particular discussions of WMA, WHO, UNESCO, UNAIDS, CIOMS, Council of Europe.

T. Lemmens, "Leopards in the Temple: Restoring Scientific Integrity to the Commercialized Research Scene." Argues that regulatory mechanisms currently do not provide sufficient safeguards for scientific integrity. New measures needed, including separating those with financial interests in research outcome from those who conduct clinical trials.

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**Reviewer:** Litton, Paul

**Title:** Disputes about the Withdrawal of Treatment: The Role of the Courts

**First Author:** Loane Skene

**Citation:** Journal of Law, Medicine and Ethics 2004; 32: 701-707

**Summary:** Argues that there is recent UK precedent that supports the principle that courts may require physicians to provide wanted treatment that they think is futile or unduly burdensome. For example, in the case of children, courts are guided by a conception of a child's "best interests," and recent precedent interprets those interests as broader than merely "best medical interests." In another case, an adult plaintiff with a congenital degenerative brain condition sought and obtained a declaration that the UK's General Medical Council, which gave responsibility for end-of-life decisions to doctors, conflicted with the European Convention of Human Rights.

**Reviewer:** Barton

**Title:** What are the limits of bioethics in a culturally pluralistic society

**First Author:** Bowman, K

**Citation:** Journal of Law, Medicine and Ethics 2004; 32: 664-669

**Summary:** This article is an essay about some of the cultural differences that affect bioethics. It notes factors such as the differences in communications styles, in the way disease is explained, and in individual versus group decision-making. Among the areas of caution that it then identifies are the spiritual and social context of ethical issues, the focus or not on individual autonomy, the scope of the patient's right to know, and differences in perceptions of death and transplantation.

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**Reviewer:** Barton

**Title:** Shared decision-making and the lower literate patient

**First Author:** Shalowitz D and Wolf, MS

**Citation:** Journal of Law, Medicine and Ethics 2004; 32: 759-764

**Summary:** This is an essay on the problems of achieving the doal of shared decision-making between patient and doctor in situations in which the patient has limited literacy. The problems identified include those of exchanging information in the face of a literacy gap, deliberating in the face of a patient's fear that his or her knoledge limitations will become apparent, and decisions based on a patient's desire to avoid conflict rather on shared judgments. The paper conclude with recommendations for physicians to help in overcoming such barriers.

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## *Journal of Medicine and Philosophy*

**Reviewer:** Wendler

**Title:** The Precautionary Principle in Bioethics and Medicine

**First Author:** Kopelman, Resnik, Weed

**Citation:** Journal of Medicine and Philosophy 2004; 29: 255-378

**Summary:** The entire volume is devoted to applications of the precautionary principle to medicine and bioethics. The precautionary principle, introduced as a method for deciding when to adopt new technologies that may harm the environment, is defined in various ways. On one account, it states roughly that new technologies should not be adopted unless there is proof they are safe.

This volume applies the PP to medical decision making, public health and regulation of drugs. Loretta Kopelman ends by arguing that the minimal risk standard in research is not a version of the PP.

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## *Kennedy Institute of Ethics Journal*

**Reviewer:** Martin

**Title:** Ethics education and value prioritization among members of u.s. hospital ethics committees

**First Author:** bardon,a

**Citation:** Kennedy Institute of Ethics Journal 2004; 14: 395-406

**Summary:** This study sent a questionnaire to 951 ethics committee members at 48 large U.S. hospitals. The questionnaire presented 6 vignettes describing clinical situations where particular core healthcare values appear to conflict (e.g. autonomy vs. beneficence). Participants where asked to respond relying on their moral or ethical judgment, and to describe their ethics education.

305 questionnaire's were returned. Analysis of participant responses revealed no impact of ethics education on value prioritization. Other factors, including age, experience, and institutional type, did correlate significantly with values prioritization. (E.g. older respondents were more likely to sacrifice autonomy for nonmaleficence.)

**Reviewer:** Martin

**Title:** Vulnerability, vulnerable populations, and policy

**First Author:** ruof, mc

**Citation:** Kennedy Institute of Ethics Journal 2004; 14: 412-425

**Summary:** This is a scope note listing sources that include analysis of the concept of vulnerability or vulnerable populations.

