

American Journal of Public Health

Reviewer: Danielle Bromwich

Title: The Scientific Basis for Law as a Public Health Tool

First Author: Moulton

Citation: American Journal of Public Health 2009; 99: 17-24

Summary: The authors performed a survey of systematic reviews of peer reviewed primary studies of individual public health laws in order to ascertain whether there is good scientific evidence to hold that a given interventional public health law is effective. The authors identified 65 systematic reviews of 52 interventional public health laws. They found that 52% of those laws were effective, 2% were harmful, 2% were ineffective and of 44% there was insufficient evidence to judge. The authors conclude that "...an important beginning has been made—with the highest relevant standard of evidence—in establishing the scientific basis for law as a public health tool."

Annals of Internal Medicine

Reviewer: Largent

Title: Hope, Truth, and Preparing for Death: Perspectives of Surrogate Decision Makers

First Author: Afatifat Apatira

Citation: Annals of Internal Medicine 2008; 149: 861-868

Summary: Reserachers conducted semistructred interviews with surrogates (n=179) on the patient's 5th day of receiving ventilation. Surrogates expressed their belief that timely discussion of prognosis is important as it allows family members to prepare (emotionally and logistically) for the patient's death and to support one another better. They felt an aversion to physicians withholding prognosis to maintain "false hope" and believe that physicians are obligated to discuss prognosis.

British Medical Journal

Reviewer: Danielle Bromwich**Title:** Controversy sparked in Switzerland after doctor who used unproved, unlicensed therapy is cleared of non-treatment conviction**First Author:** Ned Stafford**Citation:** British Medical Journal 2009; 338: 68-69**Summary:**

A Swiss doctor, convicted of abandonment with conditional intent (failure to treat), has had his conviction overturned by the Swiss Federal Court. The doctor, an oncologist, treated at least 186 breast cancer patients with lipoteichoic acid (LTA)—which was both unlicensed for such treatment and manufactured by his company—as opposed to providing the standard treatment which is tamoxifen. The federal court justify overturning the conviction by claiming that abandonment cannot be committed negligently and this doctor considered LTA "as a better, but at the very least equivalent" to tamoxifen. The president of the Swiss Patient Organisation in Zurich expressed concern that this ruling could open the door to "uncontrolled research in humans" in Switzerland.

Reviewer: lepora, chiara**Title:** Dynamic spread of happiness in a large social network: longitudinal analysis of the Framingham Heart Study social network**First Author:** Fowler, James H**Citation:** British Medical Journal 2009; 337: 23-31**Summary:**

Longitudinal social network analysis on 4739 individuals for 10 years. Cluster of happiness extends up to 3 degrees of separation, a happy friend living within 1 mile increases by 25% your happiness probability. The analysis excludes that people's tendency of associating with similar individuals might be a confounding factor. Induction, homophily or random association were considered as possible causes of the findings, and analysis was adjusted for age, sex, education, etc. Ego-centrality is correlated with happiness, and reciprocity of relations.

Reviewer: lepora, chiara**Title:** The new ethics of research into terrorism**First Author:** Jones, Edgar**Citation:** British Medical Journal 2008; 337: 54-54**Summary:**

The article present the risk of research on terrorism and being accused of terrorism. Special authorizations and control are suggested to avoid research risks.

Reviewer: lepora, chiara**Title:** "But, you're not a doctor"**First Author:** Sokol, Daniel K**Citation:** British Medical Journal 2008; 337: 17-17**Summary:**

The author describes the difficult relationship between doctors and ethicist. Mistrust and distance are presented as both a problematic and necessary aspect of bioethics and health care.

