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ID	**Journal**	**Title**	**Reviewer**	**Citation**	**Summary**	**Date**	**First Author**
525	JAMA	Mental Illness and Violent Death	Denny	JAMA 2005; 294: 623-624	Violent behavior causing death such as suicide and homicide are both strongly correlated with mental illness. 80% of suicide-related behavior in the US occurs in those with mental illnesses, and homicide offenders (at least in Sweden) also have higher than normal rates of personality disorders and various psychoses. It is suggested that the clinical and criminal records of individuals could be analyzed and used to guide or compel likely future offenders into treatment. Special attention should be paid to possible finanicial and insurance-related barriers to such treatment.	2005-10	Cole, TB and Glass, RM
526	JAMA	Book Review: Lesser Harms: The Morality of Risk in Medical Research	Denny	JAMA 2005; 294: 626-627	Review of a recent work concerning the evolution of the concept of acceptable risk in human research in the US, particularly using the history of vaccine research.	2005-10	Halpern, SA (review by Blackman, SC)
527	JAMA	Clinical Practice Guidelines and Quality of Care for Older Patients With Multiple Comorbid Diseases	Denny	JAMA 2005; 294: 716-724	Clinical Practice Guidelines (CPGs) may be particularly inappropriate to apply to older patients with multiple comorbidities. These CPGs are usually designed for the treatment of single diseases and may lead to extremely complicated and even dangerous treatments. Strict adherence to CPGs, for example, would lead a hypoethetical woman in the study with 5 comorbidities would take 19 doses of different medications in a single day. The authors note the conflict of interest problems of CPGs particularly in pay-for-performance initiatives and recommend a new set of guidelines for the treatment of elderly, multiply comorbid patients.	2005-10	Boyd, CM, et al
528	JAMA	HIV Testing Without Consent in Critically Ill Patients	Denny	JAMA 2005; 294: 734-747	While a patient's consent to generalized medical care is sufficient for most diagnostic tests to be performed, HIV testing requires special separate consent in all US states and territories, a phenomenon termed "HIV exceptionalism". The author argues that nonconsented HIV testing should be permitted in critically ill patients that are incapable of consent. Despite risks of violating some patients' autonomy, diagnosing a stigmatized disease, and driving patients away from seeking clincal care, it is argued that permitting nonconsented HIV testing will improve the efficiency of medical care in certain cases and respect the autonomy of the grand majority of patients.	2005-10	Halpern, SD
529	JAMA	Disclosing Individual Results of Clinical Research	Denny	JAMA 2005; 294: 737-740	Though current NBAC guidelines advise only providing clinical research subjects' individual results in particular cases, such as when the findings have important health implications, the authors argue that respect for subjects requires disclosure of individual results in a much greater range of research. While researchers should be honest in qualifying the uncertain nature and limits of	2005-10	Shalowitz D and Miller F

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					research results, subjects should be permitted and even invited to procure their individual results.		
530	JAMA	Quantifying the Federal Minimal Risk Standard	Denny	JAMA 2005; 294: 826-832	Children should only be enrolled in non-beneficial clinical research if there is a sufficiently low level of risk. Though this risk has been defined as "the level of risk a normal child is exposed to in daily life", this criterion has been implemented differently by different IRBs. When activities such as riding in a car and playing sports are quantified, the level of risk in everyday life could be construed as quite high. Alternatively, the risks involved in a routine health examination are very low. Other interpretations of everyday risk include risks incurred in family life or charitable work Clarification on the "everyday life" risk standard is needed for IRB guidance.	2005-10	Wendler, D et al.
531	JAMA	Neuroscience Becomes Image Conscious as Brain Scans Raise Ethical Issues	Denny	JAMA 2005; 294: 781-783	New developments in Functional Magnetic Resonance Imaging (fMRI) technology have generated an increasing amount of ethical discussion. As brain scans develop greater resolution and are used to investigate such phenomena as intelligence, logical decision making, and sexual arousal, concerns similar to those seen in relation to genetics research have arisen concerning the confidentiality of such scan results. Whether investigators should inform their participants and/or physicians of unusual findings is under discussion.	2005-10	Friedrich, MJ
532	JAMA	Fetal Pain	Denny	JAMA 2005; 294: 947-954	8 US states already have statutes requiring physicians to inform those seeking abortions 20 or more weeks after fertilization that the fetus feels pain, and to offer fetal analgesia. A proposal is currently before Congress to make such a law national. A review of the fetal and pain literature, however, suggests that the thalamocortical pathways necessary for the cognitive perception of pain (rather than simple nociception) are not functional until 29 to 30 weeks gestational age. Analgesia is often unsafe for the mother as well. The authors recommend that discussing fetal pain with potential abortion patients be noncomplulsory and that current analgesics not be used during abortions.	2005-10	Lee, SJ, et al.
533	Science	Male Circumcision Thwarts HIV Infection	Denny	Science 2005; 309: 860-860	A study in South Africa has determined that male circumsion greatly reduce the rates of HIV infection through heterosexual sex, a finding long suspected by observational studies. The study was actually not brought to its expected conclusion due to preliminary findings - the circumcised group had such lower rates of HIV infection that it was deemed unethical to continue. It is suggested that circumcision can offer 65% protection from HIV infection.	2005-10	Cohen, J
534	Science	Cut-Rate Genomes on the Horizon?	Denny	Science 2005; 309: 862-862	Two new researchers have come out with methods to sequence genomes more cheaply, reducing the overall cost by maybe 90%. Though the techniques need to be	2005-10	Pennisi, E

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					improved in accuracy and cannot yet handle a sufficient number of base pairs, both are considered important steps towards the NHGRI's goal of the $1000 genome.		
535	Science	Hedged Bet: An Unusual AIDS Vaccine Trial	Denny	Science 2005; 309: 1003-1003	In an attempt to fast-track a possible AIDS vaccine, Merck is doing what it has called a 2b study, using human subjects but without sufficient statistical power that leads to liscensure. The new potential vaccine uses adenovirus with 3 HIV genes (though not the gene for the surface protein) to try to "train" the human immune system.	2005-10	Cohen, J
536	Journal of Clinical Ethics	Physicians, Medical Ethics, and Capital Punishment	Denny	Journal of Clinical Ethics 2005; 16: 160-169	Although most professional societies of physicians (such as the AMA) formally do not permit their members to assist in the execution of prisoners, physicians in many states continue to assist with and even implement the actual manner of execution, sometimes under confidetiality agreements. Critics of these professional policies argue that physician presence eases suffering during execution and that, as with abortion, physicians should be free to follow their own conscience in medical procedures. However, the author argues that the physician's duty to act in the best interest of her patient and the danger of appearing to lend the medical profession's support to capital punishment should lead to greater enforcement of professional societies' bans on physican participation in prisoner execution.	2005-10	Murphy, TF
537	Journal of Law, Medicine and Ethics	Away from exploitation and towards engagement: An ethical compass for medical researchers working in resource-poor countries	Varma, Sumeeta	Journal of Law, Medicine and Ethics 2005; 33: 559-565	The authors argue that the "negative goal" of avoiding exploitation in international medical research ought to be matched by a corresponding positive goal, namely, striving to engage with the host community to decrease existing health inequities. They provide several case examples to illustrate how the goal of engagement can guide medical research.	2005-10	Fitzgerald, Daniel W.
538	Science	Ascent of Nanoscience in China	Varma, Sumeeta	Science 2005; 309: 61-63	An essay describing the growth of nanoscience and nanotechnology research in China since the 1980s. Comments on the need for regulation of nanotechnology and public education about it, in light of, e.g., companies indiscriminately labeling products as "nano" to boost sales.	2005-10	Bai, Chunli
539	Science	EPA Ponders Voluntary Nanotechnology Regulations	Varma, Sumeeta	Science 2005; 309: 36-36	News article on a public meeting held by the EPA to discuss a pilot program to gather information on nanomaterials currently being produced, as a precursor to regulation of these materials. While all meeting participants seem to agree that more information is needed about nanomaterials and their potential hazards, several environmental and health advocacy groups argued against making the program voluntary.	2005-10	Service, Robert F.

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540	Science	New Panel to Offer Guidance on Dual-Use Science	Varma, Sumeeta	Science 2005; 309: 230-230	News article about the convening of the National Science Advisory Board for Bio-Security, a 24-member interagency panel led by HHS to address concerns about dual-use research in life sciences. The panel is chaired by Dennis Kasper, a Harvard microbiologist, and has a 2-year charter that runs out in March but is expected to be renewed. Subjects they expect to address include defining dual use, guidelines for journals, codes of scientific conduct, international collaboration, and synthetic genomics.	2005-10	Kaiser, Jocelyn
541	Science	EPA Draft Rules for Human Subjects Draw Fire	Varma, Sumeeta	Science 2005; 309: 232-232	The Senate and House both voted to bar the EPA from using controversial studies testing pesticides on humans in making regulatory decisions. EPA has been working on developing ethical guidelines for human subjects research, and on extending a federal ethics code to studies not funded by EPA, but critics say the rules have too many loopholes. Specifically, according to a leaked draft the rules only apply to studies conducted for the purpose of quantifying a toxic effect for EPA's use, EPA can choose to accept a study with ethical flaws if it feels those flaws are outweighed by public health benefits, and there is no outside expert panel to review proposed studies for their ethical acceptability.	2005-10	Stokstad, Erik
542	Archives of Internal Medicine	Information and Involvement Preferences of Women in Their 40s Before Their First Screening Mammogram	Varma, Sumeeta	Archives of Internal Medicine 2005; 165: 1370-1374	A survey study of women age 40-44 scheduled for their first screening mammogram through a multispeciality group in the Boston area. The survey asked participants to rate on a 5-point scale the importance of 10 specific pieces of information before undergoing mammography, and asked about their preference for involvement in making the decision to have a mammogram. Of 96 eligible respondents, 89% wanted to know what to do if the mammogram came back abnormal, 84% wanted to know the false-positive rate, and 82% wanted to know the false-negative rate. There was a high proportion of interest in other logistical details. The piece of information fewest respondents were interested in was whether there was pain involved in the procedure (57%). On the subject of involvement in the decision to undergo mammography, most preferred either for women to decide themselves after considering the medical provider's opinion (38%) or shared decision making between the woman and provider (46%). The authors conclude that their findings support the need for informed decision making about screening mammography and the need for primary care providers to provide appropriate information and guidance. They note that the low response rate (47% of eligible women) is a limitation to this study.	2005-10	Nekhlyudov, Larissa
543	Science	Gene Bank Proposal	Varma, Sumeeta	Science 2005; 309: 684-685	The VA is planning a national gene bank that would include DNA donated by up to 7 million veterans and	2005-10	Couzin, Jennifer