**Reviewer:** Martin

**Title:** Valuing Risk: The Ethical Review of Clinical Trial Safety

**First Author:** Kimmelman, j

**Citation:** Kennedy Institute of Ethics Journal 2004; 14: 369-393

**Summary:** First argues that current regulations and commentary on risk assessment rely on two assumptions:1) risks are "technical phenomena" (i.e. they can be measured and evaluated via expert analysis of scientific information) and 2) risks in clinical trials are physical in origin, "or at least derive from the research act itself rather than its context"

Against the first assumption, Kimmelman argues that risk judgment are inherently value-laden and influenced by cultural, societal, etc. assumptions extrinsic to science. Against the second assumption, he argues that context determines risk assessment (e.g. one study shows that people are more willing to tolerate risks when they are perceived to be voluntarily endured, equitably distributed, or originating from a trusted source). (These arguments strike me as better suited to showing that, insofar as IRB's rely on these assumptions, their risk assessments are likely to differ from a layperson's.] He uses as an example of value-laden and context-senstitive risk assessments a public review of a gene transfer trial administering modifed adeno-associatied virus to a participant's liver for hemophelia.

He then argues that three trends in biomedicine render the traditional approach to risk assessment increasingly ineffective: 1) increasingly novel research, where the risks are unknown and difficult to predict; 2) increasing politicization of research, as the interests of researchers/reviewers are seen to diverge from patients' interests; 3) migration of research from traditional settings to commercial, clinical, or developing world.

Recommends that harm-benefit assessments "should attempt to emulate deliberative democracy". Some steps include increasing the number of non-expert research-unaffiliated IRB members, increasing diversity of expert members, promoting participation in protocol design and review on the part of the patient-community, abandoning attempts to calibrate risk-benefit calculations in favor of refining procedural standards, and alerting potential participants to the fact that their risks assessments may differ from medical experts'.

**Reviewer:** Frank L

**Title:** The "Nation's Conscience": Assessing Bioethics Commissions and Public Forums

**First Author:** Dzur, A W

**Citation:** Kennedy Institute of Ethics Journal 2005; 14: 333-360

**Summary:** How should the success or failure of a national bioethics commission be judged? The authors argue that bioethics commissions should be examined through the lens of democratic political theory. Public commissions can be seen to have two roles: on the one hand, they can been seen as a public forum for collecting and disseminating expertise; on the other hand, they can be seen as a platform for sparking and guiding public debate. The authors argue that national bioethics commissions should primarily be assessed from the latter, agenda-setting point of view. This view is more consistent with the values of a pluralistic democracy. But it also means that we need new measures of commission success or failure, since existing measures by and large assume the expertise point of view.

**Reviewer:** Frank L
**Title:** Ethics, Regulation, and Biomedical Research
**First Author:** Weed, M
**Citation:** Kennedy Institute of Ethics Journal 2005; 14: 361-368
**Summary:** Recent national bioethics commissions have suffered from a lack of public legitimacy. Weed argues that the fault lies in the rules for setting up commissions. Specifically, bioethics commissions lack independence, and are merely advisory. There ought to be a permanent national bioethics commission set up along the lines of the Federal Reserve system. This commission, rather than the President or Congress, would have the authority to determine rules on stem cell research, and so on.

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**Reviewer:** Frank L
**Title:** Embryonic Stem Cell Funding: California, Here I Come?
**First Author:** Poland, S C
**Citation:** Kennedy Institute of Ethics Journal 2005; 14: 407-409
**Summary:** Puts the recent California stem cell research act in perspective. Compares it to funding in the public and private sector. Purely a descriptive piece.

## *Lancet*

**Reviewer:** Sabik, Lindsay
**Title:** The economics of obesity
**First Author:** McCarthy, M
**Citation:** Lancet 2004; 364: 2169-2170
**Summary:** Report on a recent series of workshops on the economics of obesity that brought together public health experts and economists. While the economists tend not to want to intervene in the markets, the public health experts disagree, arguing that healthy diets are too expensive for many who are obese. One public health nutrition expert comments, "Obesity is a low-income problem, yet we offer middle-class solutions. We say you need to eat more fresh fruit and exercise more. Well if you live in the inner city you aren't going to suddenly start eating mangoes and playing tennis." The proposed solution is to make healthy foods affordable, possibly by subsidizing fruits and vegetables and supporting programs to distribute them free to school children and seniors.