Reviewer: Danielle Bromwich

Title: Patients' preferences within randomised trials: systematic review and patient level meta-analysis

First Author: Preference Collaborative Review Group

Citation: British Medical Journal 2009; 338: 85-88

Summary: The Preference Collaborative Review Group conducted a meta-analysis of fully randomised patient preference trials (mostly examining musculoskeletal treatments) in order to ascertain how patients' preferences affect both outcome and attrition. The group found that patients' preferences can modify treatment outcomes (contrary to an earlier review). (To be more precise, the group found that: "Patients who were randomised to their preferred treatment had a standardised effect size greater than that of those who were indifferent to the treatment assignment (effect size 0.162, 95% confidence interval 0.011 to 0.314; P=0.04). Participants who received their preferred treatment also did better than participants who did not receive their preferred treatment (effect size 0.152, -0.035 to 0.339), although this was not statistically significant (P=0.11). Participants allocated to their undesired treatment had outcomes that were no different from those who were indifferent.") Surprisingly, the group also found that patients' preferences do not affect attrition (at least in these treatments examined), and in fact that those who were randomised to the opposite of what they preferred were more likely to return follow up data than the indifferent.

Reviewer: Iepora, Chiara

Title: Proposal to allow drug companies to give information to public sparks outcry

First Author: Watson, Rory

Citation: British Medical Journal 2009; 337: 338-339

Summary: European Commission tried to allow drug company to provide health information to research subjects.
As

Reviewer: Danielle Bromwich

Title: GP performance website will aid communication with patients, says government

First Author: Lynn Eaton

Citation: British Medical Journal 2009; 338: 71-71

Summary: There are plans to create a government website that will allow patients in England and Wales to comment on the service that they receive from their GP. The Department of Health claim that this website, in which GPs can respond to comments when appropriate, will promote and demonstrate two-way communication. Concern has been expressed by the deputy chairman of the BMA's General Practitioners Committee.

JAMA

Reviewer: Jesse Chao

Title: The Power of Hope

First Author: James C. Harris

Citation: JAMA 2008; 300: 2919-2920

Summary: Editorial: Personal care begins with establishing a sense of hope for the patient and seeking to maintain that sense throughout the course of treatment. Hope begins with "The physician's warm reassuring facial expression," and is engaged "when a physician speaks to the patient with quiet gentle prosody...Listening, the patient spontaneously orients to the face of the physician who seeks to engage the patient by looking into his or her face and eyes." The editorial goes on to suggest, "Like a child who reaches to be picked up and, being ignored by the patient, turns away and begins to cry, the adult too seeks support..." And, "Most importantly, no patient should ever leave a visit with a physician without a sense of hope." Important ethical concerns that are not mentioned in the editorial include giving "false hope" and the potential costs of offering expensive, "long-shot" treatments as a source of hope.

Reviewer: Jesse Chao

Title: Agitation and Delirium at the End of Life

First Author: William Breitbart

Citation: JAMA 2008; 300: 2898-2910

Summary: The paper explores evaluation and management of delirium near the end of life. Prospective studies conducted in palliative care settings find that up to 42% of patients have delirium upon admission, and an additional 32% to 45% of patients develop delirium during the week prior to death. Delirium in patients is highly distressing to family members, and for many families, delirium seriously challenges the ability to grant a loved one's wish to die at home. To manage delirium well, clinicians must be able to accurately diagnose delirium and understand the benefits and risks of the available pharmacological and nonpharmacological interventions. In the last days of life, the ideal goal of delirium management is a patient who is comfortable, not in pain, awake, alert, calm, cognitively intact, and able to communicate coherently with family and staff. When delirium is a consequence of the dying process, the goal of care may shift to providing comfort through the judicious use of sedatives, even at the expense of alertness. Antipsychotic medications and sedatives increase risk of death, raising ethical concerns.

Reviewer: Wolitz

Title: Safer Therapies for Newborns Probed

First Author: Kuehn, BM

Citation: JAMA 2009; 301: 25-25

Summary: Medical advancements in treating premature babies have increased their survival rate. Such improvements appear, however, to come at the cost of neurological damage. Researchers are investigating new ways to increase survival without detrimental side-effects.

Reviewer: Wolitz

Title: The Americans With Disabilities Act: Shattered Aspirations and New Hope

First Author: Thomas, Victoria

Citation: JAMA 2009; 301: 95-97

Summary: Amendments have recently been made to the ADA that will correct for the way the act has been changed and interpreted by the courts. The result should be improvements for those with disabilities seeking/or sustaining employment.