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		Draws Support--And a Competitor			their family members, linked to anonymized medical records. New York state politicians and SUNY officials charge that the VA had accepted a proposal from a SUNY scientist and agreed to base the bank in New York, and are now planning to break that agreement and go with a competing plan to base the bank in Texas or Colorado. The competing plan is reported to have originated inside the VA. The VA general counsel argues that the agreement with SUNY isn't binding.		
545	JAMA	Is This Clinical Trial Fully Registered? A Statement from the International Committee of Medical Journal Editors	Hull, Sara	JAMA 2005; 293: 2927-2929	Update of ICMJE editorial from 2004 clarifying that ongoing clinical trials need to be registered by 9/13/05 (rather than 7/1/05) to be considered for publication. This statement further updates the definition of a clinical trial, requiring that it have "at least one propsectively assigned concurrent control or comparison group" to trigger the registration requirement. The authors also scold unnamed pharmaceutical companies for not completing the fields in the registry with meaningful information (e.g , "investigational drug" instead of the actual drug name), and call for cooperation from all parties in order "to promotethe public good by ensuring that everyone can find key information about every clinical trial whose principal aim is to shape medical decision making."	2005-10	DeAngelis CD
546	Hastings Center Report	essays on the Schiavo case	Martin	Hastings Center Report 2005; 35: 1-27	Of note are a discursive reflections by Jay Wolfson, Shiavo's guardian ad litem and an argument from Rebecca Dresser for clearer objective standards for withdrawal of nutrition and hydration.	2005-10	Various
547	Hastings Center Report	Singleton's Story: Choosing Between Psychosis and Execution	Martin	Hastings Center Report 2005; 35: 34-41	Discusses legal cases where prisoners have been forced to take antipsychotics in order to render them competent to stand trial, and where prisoners' competence to be executed deptends on them voluntarily or involuntarily taking medication. Also briefly considers the role of doctors in providing prescriptions to these prisoners.	2005-10	Spring, JC
548	Hastings Center Report	Authenticity and Ambivalence: Toward Understanding the Enhancement Debate	Martin	Hastings Center Report 2005; 35: 34-41	Argues that critics and proponents of enhancement technologies work from two different moral frameworks: critics from the "gratitude" framework, within which life and capacities are seen as a gifts that it would be inappropriate to attempt to control; proponents from the "creativity" framework, within which human flourishing is a matter of using capacities to create and self-create. Parens further maintains that both frameworks are valuable, as is our ability to move between them. His analyses of the frameworks, the values underwriting them, and their implications for specific enhancement technologies are not entirely persuasive, but the approach is interesting and worth considering further.	2005-10	Parens, E
549	Hastings Center Report	Not Just for Experts: The Debate	Martin	Hastings Center Report 2005; 35: 42-49	It's "frameworks" month at HCR! This article describes the debate in Germany between "techno-optimists" and "techno-skeptics" and claims that the two sides work	2005-10	Braun, K

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		About Reprogenetics in Germany			with different conceptions of ethics and the ethicist. The optimists supposedly adopt a "managerial frame", and see ethics as an area of expertise, primarily focused on selecting among and balancing competing values. The skeptics adopt a "republican frame", and see ethics as aimed at reaching a consensus view about the nature of the good society, through the input of citizens via public debate.		
550	New England Journal of Medicine	Nursing against the Odds (book review)	Martin	New England Journal of Medicine 2005; 353: 4123-4124	review of book addressing how work environment--health care cost cutting, media stereotypes, and "medical hubris"--are damaging the nursing profession and patient care.	2005-10	gordon, s
551	New England Journal of Medicine	Health Savings Accounts--The Ownership Society in Health Care	Martin	New England Journal of Medicine 2005; 353: 1199-1202	Explains how HAS's "shift the locus of rights and responsibilities for financing health care from governments and employers toward individual consumers".	2005-10	Robinson, JC
552	New England Journal of Medicine	Do High-Deductible Health Plans Threaten Quality of Care?	Martin	New England Journal of Medicine 2005; 353: 1202-1204	In a word, Yes. Authors argue that "we should do more than worry about the dangers of shifting costs to consumers; we should prepare for the likelihood that the reliability of their care will worsen as patients realize that they are paying for it. If the rates of mammograms and Pap smears decline, and if prescriptions go unfilled, it seems clear that the results will include increases in preventable deaths from cancer, heart disease, diabetes, and other conditions."	2005-10	Lee, TH
553	New England Journal of Medicine	Effectiveness of Antipsychotic Drugs in Patients with Chronic Schizophrenia	Martin	New England Journal of Medicine 2005; 353: 1209-1223	This is the study we've been hearing about in the news recently. It compared a first-generation antipsychotic, perphenazine, with several newer drugs in a double-blind study. Contrary to much of the reporting, this study did not find that the newer drugs are not as "effective" as perphenazine--at least in terms of effects on psychosis. Instead, it found that all of these drugs, old and new, are "ineffective" in the sense that people discontinue their use owing to "inefficacy or intolerable side effects or for other reasons." 74 percent of patients discontinued the study medication before 18 months. The time to the discontinuation of treatment for any cause was significantly longer in the olanzapine group than in the quetiapine (P	2005-10	Lieberman
554	New England Journal of Medicine	Ethics and Research with Children: A Case-Based Approach (book review)	Martin	New England Journal of Medicine 2005; 353: 1078-1078	Book by Eric Kodish.	2005-10	Kodish

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555	New England Journal of Medicine	Banning Genetic Discriminatio n	Martin	New England Journal of Medicine 2005; 353: 865-867	Short article reviewing reasons supporting passing the Genetic Information Nondiscrimination Act. It passed the Senate in Feb 2005, it's now in front of the House: H.R.1227.	2005-10	Greely. HT
556	New England Journal of Medicine	Newborn Screening--Setting Evidence-Based Policy for Protection	Martin	New England Journal of Medicine 2005; 353: 867-870	Reviews the procedured followed by the task force of the American College of Medical Genetics (ACMG), commissioned by the Maternal and Child Health Bureau of the Health Resources and Services Administration, who recently issued its recommendations for a uniform newborn-screening panel and system. Argues that the task force lacked sufficient representation of the scholars opposing expanded screening.	2005-10	Natowicz, M
558	New England Journal of Medicine	Financial Conflicts of Interest and the Food and Drug Administratio n's Advisory Committees	Wendler	New England Journal of Medicine 2005; July: x-x	Argues that industry connected scientists should not be able to serve on FDA advisory committees.	2005-10	Robert Steinbrook
560	New England Journal of Medicine	Making Antimalarial Agents Available in Africa	Wendler	New England Journal of Medicine 2005; July: x-x	Cloroquine resistant strains of malaria are killing hundreds of thousands of children every year, despite the proven efficacy of artemisinins. The authors argue that a centralized process needs to be adopted for subsidizing and providing artemisinins.	2005-10	Kenneth J. Arrow
561	New England Journal of Medicine	Children in the United States with Discontinuou s Health Insurance Coverage	Wendler	New England Journal of Medicine 2005; July: x-x	In addition to 6.6% of children with no health coverage, 7.7% of children had gaps in insurance coverage over the course of a year. These children had worse access to health care and numerous unmet medical needs.	2005-10	Lynn M. Olson
562	New England Journal of Medicine	Insurance and the U.S. Health Care System	Wendler	New England Journal of Medicine 2005; July: x-x	Comments on Olson article arguing that insurance needs to be combined with access to good care	2005-10	Barbara Starfield
563	New England Journal of Medicine	Public Solicitation of Organ Donors	Wendler	New England Journal of Medicine 2005; Aug: x-x	Claims that balancing the integrity of the organ donation system with efforts to increase the supply of organs is difficult.	2005-10	Robert Steinbrook
564	New England Journal of Medicine	Risks and Benefits to the Living Donor	Wendler	New England Journal of Medicine 2005; Aug: x-x	The short-term physical risks are low (death rate is 0.03 percent — similar to or lower than that for any operation involving the use of general anesthesia). More research needs to assess long term risks, but appear to be extremely low.	2005-10	Julie R. Ingelfinger
565	New England	The Ethics of Organ	Wendler	New England Journal of Medicine	The Ethics of Organ Donation by Living Donors Almost half of all kidney donors in the United States are living.	2005-10	Robert D. Truog,

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	Journal of Medicine	Donation by Living Donors		2005; Aug: x-x	In addition, living donors also provided a liver lobe o in approximately 320 cases and a lobe of a lung in approximately 15 cases. Argues that live donation is increasing and raises important ethical problems that need to be monitored, preferably by UNOS.		
567	New England Journal of Medicine	Medical Marijuana and the Supreme Court	Wendler	New England Journal of Medicine 2005; Aug: x-x	A number of studies highlight the efficacy of marijuana for a number of indications, suggesting the fight ain't over yet (despite the recent Supreme Court ruling).	2005-10	Susan Okie
568	New England Journal of Medicine	Trends in the Quality of Care and Racial Disparities in Medicare Managed Care	Wendler	New England Journal of Medicine 2005; August: x-x	The measured quality of care for elderly Medicare beneficiaries in managed-care plans improved substantially from 1997 to 2003. Racial disparities declined for most, but not all, measures. Future research should examine factors that contributed to the narrowing of racial disparities on some measures and focus on interventions to eliminate persistent disparities in the quality of care.	2005-10	Amal N. Trivedi, et al.
569	New England Journal of Medicine	Racial Trends in the Use of Major Procedures among the Elderly	Wendler	New England Journal of Medicine 2005; Aug: x-x	Based on Medicare data for nine surgical procedures, the authors found no evidence that efforts to eliminate racial disparities in the use of high-cost surgical procedures were successful during the 1990s.	2005-10	Ashish K. Jha, et al.
572	New England Journal of Medicine	Health Disparities — Less Talk, More Action	Wendler	New England Journal of Medicine 2005; Aug: x-x	"During the past decade, hundreds of articles have been published documenting the existence of racial and ethnic disparities in health and health care — a data deluge that has led many observers [including the present one] to suggest that it is time to stop documenting disparities and turn our efforts to doing something about them."	2005-10	Nicole Lurie
574	Bioethics	How Infectious Diseases Got Left Out	Martin	Bioethics 2005; 19: 307-322	Argues that incorporating issues raised by infectious diseases into bioethical framework requires rethinking how to conceive of autonomy as "relational and embodied". Key point about infectious disease (ID) is that it makes the one "both victim and vector". Traditional treatments of informed consent and distributive justice neglect the vector aspect--hence little attention given to question whether a patient or research subject or community should be informed of the risk infected person poses to others; no direct attention to question whether certain modalities of care distribution are preferable because the pose a lower iverall risk of disease transmission. [really?] Also, more attention to ID could strain credulity of the notion that distributive justice can be contained within national borders. Argument that all this implies reconceiving autonomy seems to turn on the claim that "instead of understanding autonomous decision making as a matter of analyzing the patient's own values, alternatives, and risks and benefits to the patient, we might want to think	2005-10	Francis, LP