**Reviewer:** Martin
**Title:** Human resources for health: overcoming the crisis
**First Author:** chen l
**Citation:** Lancet 2004; 364: 1984-191
**Summary:** Presents evidence that "human force drives health-system performance." Identifies 5 problems: a global shortage of more than 4 million health workers; skill imbalances within most countries; maldistribution of workers; poor work environments; and weak knowledge bases. Proposes strategies to address these problems.

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**Reviewer:** Martin

**Title:** The time has come for common ground on preventing sexual transmission of HIV

**First Author:** Halperin, dt

**Citation:** Lancet 2004; 364: 1913-1915

**Summary:** Authors "call for an end to polarising debate and urge the international community to unite around an inclusive evidence-based approach to slow the spread of sexually transmitted HIV." They propose three principles:

1) Programmatic approaches should be "locally endorsed, relevant to the indigenous social and cultural context, and respectful of human rights."

2) ABC, including B and C. Each element should be targeted at the appropriate population (Abstinence for young people not yet sexually active, Be faithful for partnered people, C for promiscuous people or people partnered with HIV positive partners). But everyone should be educated on all three.

3) Community organisations can work to foster new norms of sexual behavior. E.g. Uganda's "zero-grazing" strategy.

**Reviewer:** Martin

**Title:** Europe's health priorites for the world

**First Author:** editorial

**Citation:** Lancet 2004; 364: 1912-1913

**Summary:** In Nov 2004, WHO released a report commissioned by the president of the EU (the Dutch government) titled "Priority Medicines for Europe and the World." The report aimed to identify public health priorities which coexist in developed and developing countries and in which therapeutic advances in one setting would benefit the other.It also highlighted specific populations at risk, specified difficulties in the management of the aforementioned health priorities, and considered how to promote innovation in biomedical research.

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**Reviewer:** Martin

**Title:** US health care: a state lottery

**First Author:** editorial

**Citation:** Lancet 2005; 364: 1829-1830

**Summary:** "America's health: state health rankings," issued by the United Health Foundation, Partnership for Prevention, and the American Public Health Association, tracks 18 health indicators, such as prevalence of smoking, percentage of people without health insturance, public health spendings, and infant mortality. 2004's report finds significant overall improvement nationwide, in the last 15 years, but plateauing and even worsening in the last 5. States that spend more on public health, have stronger educational programs, lower child poverty rates, and less expensive health insurance score best (duh)--Minnesota has been ranked healthiest state in 9 of past 15 years, Louisiana has been last for 14 (we gotta diffren' way a doin' tings in da Big Easy, chere). Report also finds significant disparities across ethnic groups, even in Minnesota.

**Reviewer:** Martin

**Title:** The important world of drug prequalification

**First Author:** editorial

**Citation:** Lancet 2005; 364: 1830-1831

**Summary:** Reports that, in Nov. 2004, Ranbaxy Labs (India) voluntarily withdrew all its seven antiretroviral drugs from WHO's prequalification scheme, after finding discrepancies in the drugs' bioequivalence. WHO recommends patients continue using the de-listed drugs rather than switching to qualified drugs whose bioequivalence has not been proven. While this is bad for providers and patients using the drugs, it is good because it demonstrates that WHO's prequalification scheme has teeth.

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**Reviewer:** Martin

**Title:** The Mexico Statement: strengthening health systems

**First Author:** editorial

**Citation:** Lancet 2005; 364: 1911-1912

**Summary:** In November 2004, WHO convened the Ministerial Summit on Health Research in Mexico City. A central premise of the summit was that "the present definition of health research is leading to the unnecessary death of millions of the most marginalised peoples in the world." Delegates argued that public health and health-service delivery could be enhanced by a body of evidence drawn from research into the social determinants of health and the consequences of introducing specific health policies.

Around the same time, the UK issued a white paper making similar arguments and proposing policies and initiatives focused around smoking, obesity, food, and sexual health.

