American Journal of Public Health

Reviewer: Danis

Title: Community involvement in developing policies for genetic testing: Assessing the interests and experiences of indivduals affected by genetic conditions

First Author: Gollust SE, Apse K, Fuller BP, Miller S, Biesecker

Citation: American Journal of Public Health 2005; 95: 35-41

Summary: Individuals with genetic conditions should have a role in policy decisions about testing. Surveys of affected individuals should be conducted to inform policy on testing.

Reviewer: Danis

Title: Global trade and public health

First Author: Shaffer ER, Waitzkin H, et al

Citation: American Journal of Public Health 2005; 95: 23-34

Summary: Global trade agreements have altered the capacity of governments to monitor and protect public health. Pending GATS (General Agreement on Trade in Services) and FTAA (Free Trade Area of the Americas) cover a wide range of health services and licensing. Public health specialists rarely participate in these negotiations or in resolution of disputes. The linkage between free trade and public health deserve more attention than they have received

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Reviewer: Danis

Title: The changing role of the World Bank in global health

First Author: Prah Ruger J

Citation: American Journal of Public Health 2005; 95: 60-70

Summary: The world bank was created in 1946 to finance European reconstruction after WWII but today the back is a major funder in the health, nutrition and population sector in developing countries. The author traces the evolution of this shift in focus.

Reviewer: Danis

Title: Infant mortality and income in 4 world cities: NY, London, Paris, and Tokyo

First Author: Rodwin VG, Neuberg LG

Citation: American Journal of Public Health 2005; 95: 86-90

Summary: In contrast to Tokyo, Paris and London, there is a strong association between income and infant mortality.

Reviewer: Danis

Title: Life-years gained from modern cardiological treatments and population risk factor changes in England and Wales, 1981-2000

First Author: Unal B, Critchley JA, Fidan D, Capewell S

Citation: American Journal of Public Health 2005; 95: 103-108

Summary: Modest reductions in major risk factors led to gains in life years 4 times higher than did cardiological treatments. Effective policies to promote healthy diets and physical activity might achieve even greater gains.

Reviewer: Peerzada

Title: Reaching the Underserved

First Author: Victora, Cesar

Citation: American Journal of Public Health 2005; 95: 195-195

Summary: This is an editor's piece highlighting two articles in the Feb 2005 issue of AJPH: each article examines the effect of a public health intervention on children's health-in Sweden and in India. Taken together, the articles illustrate global health disparities and the fact that certain important global health intitiatives must be given decades, not years, to show evidence of impact. The articles also provide examples of how non-egalitarian (targeted) interventions must sometimes be used to achieve health equity across socio-economic groups.

Reviewer: Peerzada

Title: Health Plan Liability and ERISA: The Expanding Scope of State Legislation

First Author: Hellinger, Fred

Citation: American Journal of Public Health 2005; 95: 217-223

Summary: An interesting article that discusses the impact of the Employee Retirement Income Security Act (ERISA) on legislation that has been passed in 10 states allowing health plan enrollees to sue their plans for failing to provide the standard of care. In June 2004, the US Supreme Court ruled that state-law causes of action brought under the Texas Health Care Liability Act involving coverage decisions by Aetna Health Inc and CIGNA Health Care of Texas were preempted by ERISA. This means that health plan enrollees cannot successfully bring tort claims against their health plan. The article discusses the legislative and judicial background of this issue.

Reviewer: Peerzada

Title: State-Funded Comprehensive Primary Medical Care Service Programs for Medically Underserved Populations: 1995 vs 2000

First Author: Wilensky, et al

Citation: American Journal of Public Health 2005; 95: 254-259

Summary: For those interested in health policy: this is a survey study looking at levels of state funding for comprehensive primary care services for medically underserved populations in the United States. The authors compare their results from year 2000 with results from the same survey fielded in 1995 in order to capture trends, etc.

Reviewer: Danis

Title: Workforce issues in rural areas: A focus on policy equity

First Author: Ricketts, TC

Citation: American Journal of Public Health 2005; 95: 42-47

Summary: The author categorizes policies that are intended to increase healthcare workforce in rural communitities as either coercive, normative or untilitatarian. He indicates that a balance of these approaches is warranted to most successfully recruit healthcare providers to rural communitities.

Reviewer: Peerzada

Title: Health Expenditures for Privately Insured Adults Enrolled in Managed Care Gatekeeping vs Indemnity Plans

First Author: Pati, et al

Citation: American Journal of Public Health 2005; 95: 286-291

Summary: A study that compared health expenditures for adults in managed care vs. indemnity plans. The authors analyzed expenditure data from 8195 privately insured adults sampled in the nationally representative 1996 Medical Expenditure Panel Survey. Managed care gatekeeping plan enrollees included those in health maintenance organizations and other plans requiring a primary care gatekeeper. All others were considered indemnity plan enrollees.
Results. After multivariate adjustment, mean per capita expenditures were approximately 6% lower for gatekeeping enrollees than for indemnity enrollees.

Annals of Internal Medicine

Reviewer: Grady

Title: Systematic Review: The relationship between clinical experience and quality of health care

First Author: Choudry N

Citation: Annals of Internal Medicine 2005; 142: 260-273

Summary: Review of 59 published studies (1966-2004) that provided empirical resulsts about knowledge or quality of care outcomes and included yrs of practice or physician age to "assess the robustness of the relationship"

52% (32/62 evaluations) of studies reported decreasing performance with increasing yrs of practice for all outcomes measured.

Conclusions: Physicians who have been in practice longer may be at risk for providing lower quality care.

This is an important study because the findings are counter-intuitive. Lots of limitations to this study, though, so results should be taken cautiously.