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					about how this calculation is affected by the patient's vulnerability [and presumably also how it is affected by the threat the patient poses to others]." Unclear what the postive view is.		
575	Bioethics	Preparing for an Influenza Pandemic: Ethical Concerns	Martin	Bioethics 2005; 19: 422-431	raises four concerns about the pandemic plans of Canada, the UK, and the US. 1) The plans operate from the assumption of extreme scarcity of health care resources, which is troubling both because undercuts the political will to properly fund preparedness policy and because rationing decisions should be subject to public scrutiny. 2) the plans assume that mass vaccinations are the best form of preparedness, without providing concrete estimates of the benefits and burdens of vaccination. 3) health care workers will be among the most highly burdened in the event of a pandemic, but neither they their unions have had sufficient input into the plans to assure adequate support for them. 4) insufficient public education about the plans	2005-10	Kotalik, J
576	Bioethics	issue on infectious diseases	martin	Bioethics 2005; 19: 307-447	various articles on bioethical issues having to do with infectious diseases and policy for responding to and preventing infectious diseases includes Verweij on obligatory precautious, Reid on SARS, Broyles et al on feminist approach to treatment adherence in HIV/AIDS.	2005-10	Various
577	Journal of Medicine and Philosophy	Well-Being and Fairness in the Distribution of Scarce Health Resources	Chwang	Journal of Medicine and Philosophy 2005; 30: 231-260	Scarce health resources should be distributed according to a framework where individual well-being is the fundamental value and several principles of fairness are used to resolve conflicts. These principles include giving everyone equal chances, letting more important interests count for more (even in cases where that makes for unequal chances), and holding people accountable for being responsible for conflict. This view, which uses several potentially conflicting principles in cases of conflict, is better than mono-principled views such as consequentialism and rights-based views	2005-10	Re'em Segev
578	New England Journal of Medicine	Is This Clinical Trial Fully Registered? -- A Statement from the International Committee of Medical Journal Editors	Chwang	New England Journal of Medicine 2005; 352: 2436-2438	The International Committee of Medical Journal Editors published a simultaneous joint editorial in several major medical journals, including NEJM, JAMA, Lancet, and Annals of Internal Medicine declaring a new requirement of registration of all trials submitted for publication starting 1 July 2005. All phase 3 trials are required be included; no phase 1 trials will be; and phase 2 trials will be decided on a case-by-case basis by the editors. This policy will be in effect for two years, after which there will be a review process.	2005-10	editorial
579	New England Journal of	The Celestial Fire of Conscience -- Refusing to	Chwang	New England Journal of Medicine 2005; 352: 2471-2473	Health care professionals have the right to refuse treatment they find objectionable (e.g., abortions). Some are now demanding the further right to refuse referrals for treatments they find objectionable. This is	2005-10	Charo, R. Alta

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	Medicine	Deliver Medical Care (Perspective)			due to the growing emphasis on patient autonomy and the correlated lessening of social values and relationships. It also raises questions about what professionalism requires. Licensing systems further complicate the matter, because health care professionals have a monopoly on medical services. This entails a requirement to have a referral system in place, but the obligation may fall on a larger entity than the individual (e.g., the pharmacy rather than any particular pharmacist)		
580	New England Journal of Medicine	Genetic Justice (Perspective)	Chwang	New England Journal of Medicine 2005; 352: 2667-2668	Someone wrongly convicted of rape was exonerated by DNA evidence in 2004. This raises three important questions: (1) Do DNA exonerations highlight a deeper structural problems in our criminal justice system, (2) how many more wrongly convicted people are out there, and (3) what is the proper role of DNA evidence in criminal investigations? Focusing on (3), should there be DNA profiles? Should there be (voluntary) DNA dragnets of all the men in a radius of a sex crime? Should we collect DNA on convicted felons, at the time of arrest, or possibly even on every person in the country? Are the benefits to law enforcement worth the encroachment on civil liberty?	2005-10	Rothstein, Mark A.
581	New England Journal of Medicine	Stem-Cell Research -- Signposts and Roadblocks (Perspective)	Chwang	New England Journal of Medicine 2005; 353: 1-5	In April 2005, new ethics guidelines for dealing with stem cell research were issued by the National Research Council and the Institute of Medicine. The new guidelines state that using stem cells to clone humans for reproductive purposes should be banned, but that stem cell research should be permitted. The guidelines have no legal force, but scientists predict they will be widely followed at the state and institutional level, though not likely at the national level, because of G. W. Bush. Many specifics of the guidelines are given. We should have a consistent national policy which allows stem cell research.	2005-10	Okie, Susan
582	New England Journal of Medicine	A Proposal for Universal Coverage, Correspondance	Chwang	New England Journal of Medicine 2005; 353: 96-96	Responding to two Sounding Board articles, including one co-authored by Ezekial J. Emanuel, doctors should become involved in issues surrounding universal coverage before the crisis gets much worse and the system begins to implode	2005-10	Relman, Arnold S.
583	New England Journal of Medicine	A Proposal for Universal Coverage, Correspondance	Chwang	New England Journal of Medicine 2005; 353: 96-96	Contrary to Emanuel & Fuchs, our first step in providing universal coverage should be reining in costs. Emanuel & Fuchs' proposal still allows for too much growth in health care spending.	2005-10	Hinkel, Jennifer M.
584	New England Journal of Medicine	A Proposal for Universal Coverage, Correspondance Response	Chwang	New England Journal of Medicine 2005; 353: 96-96	In response to Ms. Hinkel's correspondance (also summarized somewhere on this system), vouchers reforms the health care delivery system by changing incentives. Finance reform should precede delivery system reform. The proposed voucher system would reduce administrative costs, but not all such costs are	2005-10	Emanuel, Ezekiel J.

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					wasteful.		
585	British Medical Journal	Rules for human organs put out for consultation (news)	Chwang	British Medical Journal 2005; 331: 129-129	New draft guidelines for the treatment of human organs and tissues were issued by the new Human Tissue Authority, which was set up in response to the revelation that some UK doctors had kept organs from dead children without parents' knowledge. The draft documents are available at www.hta.gov.uk and www.dh.gov.uk.	2005-10	Dyer, Care
586	British Medical Journal	Survey of informed consent for registration of congenital anomalies in Europe	Chwang	British Medical Journal 2005; 331: 140-141	The birth population registries in 19 European countries were surveyed about informed consent for opting in or out of registries that keep track of congenital anomalies. "The logistical difficulties in obtaining informed consent is a serious threat to the operation of registries that rely on clinician notification or access to medical records, despite extremely low parental refusal."	2005-10	Busby, Araceli
587	British Medical Journal	Dutch doctors adopt guidelines on mercy killing of newborns (news)	Chwang	British Medical Journal 2005; 331: 126-126	Dutch pediatricians adopted the Groningen protocol on newborn euthanasia. That protocol allows that some such euthanasia is acceptable, but only "in exceptional circumstances and under strict conditions".	2005-10	Sheldon, Tony
588	British Medical Journal	The road to reform: Look to the neighbors (editorial)	Chwang	British Medical Journal 2005; 331: 170-171	Political turmoil in central and eastern European countries has spilled over into their health care systems. Financing has been a problem, and although social health insurance has been seen as a solution, implementation has been difficult. There are many inequities and informal transactions. There have been many improvements, but much more needs to be done. It would help greatly to have focused, unified governmental support.	2005-10	Figueras, Josep
589	British Medical Journal	Supply and regulation of medicines: Costs of prescribing drugs are rising, and patients may pay the price (editorial)	Chwang	British Medical Journal 2005; 331: 171-172	Central an eastern European states used to supply drugs centrally, nearly for free. Since the collapse of communism in these areas, pharmaceuticals were privatized, leading to greatly increased expenditures and costs. This has prompted some re-regulation, sometimes in line with EU guidelines. There needs to be better doctor and patient education about rational drug use, to help eliminate needless prescriptions.	2005-10	Walley, T.
590	British Medical Journal	thics and the structures of health care in the European countries in transition: hospital ethics	Chwang	British Medical Journal 2005; 331: 227-229	Ethics committees are relatively new in Croatia, most formed after 1997. A questionnaire was sent to hospital ethics committee members there. It showed a highly formal and legalistic approach to their formation, not surprising for a country in political transition. This results in a bureaucratic body that exists only to satisfy legal requirements. They tended to focus on analysis of research protocols, ignoring education, case analysis, and guideline development. Members had an average	2005-10	Borovecki, Ana