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**Reviewer:** Martin

**Title:** The James Lind Alliance: patients and clinicians should jointly identify their priorities for clinical trials

**First Author:** partridge n

**Citation:** Lancet 2004; 364: 1923-1924

**Summary:** The James Lind Alliance plans to facilitate and host meetings of organisations representing patients and organisations represting clinicians who share a common interest in a specific health issue. These meetings will aim to generate joint action plans for addressing "areas of uncertainty and unanswered questions about the effects of treatments."

The Alliance also intends to encourage openness of information about available trials, as well as public registration of all trials and their results.

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**Reviewer:** Sabik, Lindsay
**Title:** Book Review: Health for All?
**First Author:** Pollock, Allyson
**Citation:** Lancet 2004; 364: 2088-2088
**Summary:** A brief review of "Sickness and Wealth," a collection of essays on health challenges that arise when governments prioritize trade over public health. Each essay looks at a specific instance where health and economic interests seem to be at odds. Pollock finds the individual essays powerful, the book as a whole lacking a cohesive picture of the specific problems with the current economic power structure.

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**Reviewer:** Sabik, Lindsay
**Title:** Ethics versus eviddence in influenza vaccination
**First Author:** Zambon, MC
**Citation:** Lancet 2004; 364: 2161-2163
**Summary:** Comment on this year's flu-vaccine shortage and the ethics committee recently appointed by the CDC to decide who gets vaccinated in the case of a shortage. The author sees the appointment of this committee as signaling that the CDC recognizes both the possibility of another shortage and that risk communication is not maximally effectice when done by panels of technical experts. The author then comments on the pros and cons of having an ethics committee appointed to this task, arguing that an ethics committee is likely to be more eloquent than technical experts--not a susbstitute for evidence, but perhaps a useful tool for public-health campaigns.

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**Reviewer:** Sabik, Lindsay
**Title:** Hungary's voters opt for state-owned hospitals
**First Author:** Kirk, K
**Citation:** Lancet 2004; 364: 2167-2168
**Summary:** News report on the recent referendum on hospital privitization in Hungary, which led to a vote where 65% voted to keep the health service in the hands of the state. While the health ministry says it does not have sufficient funds to run the hospitals, voters were wary of investors who want to make a profit off of hospitals.

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**Reviewer:** Sabik, Lindsay
**Title:** Over the rainbow: the pot of gold for neglected diseases (Book review)
**First Author:** Farlow, A
**Citation:** Lancet 2004; 364: 2011-2012
**Summary:** Book review of Michael Kremer and Rachel Glennerster's "Strong Medicine: Creating Incentives for Pharmaceutical Research on Neglected Diseases." In the book they argue for the use of "advance purchase commitments"--money to be divided between vaccine developers and paid for later by taxpayers. Farlow criticizes the authors for their opaque description of the workings of this plan and for their tendency to emphasize its positive aspects without addressing the negatives. Further, with its promotion of strong patents and secrecy, this plan sets up what Farlow calls "an unneccesary confrontational standoff with those who argue for more open, collaborative approaches."

**Reviewer:** Sabik, Lindsay

**Title:** UNICEF leadership 2005-2015: a call for strategic change

**First Author:** Horton R

**Citation:** Lancet 2004; 364: 2071-2074

**Summary:** Commentary on the upcoming appointment of a new head of UNICEF by Kofi Annan when Carol Bellamy, the current director, leaves this year. Horton argues that Bellamy has hurt the organization with her emphasis on child rights while ignoring the basic goal of child survival established by earlier UNICEF heads. Horton calls for the appointment of a director with a commitment to health, education, and development, and who supports the MDGs as a key priority.

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**Reviewer:** Sabik, Lindsay

**Title:** Solving global crises: economists alone are not enough (Book Review)

**First Author:** Sachs, JD

**Citation:** Lancet 2005; 364: 2087-2088

**Summary:** A review of "Global Crises, Global Solutions" edited by Bjorn Lomborg, which came out of the Copenhagen Concensus "top ten" project. While Sachs finds the background papers useful, he criticizes the commissioned commentaries on how to address the world's top ten current challenges. He sees a basic problem with the project since the commentators were asked to consider what would be the best use of an extra US$50 billion over the next 4 years. According to Sachs this is an extremely conservative amount of money, and setting such a low target seems to defeat the project from the beginning. Further, the panel of commentators consisted almost entirely of economists, giving the reports of monetary focus and over-simplifiying the science involved. Overall, Sachs finds the book worthwhile as an economic perspective on global issues, but not useful as an actual guide for policy.