Also an accompanying editorial suggests that this study has many implications, including a need to rethink professional development and continuing education, as well as certification

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Archives of Internal Medicine

Reviewer: Peerzada

Title: The Influence of Public Reporting of Outcome Data on Medical Decision Making by Physicians

First Author: Narins, et al

Citation: Archives of Internal Medicine 2005; 165: 83-87

Summary: A survey study assessing the influence (on monitored physicians) of NewYork's published patient mortality rates for all interventional cardiologists practicing coronary angioplasty.
Results The vast majority (79%) of interventional cardiologists agreed that the publication of mortality statistics has influenced their decision regarding whether to perform angioplasty on individual patients, particularly critically ill patients with high expected mortality rates. Most respondents agreed that patients who might benefit from the procedure may not receive it, and most felt that the risk adjustment model used in the published report is not sufficient to avoid punishing physicians who perform higher-risk interventions.

Reviewer: Peerzada

Title: Performing Procedures on the Newly Deceased for Teaching Purposes: What If We Were to Ask?

First Author: Morag, et al

Citation: Archives of Internal Medicine 2005; 165: 92-96

Summary: A survey study conducted in Brooklyn and Oslo investigating whether patients and family members would grant permission for performance of procedures on the recently dead for physician training or if this request might anger the recently bereaved.
Results Willingness to consent was directly related to age of decedent and inversely related to perceived invasiveness of the procedure at both sites. In every scenario, respondents in Brooklyn were much less willing to grant permission (2- to 2.5-fold) than were those in Oslo. In Oslo, respondents were more willing to consent for their own bodies to be used as training tools than that of a relative. In Brooklyn, 48.5% would be angry if approached for permission compared with only 8.4% in Oslo (P<.001).

Reviewer: Peerzada

Title: The Ethics of Research Using Biobanks: Reason to Question the Importance Attributed to Informed Consent

First Author: Hoeyer, et al

Citation: Archives of Internal Medicine 2005; 165: 97-100

Summary: A survey study of 1200 Swedish donors who had donated blood, under apparently very explicit informed consent procedures, to a Swedish biobank and a biotech company. The study authors investigated donors' perceptions of the system.
Of the respondents, 64.5% were aware that they had consented to donate a blood sample, 55.4% thought that they had consented to donate phenotypic information (i.e. answered questions about symptoms, etc.), and 31.6% believed that they could withdraw their consent. Among respondents, 3.9% considered informing donors about the research objective as the most important ethical issue in relation to biobanks, and 5.6% were unsatisfied with the information they had been given. There was 85.9% acceptance of surrogate decision making by regional research ethics committees.
The authors concluded that: because the donors were not always aware of their donation but generally were not unsatisfied with the information they had received, and that they did not rate being informed about the research objective as an important issue, informed consent seems to be an inadequate measure of public acceptance of biobank-based research. They noted that their findings may not be generalizable given the cultural context of the study.

Reviewer: Ravitsky

Title: Emerging Credentialing Practices, Malpractice Liability Policies, and Guidelines Governing Complementary and Alternative Medical Practices and Dietary Supplement Recommendations-Survey of 19 Integrative Health Care Centers

First Author: Michael H. Cohen, JD; Andrea Hrbek; et al

Citation: Archives of Internal Medicine 2005; 165: 289-295

Summary: The authors surveyed 21 academic medical centers and 13 non–academically affiliated hospitals that are integrating CAM therapies into conventional medical settings. The goal was to document emerging approaches regarding credentialing, malpractice liability, and pharmacy policies.
Institutions had no consistent approach. Less than a third had a formal (stated) policy concerning dietary supplements; those selling supplements in their pharmacy lacked consistent, evidence-based rationales regarding which products and brands to include or exclude. They conclude that hospitals are using heterogeneous approaches to address licensure, credentialing, scope of practice, malpractice liability, and dietary supplement use. This environment creates significant impediments to the delivery of consistent clinical care and multisite evaluations of the safety, efficacy, and cost-effectiveness of CAM therapies. The claim that consensus policies need to be developed.

Reviewer: Ravitsky

Title: Forgoing Treatment at the End of Life in 6 European Countries

First Author: Georg Bosshard, MD, MAE; Tore Nilstun et al

Citation: Archives of Internal Medicine 2004; 165: 401-407

Summary: The authors studied the incidence of different types of treatment withheld or withdrawn in 6 European countries and analyzed the main background characteristics. Between June 2001 and February 2002, they obtained samples from deaths reported to registries in Belgium, Denmark, Italy, the Netherlands, Sweden, and Switzerland. The reporting physician was then sent a questionnaire about the medical decision-making process that preceded the patient's death.
They conclude that in all of the participating countries, life-prolonging treatment is withheld or withdrawn at the end of life, although frequencies vary greatly among countries: the incidence of nontreatment decisions varied widely from 6% of all deaths studied in Italy to 41% in Switzerland. Low-technology interventions, such as medication or hydration or nutrition, are most frequently forgone. In older patients and outside the hospital, physicians prefer not to initiate life-prolonging treatment at all rather than stop it later.
They claim that non-treatment decisions are influenced by both cultural and medical factors. However, since in the countries surveyed the medical factors are similar, the study proves that cultural differences have profound effects on end of life practices. Country is the most important predictor of a physician's attitudes and practices.

Bioethics

Reviewer: Martin

Title: Engineering Genetic Injustice

First Author: wenz p

Citation: Bioethics 2005; 19: 1-11

Summary: Objects to the defense of genetic intervention technologies in Buchanan, Brock Daniels, and Wikler's book *From Chance to Choice.*

Argues that the authors "confuse real societies with just societies" and that, if they hadn't, the would have reached the conclusion that genetic enhancements have the potential to be extremely unjust in societies like the US.

I haven't read the book, but I have a hard time believing these authors make this mistake.

Reviewer: Martin

Title: Beneficence, Determinism and Justice

First Author: birch k

Citation: Bioethics 2005; 19: 12-28

Summary: Mostly a response to an earlier article by Julian Savulscu, "Procreative Beneficence," which defends genetically selecting the most intelligent children as a part of a parental obligation to select the "best child" they could possibly have.