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ID	Journal	Title	Reviewer	Citation	Summary	Date	First Author
		committees in Croatia			but insufficient level of knowledge for the complex tasks they were supposed to perform. There was a high level of paternalism and overprotectiveness towards patients. Most members were older than 50 and had no formal education in bioethics.		
591	British Medical Journal	Commentary: Ethics committees and countries in transition: a figleaf for structural violence?	Chwang	British Medical Journal 2005; 331: 229-230	Ethics committees serve many useful functions, and they need to have a clear sense of purpose and of how to achieve their goal(s).	2005-10	Ashcroft, Richard E.
592	British Medical Journal	Commentary: Ethics in health care and research in European transition countries: reality and future prospects	Chwang	British Medical Journal 2005; 331: 230-230	The legalization and bureaucratic nature of Croatian ethics committees is just like every other health care system in a country in political transition. Ethical principles are taken lightly in such circumstances. For example, cheating is much more prevalent and less stigmatized. We can change this only through insisting on *implementation* of high ethical standards (over and above insisting on the high ethical standards themselves) and on education and transparant regulatory actions.	2005-10	Marusic, Ana
593	British Medical Journal	Stem cell bill may be stalled in US Senate (news)	Chwang	British Medical Journal 2005; 331: 255-255	A bill to increase funding for stem cell research and expand the number of cell lines available passed the House, but President Bush says he will veto it if it passes Senate vote. Six other stem cell bills are awaiting Senate vote as well.	2005-10	Tanne, Janice H.
594	Annals of Internal Medicine	High and Rising Health Care Costs. Part 2: Technologic Innovation	Grady	Annals of Internal Medicine 2005; 142: 932-937	Part 2 of a 4 part series on High Costs of Health Care. This part focuses on the role of technological innovation- claimed as the driver of health expenditure growth. Bodenheimer shows evidence that greater availability of technologies such as MRI, CABG, PET, neonatal ICUs and others is associated with greater per capita use and higher spending. Because of few limits on diffusion of technology (the US has no coordinated policy on health technology assessment, and the interests of manufacturers and specialists often promote more diffusion of technologies), the use (and thus costs) of these technologies is higher in the US than in other developed nations. Costs in the US are also high because of excessive administrative expenditures (24% of total national health expenditure in 1999). Although there are both public (Medicare) and private (Kaiser) examples of lower costs through "integrated and planned financing and delivery". He recommends that payers adopt more expenditure controls such as expenditure gaps and global budgets.	2005-10	Bodenheimer, T
595	Annals of	High and Rising Health	Grady	Annals of Internal Medicine 2005;	The current and historical dominance in the US of providers and suppliers of health care over payers has	2005-10	Bodenheimer, T

Main Query							
ID	Journal	Title	Reviewer	Citation	Summary	Date	First Author
	Internal Medicine	Care Costs. Part 3: The Role of Health Care Providers		142: 996-1002	resulted in a price structure different from and costs higher than most other developed nations. Provider market power can be curbed by government regulation and by the countervailing power of purchasers and payers (both of which grew in the 1980s and 90s). US physicians receive higher fees for similar services than physicians in other nations. The price per unit of care (physician fees, hospital days, and pharmaceutical prices) is higher in the US. Price controls have not been widely applied in the US and have been transiently effective. The US has a higher ratio of specialists (vs. primary care providers). Large variation of expenditures by geography exists in the US and is mostly related to the quantity of services available, suggesting that physicians adapt their clinical decisions to the availability of resources. Strategies to control or reduce the quantity of services include utilization management, limitation of the resource supply, and shifting financial risk to providers so they benefit by delivering fewer rather than more services.		
596	Science	"Pharmacist Refusals: A Threat to Women's Health" and "Conscientious Objection and the Pharmacist"	benk	Science 2005; 308: 1557-1559	G&V review state laws on pharmacists' obligation to fill prescriptions. They conclude that either pharmacists or pharmacies should be legally required to fill all (medically appropriate) prescriptions. Manasse argues that pharmacists should have the same rights of conscientious objection as do doctors and nurses. He concludes that pharmacies must either fill prescriptions or direct patients to a pharmacy that will.	2005-10	M. Greenberger and R. Vogelstein; H. Manasse
599	Health Economics	Special issue on health sector reform in Europe	Lie	Health Economics 2005; 14: 1-1	This is a supplement with articles on health sector reform in most European countries. It also contains an article by Maynard well worth reading. Abstract: Few countries are immune to the international health care ‘virus’ of reform, with many countries regularly re-cycling changes that shift costs and benefits in ways that are arbitrary, inefficient and offer short term political palliation. Much of this activity has little evidence base and reveals lack of clarity in defining public policy goals, establishing trade-offs and aligning incentive structures with these objectives. Well established failures in health care delivery systems such as variations in medical practice and continuing absence of systematic outcome measurement, have persisted for decades as nations grapple inefficiently with recurring problems of expenditure inflation and waiting times. The lack of emphasis on evidence to inform the efficient management of chronic disease and the reduction of health inequalities is a product of perverse incentives and managerial inertia that maintains the incomes of powerful interest groups.	2005-10	Various
600	Health	Using	greg	Health Economics	A very techincal discussion of a non-Bayesian approach	2005-	Vazquez-

Main Query							
ID	**Journal**	**Title**	**Reviewer**	**Citation**	**Summary**	**Date**	**First Author**
	Economics	covariates to reduce uncertainty in economic evaluation of clinical trial data		2005; 14: 545-557	to assess the economic evaluation of health technology. This method supposedly reduces uncertainty about the effects of a particular treatment by drawing on regression techniques and using covariates.	10	polo FJ
601	Journal of General Internal Medicine	Discussing health care costs with patients. An opportunity for emphatic communication	Lie	Journal of General Internal Medicine 2005; 20: 666-669	Article takes as point of departure the increased need to face patients who will not be able to afford needed medical care. They propose that physicians should look at this as an opportunity to find solutions together with patients, strengthening the therapeutic alliance, rather than be antagonized to it. How this can be done without hiding the real truth from the patients is not sufficiently problematized in this article.	2005-10	Hardee, James
602	Health Economics	Effects of socio-economic status on mortality: separating the nearby from the farther away	greg	Health Economics 2005; 14: 595-608	The authors draw on a 1999 health database from the Netherlands (N=15.8 million; entire population). They examine socio-economic status impact on total and cause-specific mortality. They claim to control for two major problems, lack of reliable social status information and individual-neighborhood mixed effects, by separating the analysis into 3 parts: close environment of individual, neighborhood, and borough. There are independent, significant effects of socio-econ status at all 3 levels, with the negative effects almost always impacting the poorest. But the most pronounced effects are postal code level (highly localized).	2005-10	smits, j
603	Health Economics	Optimal allocation of resources over health care programmes: dealing with decreasing marginal utility and uncertainty	greg	Health Economics 2005; 14: 655-667	Examines the problem of valuing health care programs with differeing cost-effect ratios when costs and effects are uncertain. Methods: maximizing health effects with a flexible budget with value function over money and health effects. Use expected utility to address uncertain costs.	2005-10	al, mj
604	Journal of General Internal Medicine	Will older persons and their caregivers use a shared decision making instrument	Lie	Journal of General Internal Medicine 2005; 20: 640-643	Answer: Yes. Based on focus groups of around 50 people, patients and caregivers. Instrument consists of writing down what the health care goals are, the problem is, what the treatment is, and when the physician will see the patient again.	2005-10	Naik, Aanand
605	Health Economics	The importance of age in allocating health care	greg	Health Economics 2005; 14: 669-678	Context: recently, there have been proposals to reform cost-effectiveness analysis by weighting QALYs by age. These proposals are based on age-related preferences in life-saving contexts. The authors investigate whether such preferences are intervention specific. Methods:	2005-10	johri, m

Main Query							
ID	Journal	Title	Reviewer	Citation	Summary	Date	First Author
		resources: does intervention-type matter?			N=160 recruit from academic hospital cafeteria. Asked to pick between 2 health care programmes: treatment and palliative care for life-threatening conditions. Programs were the same except for avg. patient age (25 for first, 65 for palliative). Results: life-saving scenario respones favored younger ages, palliative care showed no age preference (stat significance).		
606	Health Economics	Analysis of a pharmaceutical risk sharing agreement based on the purchaser's total budget	greg	Health Economics 2005; 14: 793-803	Drug manufacturers are required to include a budget impact analysis as part of drug approval process. This reflects concern on part of "tax payers" not only with cost-effectiveness of a drug, but also with potential increase in total expenditures that can result from new formulary listings if the drug is approved. The authors create a model for financial risk sharing, focusing on optimal decision making on the part of manufacturers in presence of a risk-sharing agreement.	2005-10	zaric, gs
607	Health Economics	QALYs and the capability approach	greg	Health Economics 2005; 14: 879-829	A discussion of Amartya Sen's capability approach to economic valuation of health care programs. In Sen, an individual's capability set is his/her freedom to choose valuable activities and states of being. There is not yet a method to directly estimate these, so capability sets cannot yet be valuated. Rather than draw on preference-based methods (e.g., willingness to pay), the author examines the use of the QALY as a "cardinal and interpersonally comparable index of the value of a person's capability set." This, he claims, permits conceptions of value other than utilitarian ones like choice, desire fulfilment, happiness.	2005-10	Cookson, RA
608	Health Economics	AIDS education, condom demand, and the sexual activity of American youth	greg	Health Economics 2005; 14: 851-867	Develop multinomial logit equations for probabilities of abstinence, sexual intercourse with condom, and sexual intercourse without condom based on 1992 Youth Risk Behavior data. Results: no significant effects of AIDS education on probability of abstinence. Significant effect of AIDS education on raising likelihood of intercourse with condom relative to no condom. Young women more influenced by AIDS education than young men.	2005-10	tremblay, ch
609	PLoS Medicine	A breakthrough in R&D for neglected diseases: new ways to get the drugs we need	greg	PLoS Medicine 2005; 2: 828-833	Broad discussion of the 'neglected disease' problem: why in earlier decades very little R&D was allocated towards new drugs in this arena. Explores the new economic landscape, paying particular attention to PPP strategies. Good overview of an important issue.	2005-10	moran, m
610	PLoS Medicine	Deception in research on the placebo effect	greg	PLoS Medicine 2005; 2: 853-860	Ethical issues in research aimed at elucidating the placebo effect, often using deception. 3 recommendations as safeguards: 1. prior approval by ethics committee to make sure deception is necessary for study methodology, and that study value merits the risk 2. disclosure of deception in informed consent 3. debriefing particpants at end of study Journals	2005-10	miller, fg