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**Reviewer:** Sabik, Lindsay

**Title:** Cancer survivors: living longer, and now, better

**First Author:** editorial

**Citation:** Lancet 2004; 364: 2153-2154

**Summary:** Editorial on the recent survey of cancer survivors by the Lance Armstrong Foundation, which showed that half of them have continuing unmet needs, including depression and fear of recurrence, physical side-effects of treatment or secondary effects of disease, and financial and employment worries. Further, half of the respondents said their oncologists either offered no support in dealing with the non-medical aspects of cancer or did not have the resources to do so sufficiently. In reponse ASCO has formed a task force to improve care for cancer survivors. Its initiatives include changes to the core curriculum for oncology trainees and the development of new clinical practice guidelines. The CDC is collaborating with the Lance Armstrong Foundation on a national plan for cancer survivors, though this editorial criticizes some of their goals as "mind-numbingly bureaucratic" and not useful. This is an issue that needs more attention.

**Reviewer:** Sabik, Lindsay

**Title:** Climate change, health, and development goals

**First Author:** McMichael, AJ

**Citation:** Lancet 2004; 364: 2004-2006

**Summary:** Comment on "Up in Smoke," a report recently published by a consortium of development and environmental NGOs, which acknowledges the interependence of development and the environment. This report echoes the IPCC conclusion that climate change will disproportionately impact developing countries and the poor, adding to current inequities in health status. The authors of the article point out that while there have been efforts to identify the geographical areas and geophysical systems that are most likely to be affected by climate change, there has been no systematic attempt to identify the most vulnerable human communities and the health risks they face as a result of climate change. While climate change is addressed by one of the MDGs (health by four), the authors argue that environmental sustainability is crucially linked to the others and that climate change patterns seriously jeopardize development and must be addressed immediately.

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**Reviewer:** Sabik, Lindsay

**Title:** Monetary incentives in primary health care and effects on use and coverage of preventive health care interventions in rural Honduras: cluster randomised trial

**First Author:** Morris, SS

**Citation:** Lancet 2004; 364: 2030-2037

**Summary:** While work is being done to stengthen health infrastructures in many developing countries, there is often a lack of demand for services. Some governments have been using conditional cash transfers to attempt to improve the use of child and maternal health services. This study evaluates the effectiveness of this approach. The authors selected the 70 municipalities in Honduras with the highest prevalence of malnutrition and randomized them to one of four groups: money to households, resources to local health teams combined with community-based nutrition intervention, both interventions, and neither. They found that the use of conditional cash transfers to households had a significant impact on the the uptake of antenatal care and well-shild checkups, subsequently impacting the start of childhood immunization and growth monitoring. Measles and tetanus toxoid immunisation were not affected.

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**Reviewer:** Sabik, Lindsay

**Title:** Buying Health in Honduras

**First Author:** Gillespie, Duff

**Citation:** Lancet 2004; 364: 1996-1997

**Summary:** Comment on Morris, et al. study examining the use of monetary incentives to promote the use of preventive health services. Author points out that this is not the first example of conditional cash transfers working to help improve use of health services in developing countries. Also points out, though, that this approach must be used in combination with efforts to improve a country's health infrastructure.

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**Reviewer:** Sabik, Lindsay
**Title:** Politics, spin, and science
**First Author:** editorial
**Citation:** Lancet 2004; 364: 1994-1994
**Summary:** Comment on the US National Academy of Sciences recommendation that federal advisory committee members be appointed on the basis of scientific and technical knowledge and credentials, rather than professed political views. The recommendation is called "remarkable not for its content but that it had to be made at all." The authors then review various instances during the Bush administration where scientific recommendations were changed to reflect the administration's political views. They conclude that the administration, while pleasing its supporters, has alienated top scientists whose help they will likely need in the next four years, and that the Bush administration should follow the NAS recommendation.