I didn't really have time to read this, but from glancing through it, it looks fairly confused. He seems to think genetic selection of traits would threaten the resulting person's responsibility.

Reviewer: Martin

Title: The determination of the best intersets in relation to childhood immunisation

First Author: dawson a

Citation: Bioethics 2005; 19: 72-89

Summary: Argues for an "objective" (i.e. maximizing welfare independent of competent individual's preferences) characterisation of the child's best interest in relation to vaccines and that this means sometimes parental decisions can be overridden.

British Medical Journal

Reviewer: Danis

Title: London hospital publishes mortality data for individual surgeons

First Author: Shannon C

Citation: British Medical Journal 2005; 330: 384-385

Summary: Another UK hospital has started publishing mortality data for operations performed by individual cardiothoracic surgeons.

Reviewer: Danis

Title: Proposed new international health regulations

First Author: Nicoll A

Citation: British Medical Journal 2005; 330: 331-332

Summary: The author argues that the new revised International Health Regulations which would replace the earlier regulations of 1995 need to be ratified to deal with current internationally threatening infections like pandemic influenza. This despite the fact that the regulations will require ceding some degree of national sovereignty.

Reviewer: Danis

Title: Private healthcare may not be the panacea

First Author: Hall J and Maynard A

Citation: British Medical Journal 2005; 330: 357-359

Summary: Analysis of an Australian policy that supports private health insurance showed that it increased the proportion of people insured but failed to reduce admissions to public hospitals. The changes were costly, primarily benefited wealthy people, increased inequality in funding of care, and had no observable effects on efficiency.

Reviewer: Grady

Title: How doctors discuss major interventions with high risk patients: an observational study

First Author: Corke CF

Citation: British Medical Journal 2005; 330: 182-185

Summary: Observational study using an actor for a patient with a life threatening disorder and serious comorbidities to describe how 30 trainee doctors talked to the patient about high risk surgery.

The doctors focused on technical medical issues and placed little emphasis on patient factors like functional status, values, wishes, and fears.
Even when asked, the doctors were reluctant to offer advice about treatment. When advice was given it was in favor of the intervention.

Conclusions: doctors need better communication skills so that they are better prepared to help patients make decisions when confronted by major illness at the end of life

Reviewer: Danis

Title: Canadian life expectancy varies greatly depending on ethnic origin

First Author: Kermode-Scott B

Citation: British Medical Journal 2005; 330: 326-327

Summary: Aboriginal people of Canada (First Nations, Metis and Inuit) have life expectancies closer to people living in developing countries that other Canadians.

Reviewer: Wilfond

Title: ecent developments in gene transfer: risk and ethics

First Author: Kimmelman, j

Citation: British Medical Journal 2005; 330: 79-82

Summary: This is review of some of the recent developments with gene transfer research regarding the association of clinical success in immune difficiencies with risks of cancer in some subjects. The paper discusses supericially some of the implications for ethical issues in further research.

Health Affairs

Reviewer: Sabik, Lindsay

Title: Tea, Biscuits, And Health Care Prioritizing

First Author: Gold, Marthe

Citation: Health Affairs 2005; 24: 234-239

Summary: A narrative piece describing the author's experience observing public meetings reviewing health guidelines in England and contrasting it with decisions about Medicaid in Kansas. Gold argues that the US could learn a lesson from the UK and incorporate more public input into health care decisions. She ends the article by saying "Maybe we'll even adopt the tradition of afternoon tea. Worse things could happen."

Reviewer: Sabik, Lindsay

Title: Evidence-Based Medicine: A Unified Approach

First Author: Eddy, DM

Citation: Health Affairs 2005; 24: 9-17

Summary: This issue of Health Affairs is on "Putting Evidence into Practice," and centers on the history and current practice of EBM. In this article, David Eddy reviews the evolution of the idea of EBM, and distinguishes between two different approaches to EBM: evidence-based guidelines (EBG) and evidence-based individual decision making (EBID). While the current most commonly cited definition of EBM centers on EBID, EBG are important in making individual decisions and are often the focus of discussions about EBM. Eddy argues that the common definition should be expanded to include both approaches.

Health Economics

Reviewer: Sabik, Lindsay

Title: Are QALYs based on time trade-off comparable? -- A systematic review of TTO methodologies

First Author: Arnesen, Trude

Citation: Health Economics 2005; 14: 39-53

Summary: Just what the title says. Concludes that they are not comparable. Limiting CUA to include quality of life weights from only one method and one perspective is not enough to enure that QALYs are comparable.

Reviewer: Sabik, Lindsay

Title: Examining the link between price regulation and pharmaceutical development

First Author: Vernon, JA

Citation: Health Economics 2005; 14: 1-16

Summary: Using the fact that relative to the rest of the world the US pharmceutical market is largely unregulated with respect to price, the author models how regulation would affect pharmaceutical R&D. He finds that regulating prices would likely lead to a decline of between 23.4 and 32.7% in R&D. He recognizes, though, that this says nothing about implications for social welfare and might not be a good argument against price regulation.

Reviewer: Frank L

Title: QALY Maximization and People's Preferences: A Methodological Review of the Literature

First Author: Dolan, P

Citation: Health Economics 2005; 14: 197-208

Summary: This is a review article. It sums up empirical research since the late 1980s on the question of whether orthodox QALY maximization accurately describes the expressed preferences of ordinary people. Generally, this research has found that people are willing to depart from the QALY maximization standard in numerous instances. For example: they are willing to weight QALYs (1) in favor of the young as against the old, (2) in favor of the deserving as against the undeserving, (3) in favor of the disadvantaged as against the advantaged, and (4) in favor of those with greater needs as against those with fewer.