Main Query							
ID	Journal	Title	Reviewer	Citation	Summary	Date	First Author
					publishing these journals need to include whether these were adhered to for public accountability. NB: this paper made the PlOS top 10 most read list for the previous week! (#4)		
612	PLoS Medicine	Achieving gold standards in ethics and human rights in medical practice	greg	PLoS Medicine 2005; 2: 717-719	Ummmm…	2005-10	Benatar, S R
613	Health Affairs	Health Spending In The United States And The Rest Of The Industrialized World	Marion Danis	Health Affairs 2005; 24: 903-914	U.S. citizens spent $5,267 per capita for health care in 2002—53 percent more than any other country.Two possible reasons for the differential are supply constraints that create waiting lists in other countries and the level of malpractice litigation and defensive medicine in the United States. Services that typically have queues in other countries account for only 3 percent of U.S. health spending. The cost of defending U.S. malpractice claims is estimated at $6.5 billion in 2001, only 0.46 percent of total health spending. The two most important reasons for higher U.S. spending appear to be higher incomes and higher medical care prices.	2005-10	Anderson G
614	Journal of Law, Medicine and Ethics	A Normative Justification for Distinguishing the Ethics of Clinical Research from the Ethics of Medical Care	Paul Litton	Journal of Law, Medicine and Ethics 2005; 33: 566-574	In this stunning piece of scholarship, the authors argue against the claim of other commentators that it is reasonable for subjects to demand that researchers be bound by the medical care ethic. They argue that the valuable goal of research and the most effective means to producing generalizable knowledge provide prima facie reasons not to bind researchers to the therapeutic orientation of clinical care; and those reasons are not trumped by the respect owed to subjects given the availability of an ethical framework (seven principles of Emanuel, Wendler, Grady) that adequately protects subjects from exploitation, assuming its requirements are fulfilled. The fact that many subjects are ill does not justify a demand for the therapeutic orientation to govern clinical research: the seven principles prohibit the exploitation of the vulnerable without requiring it. It is disrespectful to treat the ill as merely ill, and it is unduly paternalistic to prohibit persons from opting out of the role of patient if the conditions under which that choice is made are fair and the threat of exploitation has been safeguarded against.	2005-10	Litton P, Miller FG
615	Journal of Law, Medicine and Ethics	The Physician/Investigator's Obligation to Patients Participating	Paul Litton	Journal of Law, Medicine and Ethics 2005; 33: 575-585	Authors argue that a research subject has good legal argument to bring a tort suit in negligence against a research physician if the subject has been denied standard treatment by being placed in the placebo arm of a clinical trial. In a negligence case, a plaintiff must show that the defendant owed a duty to her and that the	2005-10	Glass KC, Waring D

Main Query							
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		in Research: The Case of Placebo-Controlled Trials			defendant breached it. To establish that researchers owe subjects the same duty that they owe their patients (ie, a duty that requires the provision of standard effective treatment), the authors argue that the physician-patient relationship exists between research and subject and, therefore, the duty to provide standard treatment, regardless of other factors (such as the subject's informed consent to forgo established treatment), is established. They argue that they've found no legal precedent to support the position that physicians do not owe subjects the same duties as they owe patients.		
616	Journal of Law, Medicine and Ethics	The Clinical Investigator as Fidcuiary: Discarding a Misguided Idea	Paul Litton	Journal of Law, Medicine and Ethics 2005; 33: 586-598	Argues that physician-researchers have strong moral obligations to subjects, but should not be seen as their fiduciaries. She argues that researchers do not fit into any of the three traditional categories of fiduciaries (trustees of property, agents, and advisors). Fiduciaries necessarily exercise discretion, but researchers, following protocols, have little. Moreover, the researcher's primary focus cannot be the best interests of the research subject. Author argues that the legal precedent that exists is consistent with her analysis. Finally, she argues that the important moral obligations that researchers owe subjects are best understood as moral side constraints.	2005-10	Morreim EH
617	Health Affairs	Cost-Effective Allocation Of Government Funds To Prevent HIV Infection	Danis	Health Affairs 2005; 24: 916-925	government funds available for HIV prevention are scarce so the authors applied a mathematical model of the cost of HIV prevention interventions using national data on HIV risk-group size and HIV prevalence. This procedure suggested an allocation of funds across nine interventions to potentially prevent an estimated 20,000 infections annually, compared with the estimated 7,300 infections potentially prevented through four interventions now recommended by the Centers for Disease Control and Prevention (CDC). The optimal allocation will involve a combination of intensive interventions for high-prevalence populations and inexpensive large-scale interventions for lower-prevalence populations.	2005-10	Cohen DA et al
618	Hastings Center Report	Doctors of interrogation	Lie	Hastings Center Report 2005; 35: 17-22	Argues that physicians should not take part in coercive interrogation practices	2005-10	Marks, Jonathan H
619	Hastings Center Report	Bioethics matures: the field faces the future	Lie	Hastings Center Report 2005; 35: 22-24	Reports on a conference in Minnapolis where leaders of major bioethics programs were invited to ponder the future of the discipline, and how the field should be developed further The recommendation: Gather a variety of data about what is going on the field. This lack of analysis is perhaps as indicative as anything of the problem in the field of bioethics.	2005-10	Wolf, Susan
620	Health Affairs	The Prognosis	Danis	Health Affairs 2005; 24: 972-975	the Schiavo case is unlikely to change practices regarding end-of-life care except to increase the	2005-10	Hampson L and

Main Query							
ID	Journal	Title	Reviewer	Citation	Summary	Date	First Author
		For Changes In End-Of-Life Care After The Schiavo Case			number of Americans who complete living wills.		Emanuel E
621	Hastings Center Report	Alternative of stem cells	Lie	Hastings Center Report 2005; 35: 24-26	Analsyis of the white paper by the President's Council on Bioethics on alterantive sources of stem cells. Gives a gnerally favorable review, but questions whether overcoming the technical obstacles to develop alternatives is worth the effort, given the fact that most Americans would favor use of stem cells from early embryos anyway.	2005-10	Steinbock, B
622	Hastings Center Report	Genetic exceptionalism & legislative pragmatism	Lie	Hastings Center Report 2005; 34: 27-33	Argues against genetic exceptionalism, but accepts that sometimes laws covering only genetic information may be preferable to no laws at all, given that it may be difficult to pass more general laws. Gives four conditions when laws covering only genetic information may be accepted, including a need for the law, and demonstrating that it would not delay other, more general or better laws	2005-10	Rothstein, Mark A.
623	Health Affairs	Mainstreaming Complementary Therapies: New Directions In Health Care	Danis	Health Affairs 2005; 24: 980-990	Before full-scale mainstreaming can occur, however, studies must confirm, refute, or modify preliminary findings about the cost-effectiveness of CAM. Sound evidence of cost savings might motivate more coverage and, thereby, wider access. It might also lead to more research on the clinical applications of CAM. All in all, these developments will help us sort the wheat from the chaff in CAM therapies. They also promise patients the best of both worlds.	2005-10	Ruggie M
624	Hastings Center Report	Creating Fido's twin. Cat pet cloning be ethically justified?	Lie	Hastings Center Report 2005; 34: 34-39	Argues that pet cloning can be justified, because it is a way of enhancing perceptions of the intrinsic value of companion animals. So will a variety of medical procedures for animals such as antianxiety medicines. All to be encouraged, according to the author. Did anyone mention priorty setting?	2005-10	Fiester, Autumn
625	Health Affairs	Racing Toward The Integration Of Complementary And Alternative Medicine: A Marathon Or A Sprint?	Danis	Health Affairs 2005; 24: 991-993	We contend that optimal integration of CAM is a long-term endeavor—a marathon rather than a sprint. The evidence base does not now support its wholesale assimilation; market forces, although compelling, should not be the primary consideration in integration.	2005-10	Nahin RL et al
626	Health Affairs	The Power Of Paperwork: How Philip	Danis	Health Affairs 2005; 24: 994-1004	A new medical diagnostic code for secondhand smoke exposure became available in 1994, but as of 2004 it remained an invalid entry on a common medical form. Soon after the code appeared, Philip Morris hired a	2005-10	Cook DM

Main Query							
ID	Journal	Title	Reviewer	Citation	Summary	Date	First Author
		Morris Neutralized The Medical Code For Secondhand Smoke			Washington consultant to influence the governmental process for creating and using medical codes. Tobacco industry documents reveal that Philip Morris budgeted more than $2 million for this "ICD-9 Project." Tactics to prevent adoption of the new code included third-party lobbying, Paperwork Reduction Act challenges, and backing an alternative coding arrangement. Philip Morris's reaction reveals the importance of policy decisions related to data collection and paperwork.		
627	Hastings Center Report	Realizing bioethics' Goals in practice. Ten ways is can help ought	Lie	Hastings Center Report 2005; 34: 40-47	Agues that social science can be of use to bioethics by showing how one can implement ethically justified behavior, identifying new moral issues or principles, and specify recognized problems.	2005-10	Solomon, Mildred Z.
628	Health Affairs	An Agenda To Combat Substance Abuse	Danis	Health Affairs 2005; 24: 1005-1013	Despite their huge health toll, substance abuse disorders remain underappreciated and underfunded. Reasons include stigma, tolerance of personal choices, acceptance of youthful experimentation, pessimism about treatment efficacy, fragmented and weak leadership, powerful tobacco and alcohol industries, underinvestment in research, and difficult patients. Positive signs include declining prevalence rates, successful counter-marketing campaigns, changing public attitudes, new scientific discoveries that could yield new treatments, and effective new organizations. Further progress will require better treatment, more research, better education of health professionals, more nongovernmental support, and stronger leadership. Policy changes regarding each of the three substance groups are indicated, as are reforms in the criminal justice and educational systems.	2005-10	Schroder S
629	Annals of Internal Medicine	Quality Care is Associated with Survival in Vulnerable Older Patients	Paul Litton	Annals of Internal Medicine 2005; 143: 274-281	Authors state that there is little evidence showing that better performance on process of medical care quality indicators is associated with improved health outcomes for patients in community care settings. They measured the quality of care (according to a set of quality indicators for 22 clinical conditions) received by patients in two managed care organizations who were 65 or older and met a criterion for vulnerability. They found that a higher quality of care was not associated with mortality for the first 500 days, but was associated with lower mortality after that. They assessed whether their findings could be explained by the hypothesis that phsyicians provide sicker patients with less care, presuming they will die; however, they found no correlation between sickness level and a poorer quality of care.	2005-10	Higashi T, et al.
630	Health Affairs	Oxymoron No More: The Potential	Danis	Health Affairs 2005; 24: 1057-1063	Although some pharmaceutical company efforts to develop and distribute drugs in developing countries have been successful, many fall short of meeting needs	2005-10	Hale VG