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## *New England Journal of Medicine*

**Reviewer:** greg
**Title:** Improving patient safety-five years after the IOM report
**First Author:** Altman, DE
**Citation:** New England Journal of Medicine 2004; 351: 2041-2
**Summary:** Summarizes efforts made since 1999 to protect patients against preventable medical errors.
Suggests policies to improve public confidence in health care.

**Reviewer:** Greg
**Title:** Book Review; The Stores Tissue Issue
**First Author:** Weir, RF
**Citation:** New England Journal of Medicine 2004; 351: 2023-4
**Summary:** Review of a book that criticizes NBAC report and suggests new policies. Examples:
1. NBAC sides with researchers whenever researcher interests conflict with subjects'
2. People want info on how their samples will be used, and control over the uses to which samples are put
3. policy recommendations on disclosure, storage, privacy, etc.

## *Science*

**Reviewer:** Krohmal, Ben
**Title:** Staff Scientists Protest Plan to Ban Outside Fees
**First Author:** Jocelyn Kaiser
**Citation:** Science 2004; 306: 1276-1276
**Summary:** News story. Includes the following: "Because intramural scientists are not involved in awarding grants, 'there can be no conflict of interest,' states the letter, which was initiated by clinical center ethicist Ezekial Emanuel."

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**Reviewer:** Krohmal, Ben

**Title:** Ethicists to Guide Rationing of Flue Vaccine

**First Author:** Jennifer Couzin

**Citation:** Science 2004; 306: 960-961

**Summary:** News piece reports on formation of 5 member ethics panel to advise on vaccine rationing: Callahan, Arras, Kinlaw, Beauchamp, and Levine. Panel may be kept on longer term to continue to advise the CDC.

**Reviewer:** Hampson

**Title:** EPA's Leaveitt Tapped for Health Post

**First Author:** Jocelyn Kaiser

**Citation:** Science 2004; 306: 2019-2019

**Summary:** Michael Leavitt is coming in as the new Secretary of Health and Human Services. His most recent post was as head of the EPA, and before that he was a three-term governor of Utah. Leavitt is supposedly known as a "political moderate" and a large supporter of biomedical technology. In fact, he got some criticism while at the EPA for being too friendly to industry. In Utah as governor he was a strong proponent of state support for technology to boost the economy; he expanded engineering education at universies, and helped fund a nonprofit demographic and genetic database on Utah's population.

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**Reviewer:** Hampson

**Title:** NIH Public Access Policy

**First Author:** Zerhouni, Elias A.

**Citation:** Science 2004; 306: 1895-1895

**Summary:** Zerhouni outlines the draft policy that has been proposed regarding open access to articles. The draft policy requests that NIH-funded investigators submit an electronic version of the final, peer-reviewed author's copy of their manuscript (or the publisher can agree to replace it with the final published copy) to the NIH. The author's copy will be embargoed from release by the NIH for 6 months after the publisher's date of publication, providing at minimum a 6-month delay between final peer review and public availability in the PubMed database. This is a request only; not a requirement or a mandate.

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**Reviewer:** Krohmal, Ben

**Title:** EPA Criticized for Study of Child Pesticide Exposure

**First Author:** Erik Stokstad

**Citation:** Science 2004; 306: 961-961

**Summary:** News piece on an approved EPA study that will follow families who use indoor pesticides and other household chemicals for two years to observe impact on child health and recommend safe doses. Families will be paid $970 and get to keep a camcorder they are given for use in the study. More controversially, families are not informed of health risks of household chemicals, and the study is funded in part by the American Chemistry Council.

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**Reviewer:** Hampson

**Title:** Tommy Thompson Leaves a Mixed Legacy

**First Author:** Jocelyn Kaiser

**Citation:** Science 2004; 306: 1876-1876

**Summary:** Tommy Thompson's on his way out, and here's what he's left us with:
-$15 billion international HIV/AIDS program
-Campaign to promote healthy lifestyles
-Doubling of NIH funding
-Expansion of biodefense research
-Implementation of the president's policy on restricted funding for stem cell research
-Ordered removal of information on condoms from the HHS website as part of a move to promote abstinence-only sex education
-Clamped down on NIH management
-Limited travel to foreign meetings

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