Reviewer: Largent

Title: Access to Experimental Drugs for Terminally Ill Patients

First Author: Benhamin Falit

Citation: JAMA 2008; 300: 2793-2795

Summary: Abigail Alliance v Von Eschenbach (the plaintiffs argued - unsuccessfully - that governmental restrictions on access violate the Fifth Amendment's due process requirement). After 2 appeals, the US Court of Appeals, DC Circuit, held that due process does not include a fundamental right to access experimental compounds. The authors believe that the litigation has revitalized debate and proves that current policy related to experimental therapies needs reform.

They believe that key themes for policy makers will be: Patient protection (minimize harm to terminally ill patients; establish threshold level of evidence necessary for access); ensuring collection of reliable scientific data (patients eligible for clinical trials must enroll; those who are not eligible and receive tx must be included in a registry); increasing manufacturer incentives while preventing exploitation of patients (allow manufacturers to profit from pre-approval use, but prevent exploitative pricing); establishing a straightforward and streamlined process (equal access); preserving principles of equity (health plans should not be expected to pay because these are experimental and not medically necessary interventions).

Reviewer: Largent

Title: Medicine Discovers Child Abuse

First Author: Carole Jenny

Citation: JAMA 2008; 300: 2796-2797

Summary: The author reviews the article "The Battered-Child Syndrome" (originally published in 1962). This article is the first time in which pediatricians articulated their responsibility to report child abuse (which at the time was viewed as a social rather than a medical problem). The lead author, Dr. Kempe was instrumental in establishing multidisciplinary teams at hospitals to evaluate and report child abuse; he also raised awareness of childhood sexual abuse. Responses to his work were mixed - some quite supportive, but others denying that physicians could find such evidence upon examination.

Journal of Clinical Ethics

Reviewer: lepora, chiara

Title: Deadly sins and Cardinal Virtues in the clinical management of Intimate Partner Violence

First Author: Larkin, Gregory Luke

Citation: Journal of Clinical Ethics 2008; 19: 334-345

Summary: Lurkin aims to choose a specific ethical framework in understanding the phenomenon of intimate partner violence: principlism, social contract theory, emphasis of dispositional virtues.

The author proposes SADDEST approach (Screening, Assesment, Discussing DV, Documentation, Ensuring emergency referrals and treatment, Sending or Suspending reports, Testifying to the trauma), based on 7 virtues and antidote to 7 sins.

Reviewer: lepora, chiara

Title: Ethical challenges of research on and care for victims of Intimate partner violence

First Author: Wagman, Jennifer

Citation: Journal of Clinical Ethics 2008; 19: 371-380

Summary: the National Violence against woman Survey (NVAWS) suggests that 22.1% of US woman experienced Intimate Partner Violence at least once in their life.

The article describes Practical guidelines for research in this field, and ethical challenges faced by health professional and bioethicists.

Etic versus emic framework are presented, depending on how relevant the socio-cultural context is in the scope of the research, with a quick account on legal requirements and how to attend them.

Kennedy Institute of Ethics Journal

Reviewer: G. Owen Schaefer

Title: Speaking of Ethical Expertise...

First Author: Giles R. Scofield

Citation: Kennedy Institute of Ethics Journal 2008; 18: 369-384

Summary: The author critiques a recent paper by Steinkamp, Gordijn and ten Have (Kennedy Institute of Ethics Journal 18:173-92, 2008) on the notion of ethical expertise. The article illustrates several problems with defining an ethical expert as a facilitator of dialogue. Firstly, such is at odds with a widely-accepted understanding of an "expert" – being able to do some otherwise complex task without having to think. Secondly, having an ethical expert undermines the democratic notion that we are all moral equals; no one citizen's moral judgments should be taken as "superior" to another. Thirdly, the project of attempting a "dialogue" without imposing judgment is impossible – there will always in an ethics consult be an implicit understanding that the "ethical expert" is attempting to assert what the right thing to do is. Steinkamp, Gordijn and ten Have reply to this question in an article immediately following in the same issue of the Kennedy Institute of Ethics Journal, but the central thesis of an "expert" as dialogue-facilitator remains problematic.