Reviewer: Frank L

Title: Predictors of Elderly Mortality: Health Status, Socioeconomic Characteristics and Social Determinants of Health

First Author: Mete, C

Citation: Health Economics 2005; 14: 135-148

Summary: The social determinants of the health of the elderly are not so well studied as social determinants for other population segments. Early results suggest not only a significant correlation between economic class and mortality rates, but furthermore that this effect cannot be explained by relative access to health care. This article examines the robustness of this finding using new data from Taiwan. The basic finding is that the social determinants effect on mortality rates of the elderly largely disappears once one controls for initial health status. In other words, socio-economic interventions can improve health, but only if they take effect relatively earlier in life; improving the economic well-being of the elderly is unlikely to increase their health.

Reviewer: Frank L

Title: Public and Private Pharmaceutical Spending as Determinants of Health Outcomes in Canada

First Author: Cremieux, P

Citation: Health Economics 2005; 14: 107-116

Summary: Since the early 1990s, per capita drug expenditures have increased dramatically in Canada, sparking public concern and cost-containment efforts. But public debate has not thoroughly considered the overall cost-benefit balance from spending more on pharmaceuticals: spending more on drugs can increase life expectancy and quality of life, and it might save money to the extent that pharmaceutical treatments are substituted for more costly alternative treatments (e.g., inpatient care).

This article analyses the statistical relationship between increased drug expenditures and health outcomes in Canada (both nationally, and across provinces). As proxies for health outcomes, the authors chose infant mortality, life expectancy at birth, and life expectancy at 65. Their model controls for changes in non-pharmaceutical health care spending, and various other known social determinants of health. They find that drug expenditures are positively correlated with health outcomes, and moreover that they are at least as significant as (and perhaps more than) non-drug health expenditures.

IRB

Reviewer: Barton
Title: Book Review
First Author: Slomka
Citation: IRB 2005; 27: 18-18
Summary: Favorable review of Timothy Murphy, Case Studies in Biomedical Research Ethics.

Reviewer: Barton
Title: Consent Forms and the Therapeutic Misconception
First Author: King et al (including Hull & Wilfond)
Citation: IRB 2005; 27: 1-8
Summary: This is a very careful survey of gene-transfer consent forms with a view to the extent to which the consent forms encourage the therapeutic misconception. Some 321 forms were coded to explore various aspects of the language. An overwhelming portion of forms were found to be very vague in their discussion of benefits. Many of the statements were empty; a substantial portion dealt primarily with surrogate endpoints. The researchers strongly recommend increased specificity.

Reviewer: Barton
Title: The Quality of Informed Consent in a Clinical Research Study in Thailand
First Author: Pace et al (including Emanuel, Wendler, and Grady)
Citation: IRB 2005; 27: 9-17
Summary: This is the report of an interview study of the extent to which subjects in a study of the use of IL-2 in an HIV trial in Thailand understood the information conveyed in the consent form for the trial. It was found that subjects who had just gone through the informed consent process had a good understanding of IL-2, but many misunderstood some aspects of the randomization process. The study also found that the decision to participate in the experiment was, for almost all subjects, voluntary, and that few felt pressure from the researchers. The authors of the study pointed out that the particular group involved was exceptionally well educated.

JAMA

Reviewer: Hull, Sara

Title: A perspective on US drug reimportation

First Author: Niteesh K. Choudhry

Citation: JAMA 2005; 293: 358-362

Summary: This article provides a commentary on the recent debate regarding Americans seeking less expensive prescription medications from Canada and other countries. Recent data indicate that 7% of Americans have purchased medications from other countries, and 73% of Americans over age 50 would consider doing so if feasible. Arguments against reimportation have focused on safety and profits: The FDA contends that it cannot ensure safety of Canadian medications, and drug companies oppose reimportation because of loss of profits and R&D incentives.

The authors argue that these concerns are unfounded. For example, the Canadian Health Products and Food Branch regulates drug safety with a rigorous set of procedures that are equivalent to the FDA. They also argue that drug prices and company profits need not be linked to innovation, that companies likely exaggerate the R&D costs to develop new drugs, and that companies benefit substantially from taxpayer-funded research (e.g., Taxol).

However, even if reimported drugs are safe and do not threaten new drug innovation, the authors argue that this is not a viable long-term strategy to address America's prescription drug problem. There are not enough drugs in Canada to adequately supply the US, which will eventually cause Canadian prices to increase, which would limit the costs savings. Instead, explicit price controls or mechanisms such as preferred drug lists and incentive-based formularies with tiered co-payments or reference-based pricing are needed in the US to address this problem.

Reviewer: Hampson

Title: University-Based Science and Biotechnology Products

First Author: Kesselheim, AS

Citation: JAMA 2005; 293: 850-854

Summary: An article that discusses the inherent conflicts of patent production--"overpatenting" could hinder research by creating the need for expensive and inefficient crosslicensing, and limiting patenting could allow private entitites to use the results of years of costly publicly funded research without compensating university- or public sector-based innovators, thus depriving them of revenue necessary to pursue novel therapeutics or other seminal research. The authors use several court cases as examples, and then offer several solutions to the problem, including:
-basic resarch patent pools (combine several patents under one umbrella so that all may use and profit from the technology for a single licensing fee)
-crosslicensing entire patent portfolios
-create an administrative law arbitration mechanism to which agrieved parties could turn if they cannot arrive at an agreement on their own (a body of experts could retrospectively examine the development of a product and assign equitable credit)
-require companies that make use of publicly funded research to allocate to the NIH a percentage of its revenues from the product

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Reviewer: Shalowitz

Title: Research Compensation and the Monetarization of Medicine

First Author: Reiser, SJ

Citation: JAMA 2005; 293: 613-614

Summary: Response piece to article by Dunn and Gordon in this issue of JAMA. As far as I can tell, the only point that the author makes here is that paying research participants contributes to the "monetarization" of medical care in the US, and as such should be used only when absolutely necessary, and then minimized. Therapeutic misconception, anyone?