Main Query							
ID	Journal	Title	Reviewer	Citation	Summary	Date	First Author
		Of Nonprofit Drug Companies To Deliver On The Promise Of Medicines For The Developing World			in resource-poor nations. In the context of public-private partnerships, we discuss the concept of a nonprofit pharmaceutical company dedicated to developing and distributing drugs for diseases endemic in developing countries. Using the experience of the Institute for OneWorld Health, we present the vision, core elements of the product development model, and challenges confronting this model. Despite limitations, early successes raise hopes that a nonprofit drug company can exist successfully both as a global health organization and as a business.		
631	Annals of Internal Medicine	Promoting Informed Choice: Transforming Health Care to Dispense Knowledge for Decision Making	Paul Litton	Annals of Internal Medicine 2005; 143: 293-300	Authors argue providing information with high-quality decision counseling should help patients understand risks and benefits of clinical options and make decisions based on their personal preferences. Counseling can come in 3 ways: by clinicians without informed-choice training; clinicians with that training; or trained third parties. Authors argue that empirical research is needed to determine the best method, though none appear to be ideal.	2005-10	Woolf SH, et al.
632	Health Affairs	Book review	Danis	Health Affairs 2005; 24: 1172-1173	Powerful Medicines: The Benefits, Risks, and Costs of Prescription Drugs	2005-10	Avorn J
633	American Journal of Public Health	Origins of the WHO Framework Convention on Tobacco Control	Danis	American Journal of Public Health 2005; 95: 936-938	The World Health Organization (WHO) Framework Convention on Tobacco Control originated in 1993 with a decision to apply to tobacco control the idea that the WHO should utilize its constitutional authority to develop international conventions to advance global health. In 1995, Taylor and Ruth Roemer proposed various options to WHO, recommending the framework convention-protocol approach conceptualized by Taylor. In 1996, the World Health Assembly voted to proceed with its development. Negotiations by WHO member states led the World Health Assembly in May 2003 to adopt by consensus the WHO Framework Convention on Tobacco Control—the first international treaty adopted under WHO auspices. The treaty formally entered into force for state parties on February 27, 2005.	2005-10	Roemer R et al
635	American Journal of Public Health	Free Nicotine Replacement Therapy Programs vs Implementing Smoke-Free Workplaces: A Cost-Effectiveness Comparison	Danis	American Journal of Public Health 2005; 95: 969-975	The authors compared the cost-effectiveness of a free nicotine replacement therapy (NRT) program with a statewide smoke-free workplace policy in Minnesota. After 1 year, a NRT program generated 18 500 quitters at a cost of $7020 per quitter ($4440 per QALY), and a smoke-free workplace policy generated 10 400 quitters at a cost of $799 per quitter ($506 per QALY). Smoke-free work-place policies are about 9 times more cost-effective per new nonsmoker than free NRT programs are.	2005-10	Ong M et al
636	American	Scientific Evidence	Danis	American Journal of Public Health 2005;	In June 1993, the US Supreme Court ordered federal trial judges to become "gatekeepers" of scientific	2005-10	Michaels D

Main Query							
ID	**Journal**	**Title**	**Reviewer**	**Citation**	**Summary**	**Date**	**First Author**
	Journal of Public Health	and Public Policy		95: S5-S7	testimony. Under the Daubert v Merrell Dow Pharmaceuticals, Inc decision and two related Supreme Court rulings, trial judges are now required to evaluate whether any expert testimony is both "relevant" and "reliable." What began as a well-intentioned attempt to improve the quality of evidentiary science has had troubling consequences.		
637	British Medical Journal	The partial smoking ban in licensed establishments and health inequalities in England: modelling study	Danis	British Medical Journal 2005; 331: 488-489	In the United Kingdom, the proposed smoking ban, which can exempt pubs that don't serve catered food, may worsen health inequalities. A modelling study by Woodall and colleagues based on the borough of Telford and Wrekin (p 488) predicts that smoking could still be permitted in two thirds of the pubs in deprived areas, and about a quarter in more affluent areas. If members' clubs are included in the model, four fifths of establishments in deprived areas and two fifths in more affluent areas could be exempt from the smoking ban.	2005-10	Woodall AA et al
638	Journal of General Internal Medicine	The Corporate Coauthor	Ben Wilfond	Journal of General Internal Medicine 2005; 20: 546-548	This is a descriptive article about the role of Medical education and communication companies (MECC) in “ghostwriting” submissions to peer review journals. The paper is written by a medical writer and the academic is asked to have it submitted under their name. The MECCs are funded by pharmaceutical companies. The author’s describes a request to “author” a paper about the “dangers” of warfarin, that was sponsored by a company that was planning to market a competing drug. The Author read the draft but refused to sign on. The author then coincidentally was asked to review the same paper, with someone else’s name attached. The deception was revealed in this case, but because it is presumed that this occurs with some regular frequency, in spite of the requirement forthe authors to affirm that it is their own work. My own personal experience with this about 10 years ago occurred when I read a review article in an “industry sponsored” non peer reviewed educational publication written by a well known clinician and noticed that the there were verbatim paragraphs from a paper I wrote. When I contacted the author, he explained that he did not knowingly plagiarize, he had merely signed his name to a paper written by an unattributed medical writer.	2005-10	Fugh-Berman A
639	Kennedy Institute of Ethics Journal	Principles of early stopping of randomized trials for efficacy: a critique of equipoise and an alternative	Ben Wilfond	Kennedy Institute of Ethics Journal 2005; 15: 161-178	This paper examines the criteria that might be considered for when Data Monitoring Committees should stop clinical trials. To address this issue, the authors make the novel argument that the ethics of research and clinical care are different! In fact, what makes this paper valuable is precisely that by using question of what framework should be used to stop a trial,(their answer: avoiding harm and expliotation) they clearly show the problems of using criteria that are based on the ethics of clinical practice(ie equipoise).	2005-10	Buchanan D, Miller FG

Main Query							
ID	**Journal**	**Title**	**Reviewer**	**Citation**	**Summary**	**Date**	**First Author**
		non exploitation ethical framework					
640	British Medical Journal	Self reported stress and risk of breast cancer: prospective cohort study	Dania	British Medical Journal 2005; 331: 548-550	Exposure to chronic stress protects women from breast cancer, probably by impairing endogenous synthesis of oestrogen. A prospective cohort study by Nielsen and colleagues (p 548), involving 6689 women, a follow-up of 12 years, and loss to follow-up of less than 0.1%, showed that women with high levels of stress had a 40% lower risk of getting first time primary breast cancer. Moreover, the researchers found a dose-response relation, and the protective effect of stress was more pronounced in women receiving hormone therapy. Still, the cumulative consequences of stress on health may be disadvantageous, authors warn.	2005-10	Nielsen NR et al
641	IRB	Cooperative Research Ethics Review Boards: A win-win solution?	Zeke	IRB 2005; 27: 1-7	Argues that in the current era with multi-center trials, multiple reviews is wasteful. Alternatives exist and are canvassed including: 1) Mutlicenter Academic Clinical Research Organization—MACRO—Baylor, UAB, U Penn, Vanderbilt, and Wash U—institutions within MACRO may accept IRB review by another MACRO institution. No centralized processes really. 2) Biomedical Research Alliance of New York—BRANY—100 institutions in NY Area—based at NY Academy of Medicine and costs about $2000 per new protocol. 3) Independent IRBs like WIRB—charge about $1300 per new protocol, 4) NCI Central IRB and 5) REOs and 6) IRBNet—Web based tool from Dartmouth and CHOP facilitating exchange of information among IRBs. Not a lot of new information here.	2005-10	Koski et al
642	IRB	SACHRP Recommendations for Review of Children's Research Requiring DHHS Secretary's Approval (What we call 407s)	Zeke	IRB 2005; 27: 8-10	SACHRP made recommendations for enhancing the 407 reviews—that is review of protocols that add to understanding and the alleviation of serious children's health problem but are "too risky" for an IRB to approve. SACHRP argued that it was important to deep 407 process—important for some types of research Recommendations: 1) provide justification and documentation why protocol is not approvable under 46.404-406 and why the research has scientific and social merit to OHRP. OHRP screens requests. 2) Select a panel with at least 1 public member representing family or child's population interests, 3) notice in Federal registrar for public review. 4) Panel will meet in person and open to public. 5) No panel consensus—each panel member gives his or her recommendation which will be posted on OHRP web site. 6) OHRP develop its own recommendation and forward to Secretary. 7) OHRP communicate to IRB the Secretary's decision. 8) OHRP gets to approve any modifications sent back by IRB based on Secretary's	2005-10	Fisher CB, Kornetsky SZ

Main Query							
ID	**Journal**	**Title**	**Reviewer**	**Citation**	**Summary**	**Date**	**First Author**
					review.		
643	British Medical Journal	Open label extension studies: research or marketing?	Danis	British Medical Journal 2005; 331: 572-574	Open label extension studies, which enable physicians to continue prescribing unlicensed drugs to trial participants after a randomised trial is over, should provide information on long term safety and tolerability of potential new drugs. However, they seem particularly prone to the pressures of marketing rather than good research methods and research ethics.The authors argue that it is unclear who benefits most from these studies—patients or drug companies. Patients should be better informed when deciding whether to participate, and tighter ethical criteria need to be applied.	2005-10	Taylor GJ
644	IRB	Medical Research, Risk and Bystanders	Zeke	IRB 2005; 27: 1-6	Argues that in some kinds of research the risks we need to consider include bystanders who might be affected. Such research includes xenotransplantation, STD research, microbicide research, even live attenuated virus research. Risk assessment should consider bystander risks. Unfortunately no new information on ideas about how to do it. Just lots of questions.	2005-10	Kimmelman, j
645	IRB	The Ethics of Single Blind Trials	Zeke	IRB 2005; 27: 12-16	Examines single blind trials which might be needed for safety reasons. There are advantages and disadvantages. This article thinks they might be useful but that we should examine them more closely.	2005-10	Heckerling, PS
646	IRB	Respondent Burden in Clinical Research: When are we asking too much of subjects?	Zeke	IRB 2005; 27: 17-20	Examine the burden placed on subjects who are enrolled in multiple ancillary studies—examines alternatives such as integrating multiple ancillary studies into a singe protocol package, central registration, research advocates.	2005-10	Ulrich CM et al.
647	Ethics	Review of Kaplow and Shavell, Fairness versus Welfare	Alan Wertheimer	Ethics 2005; 115: 824-828	In an issue in which all the articles were either meta-ethics or irrelevant to bioethics, this book argues for a thesis that does have important implications for research ethics, although the book itself does not discuss them. In the “law and economics” tradition, the authors claim that any legal rule that incorporates fairness (or any other deontological principle) will end up requiring a pareto-inferior state of affairs and is consequently implausible (although not incoherent). It’s an important book that has received considerable critical attention.	2005-10	Adler M
648	Kennedy Institute of Ethics Journal	Reflections on Public Bioethics: A view from the Trenches	Alan Wertheimer	Kennedy Institute of Ethics Journal 2005; 15: 221-250	Lead article in issue devoted to defense of and commentary on the work of the President’s Council on Bioethics under Kass’s leadership. Kass argues that the Council aspires to a “richer” bioethics that articulates “the full range of human goods,” apart from its specific policy recommendations. In particular, he argues that we should resist the dominance of “the life principle,” as	2005-10	Kass L