Reviewer: G. Owen Schaefer

Title: A Jewish perspective on human sanctity

First Author: John D. Loike

Citation: Kennedy Institute of Ethics Journal 2008; 18: 347-367

Summary: The issue of chimera research is discussed from an explicitly Jewish perspective. The authors conclude that infusing animals with human tissue, e.g., human bone marrow, is not in itself problematic in Jewish law, but infusing them with human brain cells or some other neurological process would constitute an affront to human dignity. Human dignity is here defined as only creating humans in the image of God; such a chimera might exhibit human-like behavioral characteristics along with human neurons, which is tantamount to an affront on human dignity. Unfortunately, the authors spend little time elaborating or defending the particular notion of human dignity here defined. It is taken as obvious that an "intelligent" human-primate chimera would deeply offend and embarrass the sanctity of a human being.

Lancet

Reviewer: G. Owen Schaefer

Title: Russia releases draft health-care plan

First Author: Tom Parfitt

Citation: Lancet 2009; 373: 109-110

Summary: The Russian government has issued a 12-year plan for improving the country's abysmal health. The goal is to raise average life expectancy from 68 years to 75 years. The plan primarily focuses on improving the quality of and access to high-tech medical services. Critics say there is too much emphasis on a centralized mandatory insurance scheme, which will likely be prone to corruption. Also, it does not address the primary reason Russia has such high mortality compared to other European nations: excessive alcohol and tobacco consumption.

Reviewer: G. Owen Schaefer

Title: The complexity of medicine and war

First Author: Joanna Bourke

Citation: Lancet 2009; 373: 113-114

Summary: The Wellcome Medical Museum in London recently opened an exhibit entitled "War and Medicine." Unlike a similar exhibit opened in 1914 which glorified gruesome surgical techniques, this exhibit attempts to engage the complexities and contradictions of wartime medicine. It runs through wartime medicine's varied history, from the Crimean War where more soldiers died of disease than in combat, up to the current wars in Afghanistan and Iraq, where PTSD is commonly diagnosed. The exhibit still cannot avoid the central irony of wartime medicine, though – that "physicians minister to men's bodies in order that other men's bodies can be destroyed."

Reviewer: Kingma

Title: Second generation vs first generation antipsychotic drugs for schizophrenia: a meta-analysis

First Author: Leucht et al

Citation: Lancet 2009; 373: 31-41

Summary: More proof for marketing trumping medicine: after twenty years of proclaiming second generation antipsychotic drugs better than the first generation, this meta analysis concludes that the second generation is neither more effective, nor has lesser side effects than the first generation. A comment by Tyler and Kendall on p 4-5 writes: "it is difficult not to conclude that the trials of the second-generation antipsychotics seem to be driven more by marketing strategy than to clarify their role for clinicians and patients."

Reviewer: Kingma

Title: Treating our way out of the HIV pandemic: could we, would we, should we?

First Author: Carnet & Baggaley

Citation: Lancet 2009; 373: 9-11

Summary: The authors respond to a mathematical analysis which claims that universal testing and early treatment would almost eliminate the HIV pandemic. The authors question this strategy in the context of public health ethics: "At its best, the strategy would prevent morbidity and mortality for the population, both through better treatment of the individual and reduced spread of HIV. At its worst, the strategy will involve over-testing, over-treatment, side-effects, resistance, and potentially reduced autonomy of the individual in their choices of care."
The authors caution against compulsory treatment of vulnerable populations in the name of 'the good of society' and demand research into cost-effectiveness

Reviewer: Kingma

Title: Helsinki discords: FDA, ethics and international drug trials

First Author: Kimmelman, Weijer and Meslin

Citation: Lancet 2009; 373: 13-14

Summary: The authors criticize the FDA for not requiring abidance by Helsinki anymore. According to the authors the Declaration of Helsinki has a moral authority that should not be undermined.

Reviewer: G. Owen Schaefer

Title: Always on call

First Author: Corry Chapman

Citation: Lancet 2008; 372: 2162-2163

Summary: The author gives a brief but gripping account of Dr. Tom Catena's management of a Sudanese hospital in the remote Nuba Mountains. Catena accomplishes a great deal with few resources and minimal staff. Though only trained as a general practitioner, the article tells how Dr. Catena has no choice but to perform neurosurgery on an infant with a huge cranial mass that prevented suckling. The case is researched on the internet (the operation would have been impossible without the articles published on the web) and the operation performed successfully. Such a case is the exception, of course – most patients are treated for more ordinary maladies like malaria, injuries, pregnancy-related complications, etc. - which nevertheless require resources too often in short supply.