Reviewer: Shalowitz

Title: Improving Informed Consent and Enhancing Recruitment for Research by Understanding Economic Behavior

First Author: Dunn, LB

Citation: JAMA 2005; 293: 609-612

Summary: Focuses on the issue of compensation for enrollment in research from the point of view of the potential participant. Three main points: First, undue inducement should primarily be a concern when the study is inadequately understood as a result of poor informed consent. Second, the validity of the study depends on getting a representative participant population, which the authors argue will depend on the compensation scheme used. Third, financial gain is only one of several factors used by participants to make an enrollment decision.

To address these points, the authors argue for improved informed consent processes, as well as further research into the multiple factors that play a role in decisions to enroll in research. The authors also challenge the claim that higher compensation will result in disproportionate recruitment of poor participants, arguing that lower levels of compensation will be turned down by those for whom the opportunity cost of participation is high (e.g. the wealthy).

Journal of Clinical Ethics

Reviewer: Hull, Sara

Title: Deciding how to decide: What processes do patients use when making medical decisions

First Author: MJ Silveira

Citation: Journal of Clinical Ethics 2004; 15: 269-281

Summary: This study endeavored to examine the process of medical decisionmaking among 11 (!) elderly women in the Seattle area using semi-structured in-depth interviews and a modified grounded theory approach. Although there is no magic # of participants for qualitative research, it seems clear from their own narrative that they simply could not find enough willing particants in their sampling frame who passed cognitive screening. This project might have been appropriately conveyed as a descriptive study, but couching it in "grounded-theory" terminology and reporting demographics using percentages (for 11 participants!) is a lot of posturing for a relatively tentative set of conclusions (e.g., "Our group's narratives portrayed medical decision making as a complex process that addresses multifaceted problems"). The finding that there is a substantial difference between what is expected in informed decision making (deliberation) and what actually happens (deferring to others' recommendations) seems valid, but this is hardly the first study to raise that question.

Reviewer: Grady

Title: Geriatric Assent

First Author: Molinari V

Citation: Journal of Clinical Ethics 2005; 15: 261-268

Summary: Geriatric patients who are deemed incompetent should still be included in health care decisions regarding them.
Authors compare involving adolescents in health care decisions with involving incompetent older adults. Using pediatric assent as the framework, they recommend geriatric assent as an ordered process that includes: 1) disclosure of information in a manner commensurate with patient's cognitive level and mental status, 2) explaining how the care plan supports patient's values and quality of life. If decisional capacity is too impaired to engage in 1 and 2, then decisions should be made in accord with prior values and current qol (may require extensive work with family to construct patients values history. 3) Eliciting expressions of patient's preferences from those still capable. Getting patient's assent shows respect for remaining autonomy, and attempts to balance health and funcitonal status with respect for autonomy.

Journal of General Internal Medicine

Reviewer: Hull, Sara

Title: Bedside Interactions from the Other Side of the Bedrail

First Author: KE Fletcher

Citation: Journal of General Internal Medicine 2005; 20: 58-61

Summary: This article reports findings from a survey of 97 patients regarding their perceptions of interacting with physician teams at the bedside. Overall satisfaction with hospital experience and team of doctors was high (95% and 96% respectively). They learned about several issues from their team including new problems, tests that will be done, and treatments that will be done. They were comforted by the team's efforts to be caring, listen, and appear relaxed, while they were uncomfortable by the use of difficult-to-understand language and multiple people examining them at the same time. A majority of participants liked having medical students and residents involved with their care (69% and 64%, respectively). The authors conclude that this research provides several concrete suggestions for making the bedside rounds more inclusive of patients.

Journal of Medicine and Philosophy

Reviewer: Hampson

Title: Informed Consent in Acute Myocardial Infarction Research

First Author: Gammelgaard, Anne

Citation: Journal of Medicine and Philosophy 2005; 29: 417-434

Summary: Conducting clinical trials with patients in the acute phase of myocardial infarction poses an ethical challenge, as patients are under extreme stress and require urgen medical attention, thus the informed consent process is severely constrained. The very procedure of informed consent may be a harm in itself because of the delay in the provision of therapy. The paper describes how physicians have dealth with the informed consent process in AMI trials (conventional, no consent, verbal consent, post-experiment consent) and summarizes the results from empirical studies of the consent process of these trials (information, competence, motivation). The author goes on to discuss the ethical issues (pts may consent/decline on the bais of a limited comprehension, pts may not be competent, pts medical conditions may render them susceptible to manipulation, IC process may be distressing to pts, vital time is spent on the IC process) and their implications for future trials involving this kind of patient population. She advocates 1) equipoise, 2) independent data monitoring board, 3) improve oral information.

Lancet

Reviewer: Martin
Title: Hard choices: rationing antiretroviral therapy for HIV/AIDS in Africa
First Author: Rosen s
Citation: Lancet 2005; 364: 354-356
Summary: Identifies four approaches to rationing antiretroviral therapy: 1) using socioeconomic criteria, 2) favoring certain individuals or groups, 3) requiring patients to make copayments, 4) implicitly limiting rationing by, e.g., not making diagnosis, transportation, or treatment readily available.

Offers seven criteria for evaluating these approaches relative to the community in which they may be implemented.

Reviewer: Sabik, Lindsay
Title: Focusing on improved water and sanitation for health
First Author: Bartram, J
Citation: Lancet 2005; 365: 810-812
Summary: Another Millenium Project report, this one on the health effects of clean water and sanitation systems.

Reviewer: Martin
Title: Taking action to improve women's health through gender equality …
First Author: grown c
Citation: Lancet 2005; 365: 541-543
Summary:

Reviewer: Martin
Title: The p53 tumour suppressor gene and the tobacco industry …
First Author: bitton a
Citation: Lancet 2005; 365: 531-540
Summary: Mutations in the p53 tumour suppressor gene lead to uncontrolled cell division and are found in over 50% of all human tumours, including 60% of lung cancers.