Main Query							
ID	Journal	Title	Reviewer	Citation	Summary	Date	First Author
					contrasted with a consideration of the “good life.” In addition, the Council sees its role as providing a basis for reasoned and respectful public discourse. He suggests that many criticisms of the Council’s work are misinformed or incorrect.		
649	British Medical Journal	Editorial Reforming research ethics committees	Danis	British Medical Journal 2005; 331: 587-588	Late last year Lord Warner, then a junior health minister, commissioned an ad hoc advisory group to review the operation of NHS research ethics committees in the health and social care sector. The group's findings were published in June. This editorial argues that the criticisms are on target but the suggested solutions are not. Department of Health. Report of the ad hoc advisory group on the operation of NHS research ethics committees. London: DoH, 2005. http://www.dh.gov.uk/assetRoot/04/11/24/17/04112417.pdf (accessed 23 June 2005).	2005-10	ashcroft, r
651	British Medical Journal	Editorial Safer prescribing for children	Danis	British Medical Journal 2005; 331: 646-647	Complacency about the lack of evidence based information on medicines for children is unacceptable. But several initiatives—three which should encourage high quality research and one which should provide authoritative information on prescribing—should go a long way to solving this problem. The NHS health technology assessment programme is to commission a portfolio of research projects on medicines for children. Proposals should reach www.ncchta.org by 1 pm on 19 October 2005. The European Commission has responded to professional and public concerns by proposing a directive on medicinal products for paediatric use.8 In addition the European Medicines Agency has issued a draft guideline on pharmacovigilance among children.9	2005-10	Marcovitch H
652	British Medical Journal	Prognosis without treatment as a modifier in health economic assessments	Grady	British Medical Journal 2005; 330: 1382-1384	Quality adjusted life years are commonly used in economic evaluation of new and existing treatments. The authors recommend adding prognosis without treatment as a contextual element and an important modifier of resource allocation strategies based on QALYs or PILYs (%increase in life years).	2005-10	Cambridge, Ross
653	British Medical Journal	Clinicians need better access to ethics advice, report says	Grady	British Medical Journal 2005; 330: 1345-1345	A news article about a report from a working party of the Royal College of Physicians. The report included survey results from 1146 specialist registrars many of whom had no ethics training. Michael Parker, Director of Ethox at U. Oxford drafted the report and said "Health professionals are increasingly recognzing the need for access to appropriate forms of ethics support and advice to help them with their day to day practice.".	2005-10	Mayor, Susan
654	British Medical Journal	Sterilisation of young, competent, and childless adults	Grady	British Medical Journal 2005; 330: 1323-1325	An "ethics in practice" article that discusses the role of the gynecologist when asked to perform a voluntary sterilization on a young patient when there are no medical reasons to do so, and the doctor thinks it is a bad medical idea because tthere are risks including the	2005-10	Benn, Piers

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					risk of regretting it later.		
655	Journal of Clinical Ethics	Do elderly persons' concerns for family burden influence their preferences for future participation in demential research?	Grady	Journal of Clinical Ethics 2005; 16: 108-115	yes. Semi structured interviews of 10 elderly patients in a geriatric practice. All 10 had advance directives, all had designated a spouse or adult child as their surrogate decision maker. Reasons -trust, familiarity, to avoid family conflicts. 9/10 wanted the surrogate to consider his/her welfare as well as the patient's. All 10 presumed their surrogate would make decisions about research participation. 6/10 were prepared to accept additional research risk specifically to attenuate family burden.	2005-10	Berger J
656	Journal of Clinical Ethics	Emancipation, capacity, and the difference between law and ethics	Grady	Journal of Clinical Ethics 2005; 16: 144-150	Interesting case discussion of a pregnant 16 yo in the ICU with pyelonephritis and high fever who wanted to leave the hospital AMAbecause the ICU room was too small. The analysis discusses assessing capacity, consideration of adult status, the relevance of the pregnancy, and liability concerns. The authors describe a decision made to challenge the legal advice of the risk manager and hospital attorney because they felt the legal advice was counter to sound ethical analysis. The author laments the "paralyzing influence the legal recommendation had on the moral imagination of the treating team".	2005-10	DeRenzo, E
657	Journal of Clinical Ethics	Deciding for others at the end of life: storytelling and moral agency	Grady	Journal of Clinical Ethics 2005; 16: 127-143	I admit I didn't read the whole article. The gist of it is that in order to treat people with respect at the end of life we should expect surrogate decision makers to delve into the life narratives of the patient so that they can attempt to complete them the way the patient would have wanted.	2005-10	Yarboroug h, Mark
658	Science	EPA Draft Rules for Human Subjects Draw Fire	benk	Science 2005; 309: 232-232	News story on the continuing saga over pesticide testing in human volunteers. In 2004, NAS concludes that some limited research is OK. In 2005, bills introduced to impose further restrictions. Critics say they don't go far enough, though the article does a bad job of explaining why. An interesting issue for medical ethics - presumably, it is physicians who are assessing toxicity and in some cases administering pesticides.	2005-10	Erik Stokstad
659	Science	Embryo-Free Techniques Gain Momentum	benk	Science 2005; 309: 240-241	Beyond the Hurlbut variations. . . Techniques are being explored to produce genetically matched pluripotent cells without using or producing embryos. These include fusing existing ES cells with somatic cells, and performing SCNT with a somatic cell that has been engineered to over-express genes crucial to ES cells. The later approach is receiving political support, even among some who opposed Hurlbut's similar proposal (Santorum). The article does not explain why some might approve of SCNT with an "enhanced" somatic cell, but not with a "disabled" somatic cell, since neither would produce any totipotent cells.	2005-10	Gretchen Vogel

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ID	Journal	Title	Reviewer	Citation	Summary	Date	First Author
660	Science	Keeping Medical Research Ethical	benk	Science 2005; 309: 246-246	Letter to the editor in which author worries that the potential for developing country research subjects to enroll in the hopes of receiving future preferential treatment from investigators "raises the question of whether the subjects can truly have given consent without coercion."	2005-10	Oby Obyerodhyambo
661	IRB	Respondent Burden in Clinical Research: When are we Asking Too Much of Subjects?	benk	IRB 2005; 27: 17-20	The authors discuss the problem of respondent burden - the perception of various hardships by research subjects that are associated with participation in the research process. The problem is of particular concern for ill research subjects in multiple concurrent clinical trials. The authors call for more empirical data on the phenomenon, and offer several proposals to reduce burdens.	2005-10	Connie Ulrich, et al (including Christine)
662	JAMA	Beyond advance directives: Importance of communication skills at the end of life	Adikes	JAMA 2005; 294: 359-365	Tulsky points out the inadequacies of advance care planning. He draws on the case of a patient and family who, with clear diagnoses and communication, may have avoided the pain of resuscitation that they had informally declared unwanted. Advance directives can become more effective when the physician considers the patient’s emotions, offers recommendations, supports realistic hopes, organizes meetings with family and entire care team, and charts patient preferences. In efforts to avoid intrusive, paternalistic, and/or discouraging communication, physicians often miss the enhanced clarity that these suggested techniques give in end-of-life discussions.	2005-10	Tulsky JA
663	British Medical Journal	Effect of media portrayals of removal of children's tissue on UK tumour bank	Thiessen	British Medical Journal 2005; 331: 401-403	Seale et al. perform a content analysis of 122 UK newspaper articles addressing the use and donation of children’s tissue in biomedical research and compared the results with the number of tissues donated to the UK Children’s Cancer Study Group between 1985 and 2004 (	2005-10	Seale, Clive
664	Archives of Internal Medicine	Regional and institutional variation in the initiation of early do-not-resuscitate orders	Adikes	Archives of Internal Medicine 2005; 165: 1705-1712	This retrospective study targeted the influence of hospital, regional, and patient characteristics on the use of early DNR orders (those received within the first 24 hours after hospital admission). Multivariate analyses revealed that patients treated in for-profit hospitals were less likely to have early DNR orders than those treated in non-profit hospitals; patients in larger hospitals were less likely to have early DNR orders than those in smaller hospitals; and patients in academic medical centers had significantly lower odds of having early DNR orders than those in non-academic medical centers. The authors suggest that these differences reflect the practice patterns of different hospitals. For instance, academic hospitals may practice more aggressive care for teaching purposes, with fewer continuous relationships and less regard for patient preferences. In contrast, smaller hospitals, perhaps	2005-10	Zingmond DS

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					without cutting-edge lifesaving techniques, may foster continuous physician-patient relationships and more end-of-life discussion. Less frequent use of DNR orders in for-profit hospitals raised the concern that these institutions are more likely to operate on financial incentive, as less aggressive treatment may limit the reimbursement for the hospital or physician. The authors suggest further research to understand the relationship between DNR orders and costs of health care resources to explore this hypothesis.		
665	British Medical Journal	Need for differential discounting of costs and health effects in cost effectiveness analysis	Thiessen	British Medical Journal 2005; 331: 446-448	NICE recently decided to reverse its policy of differential discounting (6% for costs and 1.5% for health effects) and apply an equal discounting rate of 3.5% on the basis of recommendations from the UK Treasury. Brouwer et al. advocate a return to differential discounting, claiming that the Treasury's guidance was intended to apply only to costs. The authors argue that the "traditional" justifications for equal discounting of health effects and monetary cost (the consistency argument and the postponing paradox) may not be valid or useful for policy applications. Instead, Brouwer et al. point to work suggesting that the expected growth rates in income and life expectancy may differ and that the monetary value of health is likely to increase over time. They conclude that the changing health value should be reflected in a discount rate for health effects that is 2-5% less than for costs.	2005-10	Brouwer, Werner B. F.
666	Archives of Internal Medicine	Assessing physician compliance with the rules for euthanasia and assisted suicide	Adikes	Archives of Internal Medicine 2005; 165: 1677-1679	This editorial uses the Dutch codification of euthanasia and assisted suicide to address the consequent responsibility of controlling these practices. In 2001 the Netherlands established that if "(1) a patient's request is voluntary and informed, (2) the patient's suffering is unbearable, and (3) there is no reasonable alternative" (1677), a physician can perform assisted suicide and will not be prosecuted. Though the Dutch system attempts to prevent "LAWER" (life-terminating acts without explicit consent), compliance with the rules reached a high of only 54% in 2001 (1677). Physician compliance is difficult to assess for the prevalence of underreporting. The author suggests abuses could be more prevalent and difficult to detect in the United States where health care is not always insured and is often delivered between strangers.	2005-10	Wolf SM
667	Journal of Health Politics, Policy and Law	Choosing healthplans all together: A deliberative exercise for allocating limited health	Thiessen	Journal of Health Politics, Policy and Law 2005; 30: 563-601	The authors developed a participatory method of decision making for allocation of health care resources, Choosing Health Plans All Together (CHAT). The exercise has four cycles: in the first "individual" cycle participants determine which categories and levels of service to include in their benefits package and receive a randomly assigned "health event"; in the second "triad" cycle groups of three develop a health plan for	2005-10	Goold, Susan Dorr