New England Journal of Medicine

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: Patient, Heal Thyself: How the New Medicine Puts the Patient in Charge

First Author: Hall, MA

Citation: New England Journal of Medicine 2008; 359: 2851-2852

Summary: A review of the book by Robert M. Veatch. Veatch argues that, because every medical decision, no matter how small, involves value judgments, the only way to uphold patient autonomy in the strongest sense is to leave every medical decision to the patient. "Even prescriptions are too prescriptive. Instead, doctors will merely document a patient's diagnosis, leaving patients to decide (in consultation with pharmacists) whether to medicate and which approved drug and dosage to take. We will also need to 'abandon' informed consent in favor of a menu-like process in which doctors laboriously explain all plausible options." The reviewer characterizes Veatch's approach as "radical," asserting that it discounts the reality of the sick patient who wants and needs physician guidance more than autonomy.

Reviewer: LD Stunkel

Title: Melamine and the Global Implications of Food Contamination

First Author: Ingelfinger, JR

Citation: New England Journal of Medicine 2008; 359: 2745-2748

Summary: Now that the food supply is globalized, a contamination in one area has implications for everyone. The recent melamine poisonings in China may have resulted from accidental melamine contamination (melamine can be found in plastics, adhesives, and laminates) or they may even have been intentional. Melamine results in artificially high protein content readings, which may lead some unscrupulous manufacturers to add the dangerous chemical to their products.

Philosophy and Public Affairs

Reviewer: Carla

Title: Legitimate Parental Partiality

First Author: Brighthouse and Swift

Citation: Philosophy and Public Affairs 2009; 37: 43-80

Summary: The authors explore the conflict between partiality and equality in the context of the family. Unlike other articles that also discuss to what extent the family threatens equality of opportunity, in this one the authors do not focus exclusively on the perspective of children. Parenting is presented as an important source of flourishing for many adults. The family is justified by appeal to familial relationship goods, which are the values the family realizes for both children and parents. These familial relationship goods justify the protection of parental partiality, despite its tendency to undermine equality of opportunity. However, not all types of parental partiality are legitimate. Some types of parental partiality (like securing material advantages for one's children) cannot be justified by appeal to familial relationship goods. The authors explain the distinction between legitimate and illegitimate parental partiality, and discuss to what extent the distinction between practices that can be justified by appeal to family values and practices that cannot, is not clear-cut. Finally, they claim that familial relationship goods might themselves be the object of egalitarian concern. Poverty is introduced as the most important obstacle to successful enjoyment of familial relationship goods for both parents and children.

PLoS Medicine

Reviewer: Sarah R. Lieber

Title: The Dirty War Index: A Public Health and Human Rights Tool for Examining and Monitoring Armed Conflict Outcomes

First Author: Madelyn Hsiao-Rei Hicks

Citation: PLoS Medicine 2008; 5: 1658-1664

Summary: Authors introduce "Dirty War Index" (DWI): "a data-driven public health tool based on laws of war that systematically identifies rates of particularly undesirable or prohibited, i.e., "dirty," war outcomes inflicted on populations during armed conflict (e.g., civilian death, child injury, or torture)."

Aim of DWI: "DWIs are designed for direct, easy translation of war's public health outcomes into the human rights, policy, and interdisciplinary work needed to address war's practice."

Reviewer: Sarah R. Lieber

Title: "A Good Personal Scientific Relationship": Philip Morris Scientists and the Chulabhorn Research Institute, Bangkok

First Author: Ross MacKenzie

Citation: PLoS Medicine 2008; 5: 1737-1748

Summary: "This paper examines the efforts of consultants affiliated with Philip Morris (PM), the world's leading transnational tobacco corporation, to influence scientific research and training in Thailand via the Chulabhorn Research Institute (CRI)"--a WHO collaborating centre

Previously confidential tobacco industry documents that were made publicly available following litigation in the US reveal that independent overseas scientists, now identified as industry consultants, were able to gain access to the Thai scientific community. This tie presumably influenced scientific research and debate around tobacco and health, particularly regarding secondhand smoke