The extent of tobacco industry involvement in p53 research and the potential conflict of interest discussed here demonstrate the need for consistent standards for the disclosure and evaluation of such potential conflicts in biomedical research.

Reviewer: Martin
Title: Educational inequalities in cause-specific mortality in middle-aged and older …
First Author: Huisman m
Citation: Lancet 2005; 365: 493-500
Summary: Background Studies of socioeconomic disparities in patterns of cause of death have been limited to single countries, middle-aged people, men, or broad cause of death groups. We assessed contribution of specific causes of death to disparities in mortality between groups with different levels of education, in men and women, middle-aged and old, in eight western European populations.

Reviewer: Martin
Title: Conspiracy theories of HIV/AIDS
First Author: editorial
Citation: Lancet 2005; 365: 448-448
Summary: Discusses the fact that conspiracy theories about HIV/AIDS are widespread in the African American community, and the difficulties this present for prevention and treatment initiatives within African American communities.

Reviewer: Martin
Title: Books: Alternative therapies: complement or challenge to allopathy?
First Author: morris k
Citation: Lancet 2005; 365: 377-378
Summary: The book is *The Whole Story: Alternative Medicine on Trial" by Toby Murcott. Apparently, Murcott (who is a mainstream science journalist) started looking into CAM because he wanted to know why his homeopathically-treated cat survived renal failure. The reviewer says the book includes discussion of how allopathic researchers, in trying to figure out how to evaluate CAM, are pushed to question their own methods.

Reviewer: Martin
Title: Psychiatry reforms and illegal behavior of the severly mentally ill
First Author: schanda h
Citation: Lancet 2005; 365: 367-369
Summary: This is a comment on a paper by Alexander Simpson et al that finds "deinstitutionalisation appears not to be associated with an increased risk of homicide by people who are mentally ill."

Reviewer: Sabik, Lindsay
Title: Environmental tobacco smoke research published in the journal Indoor and Built Environment and associations with the tobacco industry
First Author: Garne, D
Citation: Lancet 2005; 365: 804-809
Summary: Paper demonstrating that a journal established in part by the tobacco industry, but which claims independence from it, might still be unduly influenced by the tobacco industry. Supposed to be a COI expose, I suppose, but doesn't seem like a big surprise.

Reviewer: Martin
Title: UNICEF: suggestions for change (correspondence)
First Author: Phadke MA
Citation: Lancet 2005; 365: 289-289
Summary: Apparently Richard Horton published an article critiquing UNICEF in a November Lancet. This correspondence series responds to that article.

Phadke says UNICEF should turn its focus from educating girls in developing countries and early childhood development to stopping female feticide and infanticide and prenatal care.

Because of course girls shouldn't be educated until after we eliminate sexism.

There are somewhat more thoughtful articles as part of the correspondence.

Reviewer: Martin
Title: Books: Freedom to die with dignity
First Author: Marmot m
Citation: Lancet 2005; 365: 285-286
Summary: The book is *Death, Dying, and Social Differences,* edited by David Oliviere and Barbara Monroe,OUP 2004. The review talks about a Sen paper published in PPA (it's not clear whether it's also collected in the book under review), applying a "capabilities" approach to arguing for 1) the importance of death with dignity and 2) an imperfect obligation on the part of society and its institutions to ensure that steps are taken to honor individuals' right to die with dignity.

Reviewer: Martin
Title: Poly-ticks: Blue State versus Red State for Lyme disease
First Author: Nadelman rb
Citation: Lancet 2005; 365: 280-280
Summary: Red and blue states have different kinds of Lyme disease.

Reviewer: Martin
Title: Treatment of AIDS in conflict-affected settings: a failure of Imagination
First Author: Ellman t,
Citation: Lancet 2005; 365: 278-280
Summary: Conflict-affected populations are highly vulnerable to HIV infection. Discusses the problems specific to prevention and treatment in such populations and makes some recommendations. Mentions Medecins Sans Frontieres's work in the Congo, building on lessons learnt from treating tb in conflict settings.

Reviewer: Martin
Title: various articles on tsunami
First Author: Various
Citation: Lancet 2005; 365: 271-273
Summary: This issue contains several reports on how the many countries effected by the tsunami are dealing with the aftermath.

Reviewer: Martin
Title: Health and poverty: a new Marshall plan?
First Author: Lancet editors
Citation: Lancet 2005; 365: 267-268
Summary: Reports on Gordon Brown's (the UK's Chancellor of the Exchequer) new plan to create an International Finance Facility to secure funds (ultimate goal is $50 billion a year), some of which would be used to tackle HIV/AIDS. Criticizes the plan for focusing more on vaccine research and development than prevention and anti-poverty measures (though note the plan does include parts devoted to the latter.)

Reviewer: Martin
Title: Choosing health? First choose your philosophy
First Author: mckee m
Citation: Lancet 2005; 365: 369-371
Summary: This is a comment of the UK's White Paper on public health, which shifts focus from short-term treatment of illness to long-term promotion of health. The authors argue there is a tension in the values underpinning the paper: on the one hand a sense that leading a healthy lifestyle or not is a matter to be left up to the individual's choice and on the other hand a recognition that the state can intervene in environmental factors that influence people's choices.

Myself, I don't see the tension. The difficulty is deciding how to classify some influences as "environmental factors" (does advertising count?) and not others.

Reviewer: Sabik, Lindsay
Title: Book Review: Building the ethical foundations for public health
First Author: Beaglehole, Robert
Citation: Lancet 2005; 365: 563-564
Summary: Very favorable review of Public Health, Ethics, and Equity, (Sudhir Anand, Fabienne Peter, Amartya Sen, eds., Oxford University Press, 2004). Author outlines the three ideas from the book that are key to the future of public health: the idea that health inequalities are of greater importance than other inequalities; the case for using an extension of Rawls' framework to address health inequalities; and the case for downplaying the responsibility of individuals as the key to population health improvement. Sees the next step as an ethical exploration of the basis of policy measures introduced in recent years in Sweden, the UK, the Netherlands, and New Zealand.

Reviewer: Sabik, Lindsay
Title: Resuscitation of newborn infants
First Author: Shah, PS
Citation: Lancet 2005; 365: 651-652
Summary: Letter regarding a meta-analysis published in the Lancet in October. Though Jehanna may be interested.

Reviewer: Sabik, Lindsay
Title: Reports of bioethics' demise are premature
First Author: Caplan AL
Citation: Lancet 2005; 365: 654-655
Summary: Art Caplan criticizes an article claiming that bioethics is dead, saying that disagreement in the field is a sign of intellectual vitality, not demise.

Reviewer: Sabik, Lindsay
Title: South Africa needs to face the truth about HIV mortality
First Author: editors, Lancet
Citation: Lancet 2005; 365: 546-546
Summary: Comment on the South African government's defensive response to the report in AIDS that the number of HIV/AIDS death was likely almost three times as high as the number published by the government. This editorial argues that there will not be substantial progress on the problem of HIV/AIDS until the government acknowledges the extent of the epidemic.

Reviewer: Sabik, Lindsay
Title: The Millenium Project: the positive health implications of improved environmental sustainability
First Author: Melnick, DJ
Citation: Lancet 2005; 365: 723-725
Summary: Review of problems of environmental degradation and related health consequences. Authors call for international focus on environmental sustainability.

Reviewer: Sabik, Lindsay
Title: Emerging concensus in HIV/AIDS, malaria, tuberculosis, and access to essential medicines
First Author: Ruxin, J
Citation: Lancet 2005; 365: 618-621
Summary: A report on the task force of the UN Millenium Project concerned with the MDG to "combat HIV/AIDS, malaria, and other diseases." Those addressing each disease area agree that there must be increased focus on health systems infrastructure and equal attention to treatment and prevention. The report outlines these and other recommendations.

Reviewer: Sabik, Lindsay

Title: How much would poor people gain from faster progress towards the Millennium Development Goals for health?

First Author: Gwatkin, Davidson

Citation: Lancet 2005; 365: 813-817

Summary: Gwatkin points out the the health-related MDGs are the only that do not specifically target poor population groups. He argues that without planning to target these groups in particular, faster progress towards the goals (which are framed in terms of general population outcomes) could disproportionately benefit those who are more well-off and actually increase health disparities between more and less privileged groups.

Reviewer: Sabik, Lindsay

Title: Safety Concerns at the FDA

First Author: Editors, The Lancet

Citation: Lancet 2005; 365: 727-728

Summary: Editorial criticizing the nomination of Lester Crawford to head the FDA. The editors point out that while the Bush administration has been touting recent events including the creation of a Drug Safety Oversight Board as positive steps forward, the regulatory culture at the FDA remains loose and is not serving the public well.

New England Journal of Medicine

Reviewer: GS

Title: Health Care in the 21st Century

First Author: Senator William Frist!

Citation: New England Journal of Medicine 2005; 352: 267-272

Summary: [The Shattuck Lecture]
Frist's main argument is that in the near future, the American health care system has to become increasingly like other US industries-relying on the competition of (private) marketplaces to maximize efficiency, lower costs, etc.
Topics include: consumer-driven health care, universal electronic records, increased affordable coverage, "personal responsibility" to prevent disease, translational medical research.

Reviewer: GS

Title: When Doctors Go to War

First Author: Bloche, MG

Citation: New England Journal of Medicine 2005; 352: 3-7

Summary: The Freedom of Info. Act has recently made available documents relating to interrogation practices at Abu Ghraib and Guantanamo . In particular, these include the role that physicians and psychologists played in verifying protocols, witnessing potential abuses, etc. Most interestingly, there were official medical ethics discussions within the military, which suggests there were at least some military physicians aware of abusive practices.

Reviewer: GS
Title: Mortgagin Our Future-The Cost of Medical Education
First Author: Morrison, G
Citation: New England Journal of Medicine 2005; 352: 118-120
Summary: For doctors-to-be:

Bad news, it's only gonna get more expensive and hard to pay off.

Reviewer: GS
Title: Individual rights versus the public health's--100 years after Jacobson v Massachusetts
First Author: Parmet, WE
Citation: New England Journal of Medicine 2005; 352: 652-654
Summary: Interesting commentary on a 1905 Supreme Court ruling, Jacobson v Mass, that upheld the right of the city of Cambridge to mandate a smallpox vaccine. The authors argue that this case is seminal in the debate on what the state can demand for the sake of public health, particularly with regard to vaccination.

PLoS Medicine

Reviewer: GS
Title: Should an Institution That Has Commercial Rights in a New Drug or Device Be Allowed to Evaluate the Technology?
First Author: McKinney, R
Citation: PLoS Medicine 2005; 2: 5-0
Summary: Two viewpoints on how post-Bayh-Dole intellectual property policies complicate the role of universities in developing innovations into products and subsequently commercializing them.

Reviewer: GS
Title: A Person-Centred Approach to Communicating Risk
First Author: Alaszewski, A
Citation: PLoS Medicine 2005; 2: 93-95
Summary: Author argues that the current paradigm for communication of risk from doctors to patients, the "rational risk model," is flawed because it assumes wrongly that doctors have some objective, absolute knowledge of risk, and they must communicate it to patients, who know almost nothing. Risk assessments, the author says, are uncertain and debatable (what a shocker). So, the author proposes a "person-centered" approach that emphasizes more…wait for it…bilateral communication.

Reviewer: GS

Title: Designing Equitable Antiretroviral Allocation Strategies in Resource-Constrained Countries

First Author: Wilson, DP

Citation: PLoS Medicine 2005; 2: 132-142

Summary: The recent global commitment to increase access to antiretrovirals in the developing world is problematic because the number of HIV infected individuals far exceeds ARVs. So there is surely going to be a crisis of resource allocation. The authors draw on techniques in operations research to create a mathematical model that determines the optimal allocation strategy. They apply the model to data from the KwaZulu-Natal province of South Africa (where 21% of the country's HIV infections are), and find that the model suggests using all 54 healthcare facilities there, each serving people within a 50 km radius.

Reviewer: GS

Title: Deadly Alliances: Death, Disease, and the Global Politics of Public Health

First Author: Gandy, M

Citation: PLoS Medicine 2005; 2: 9-11

Summary: If you want a sense of of the politics of AIDS treatment efforts in the developing world (with a strong liberal bias), read this article. A brief overview of debates between public health activists, government, and industry in the last 4 years about making antiretrovirals affordably available.

Reviewer: GS

Title: The Courage to Change the Rules: A Proposal for an Essential Health R&D Treaty

First Author: Dentico, N

Citation: PLoS Medicine 2005; 2: 96-100

Summary: The article gives a short synopsis of data on global diseases of the poor ("neglected" diseases) and then summarizes a recent effort to install a new international treaty on R&D aimed at treating such diseases. The representation of why the situation is as bad as it is and who is to blame, though, is neither fair nor accurate.

Science

Reviewer: Ben Krohmal

Title: Is Tobacco Research Turning Over a New Leaf

First Author: David Grimm

Citation: Science 2005; 307: 36-37

Summary: News story about COI concerns in human subjects research on "reduced-harm" tobacco products. The tobacco industry funds much of the research, and some suggest that a) this calls the research results into doubt, and b) universities should ban the funds, and grant organizations should deny funding to institutions that accept tobacco industry research funding. This has raised questions about accademic freedom.

Reviewer: Ben Krohmal

Title: The Ethics of Deriving Gametes from ES Cells

First Author: Abby Lippman and Stuart Newman

Citation: Science 2005; 307: 515-515

Summary: Letter to the editor in which authors respond to a previously published proposal suggesting that cloned embryonic stem cells might be used to produce gametes so that same sex couples could each contribute genetically to offspring. The authors worry about safety, the ethics of testing safety, and the lack of socially proscribed responsibility that parents would have for the resulting "assemblages" (children). Two legitimate worries and one load of bull.

The authors of the original paper respond on the next page, and while stressing the need for further research, call Lippman and Newman's final worry "discriminatory".

Reviewer: Hampson

Title: It Takes a Village: Medical Research and Ethics in Mali

First Author: Doumbo, Ogobara K.

Citation: Science 2005; 307: 679-681

Summary: An essay about conducting clinical research in developing countries and how to incorporate ethics in a different way than is traditionally done in developed countries given the customs of the local community. Some good examples of how the informed consent process can differ.

Reviewer: Hampson

Title: Forbidden Knowledge

First Author: Kempner, Joanna

Citation: Science 2005; 307: 854-854

Summary: Because of a growing concern about the politicization and social control of science, the authors conducted an interview study consisting of 10 pilot and 41 in-depth semistructured interviews with a sample of researchers from prestigous academic departments in an attempt to identify how science is constrained. Nearly half of the researchers felt constrained by explicit, formal controls; most respondents agreed that formal controls offered important protections, but less consensus surrounded the necessity, efficience, or good sense of specific policies. Respondents reported a range of sensitive topics that had been restrained, including stem cell research, and studies relating to weapons, race, intelligence, sexual behaviors, and addiction, as well as concerns about using humans and animals in research. The effect of formal and informal constraints seems to have an effect on what science is studied, how studies are performed, how data are interpreted, and how results are disseminated.

Reviewer: Hampson

Title: NIH Chief Clamps Down on Consulting and Stock Ownership

First Author: Kaiser, Jocelyn

Citation: Science 2005; 307: 824-825

Summary: A news piece on the new NIH ethics rules regarding conflicts of interest.
PROHIBITED:
-No paid or unpaid employment, including consulting, for a drug, biotech, or medical-device company; health care provider; health or science trade, professional, or advocacy group; or research or educational intitution with NIH funding
-Financial disclosure filers cannot own financial interests in biotech, drug, or medical-device companies. $15,000 cap for other staff.
-Cash awards: can only accept if the award is on the approved list; senior employees and staff with duties involving donor cannot receive cash prize over $200
EXEPTIONS:
-Can be paid to teach certain university or continuing education courses, write for or edit peer-reviewed publications, or practice medicine part-time. Activities such as society officer may be allowed only if approved as an official duty.
-Can hold diversified mutual funds, pension or other benefits arising from pre-NIH employment
-Can accept honoraria and travel expenses; full cash prize allowed only for major awards; no limits on prizes of little value

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Reviewer: Hampson

Title: As Gelsinger Case Ends, Gene Therapy Suffers Another Blow

First Author: Couzin, Jennifer

Citation: Science 2005; 307: 1028-1028

Summary: The US Department of Justice has reached a settlement with the researchers and institutions involved in the Jesse Gelsinger gene therapy trial. Penn will pay fines of $517,496 and Children's National Medical Center (DC) will pay $514,622. Three investigators will also have their research restricted. The DoJ alleged that toxic reactions in humans should have halted the trial earlier and that the lead investigators misrepresented clinical findings to the study's overseers (NIH and FDA). James Wilson (Penn), who had a financial interest in a company that stood to profit if the study was successful, cannot lead any FDA-regulated clinical trials for 5 years and will be monitored for 3 years. Steven Raper (Penn) and Mark Batshaw (Children's) also have restrictions, although less severe. Under the agreement, the scientists do not admit responsibility for Gelsinger's death.

Reviewer: Hampson

Title: Race and Reification in Science

First Author: Duster, Troy

Citation: Science 2005; 307: 1050-1051

Summary: An article on the implications of research that uses racial categories to define disease risk and even the use of certain treatments. One example is the drug BiDil that was ineffective in treating heart disease in the general population but was found effective in African Americans (now termed "the first ethnic drug").