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		care resources			their neighborhood or company division and receive another "health event"; in the third "entire group" cycle all the participants work together to develop a plan for their community; in the fourth "final individual" cycle participants select plan for themselves again. This article reports on the results of 50 chat sessions conducted with 592 participants from North Carolina, and assessed the deliberative process on the basis of feasibility, structure, process, and outcome. Goold et al. conclude that the CHAT process was feasible and informative. On the whole, during the CHAT exercise, individuals increased the types of services covered and accepted more restrictions on service levels. Less educated participants and uninsured were more likely to report anger with the CHAT process, and less healthy participants were more likely to report frustration. Minority and less educated participants were more likely to favorably rate the group decision. Most individuals in all groups were willing to respect the group decision. The authors conclude that CHAT can be an effective tool for informing policy decision on priority setting.		
668	Ethics	Ethical concerns regarding guidelines for the conduct of clinical research on children	Adikes	Ethics 2005; 31: 351-354	(JME) The authors assert that the guidelines for conduct of clinical research on children offered by the British Medical Association (BMA), the Royal College of Paediatrics and Child Health (RCPCH), and the Council for International Organizations of Medical Sciences (CIOMS) conflict with the 2000 World Medical Association (WMA) Declaration of Helsinki. The WMA Declaration of Helsinki is interpreted as an effective measure of the legitimacy of such research, a belief the authors support with Kant's "practical imperative." However, the authors question the BMA, RCPCH, and CIOMS guidelines for they may permit treatment that is not in the child's best interest, and therefore they may permit the use of a child as a means to an end. Should the WMA Declaration be revised to accommodate the others? Is violation of the Kantian imperative a plausible resolution?	2005-10	Edwards SD
669	Ethics	The unwitting sacrifice problem	Adikes	Ethics 2005; 31: 327-332	Gillett demonstrates the need for a new method of ethical thinking by demonstrating the inconclusivity of existing arguments over the detection and elimination of bipolar disorder through prenatal genetic testing. The article proposes a narrative framework of ethics to think about these issues - one that relies less on abstract thoughts and more on the voice of an individual and those with whom the individual associates. Perhaps it would provide more conclusive arguments.	2005-10	Gillett G
670	Ethics	Human organs, scarcities, and sale:	Adikes	Ethics 2005; 31: 362-365	Kishore challenges two moral claims against the sale of organs - that sales violate both human dignity and human equity. The sale of organs from poor vendors, at its worst, is considered an indication (rather than a	2005-10	Kishore RR

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		morality revisited			progression) of an unjust socioeconomic structure. The prohibition of the practice actually makes the poor more vulnerable to unregulated and corrupt sales and deprives them a source of income. Though their ability to “free and informed consent” may be disabled by financial pressures, the urgency of organ transplantation prevents any organ donor from giving free and informed consent. On these grounds, the author challenges the punishment of organ vendors as criminals. With proper regulations, they could help to satisfy a relentless demand for organs.		
671	British Medical Journal	Press red button, donate kidney	Thiessen	British Medical Journal 2005; 331: 461-461	In August the BBC ran a 7-part series to encourage organ donation. The show, entitled "DoNation," included episodes about patients awaiting an organ, folllow-up on a living donor transplant, and an interactive special during which television viewers decide which of two (fictional) patients received an organ. Viewers were also able to join the NHS Organ Donor Register using their interactive digital handsets.	2005-10	Lyall, Joanna
672	British Medical Journal	Disparities in health widen between rich and poor in England	Thiessen	British Medical Journal 2005; 331: 419-419	This is a brief summary of the latest report on health inequalities in the UK. The infant mortality gap between "routing and manual labourers" and the national mean rose from 13% to 17% between 1997 and 2001. The life expectancy gap between the national average and the lowest fifth of local authorities also increased in each of the two years periods between 1995 and 2003. However, the report found that the difference in rates of circulatory diseases between the SES classes and childhood poverty rates declined over the same period.	2004-10	Dyer, Owen
673	Kennedy Institute of Ethics Journal	The Baroness’s Commission and the President’s Council: Ambition and Alienation in Public Bioethics	Alan Wertheimer	Kennedy Institute of Ethics Journal 2005; 15: 251-267	Contrasts the U.K.’s Warnock Commission which (he argues) adopted a consensus-building and modest approach with the President’s Council’s more ambitious agenda. He argues that despite the Council’s claim to be inclusive and fair-minded, its work was philosophically sloppy, that it ignored important arguments and that it was “alienating” and divisive.	2005-10	Nelson J
674	Kennedy Institute of Ethics Journal	Promises and Perils of Public Deliberation: Contrasting Two National Bioethics Commissions on Embryonic Stem Cell Research	Alan Wertheimer	Kennedy Institute of Ethics Journal 2005; 15: 269-288	Author argues that Clinton’s NBAC adopted a Rawlsian inspired search for an “overlapping consensus,” whereas the President’s Council sought a Straussian search for the “right answer.” She argues that in the final analysis, the President’s Council was forced to retreat to an approach that was similar to the NBAC’s.	2005-10	Cohen C

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675	American Journal of Bioethics	Is There a Problem with Enhancement?	Alan Wertheimer	American Journal of Bioethics 2005; 5: 5-14	Framed as a response to Michael Sandel's argument against genetic enhancement, Kamm argues that enhancement need not be motivated by a desire for "mastery," and that such a desire would not render it impermissible. She criticizes Sandel's distinction between treatment and enhancement, and argues that the latter is not necessarily objectionable. She is worried about safety and our limited imagination as "designers," that we will focus on too simple a set of goods.	2005-10	Kamm F
676	American Journal of Bioethics	Enhancement Technologies and Professional Integrity	Alan Wertheimer	American Journal of Bioethics 2005; 5: 15-17	Apart from questions about the moral status of enhancement, per se, this article argues that it may not (always?) be compatible with the integrity of physicians. Adopting an arguably "quaint" conception of the proper duties of physicians, it is argued that enhancement reflects a consumer provider model that poses risks to the profession. [In what this reviewer has now learned is the format of AJB, there were, of course, numerous brief comments on Kamm's article, most of which were not particularly enlightening.]	2005-10	Miller FG
677	Ethics	Newborn screening: new developments, new dilemmas	Adikes	Ethics 2005; 31: 393-398	The authors address the potential harms and benefits of expanded newborn screening. The proposal to add genetic susceptibility testing for diseases such as diabetes or cystic fibrosis is a source of conflict as it could not only reduce childhood disease, but also cause physical and psychological distress. Furthermore, the uncertainty inherent to predictive genetic testing may discredit all genetic testing, including conventional newborn screening which is now considered "an undeniable public health good" (397).	2005-10	Kerruish NJ
678	American Journal of Bioethics	Will the "Real Boy" Please Behave: Dosing Dilemmas for Parents of Boys with ADHD	Alan Wertheimer	American Journal of Bioethics 2005; 5: 34-47	Based on qualitative study of the way in which mothers and fathers viewed the use of Ritalin in their children. Decisions were, in part, based on their view as to whether Ritalin "freed" the child from his disorder, thereby enhancing his autonomy, or was a constraint on the child's autonomy. There were significant differences between the views of mothers and fathers (some were concerned about the effect of Ritalin on athletic performance), and there were also distinctions between the school week and weekends. [There were numerous brief commentaries, including thoughtful pieces by Paul Appelbaum and Paul Litton.]	2005-10	Singh I
679	American Journal of Bioethics	Examining the Potential Exploitation of UNOS Policies	Alan Wertheimer	American Journal of Bioethics 2005; 5: 6-10	The United Network for Organ Sharing waiting list was designed as a system through which scarce organs are allocated on the basis of need (or other agreed criteria). Some people have solicited organs by directed donation from strangers through advertising or media campaigns. This article confidently claims that such practices are unethical. It considers the objection that those who solicit organs are not depriving others and that they may actually help others because such donations increase	2005-10	Zink S

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					the total supply. It responds (weakly, I think) that “it is equally likely that someone who makes the decision to donate to a stranger [in response to solicitation] would make the decision to donate to any person on the waiting list . . . “ Who knows? The article contends that organizations such as LifeSharers (whose members must promise to donate their organs upon death and whose members receive needed organs, if available from other members) discriminate against non-members. The authors dismiss the notion that those who are prepared to give have a greater claim to receive as contradicting the concept of equity. [Numerous commentaries point out the weaknesses in the argument.]		
680	British Medical Journal	The man who shocked the world: The life and legacy of Stanley Milgram	Thiessen	British Medical Journal 2005; 331: 356-356	Review of book by Thomas Blass.	2004-10	Persaud, Raj
681	British Medical Journal	Stakes and Kidneys: Why markets in human body parts are morally imperative…	Thiessen	British Medical Journal 2005; 331: 460-460	Review of two additions to the organ market debate: Stakes and kidneys: Why markets in human body parts are morally imperative by James Stacey Taylor Kidney for sale by owner by Mark J. Cherry	2004-10	Harrison, Ewen
682	British Medical Journal	Nazi medicine and the Nuremberg trials: From medical war crimes to informed consent	Thiessen	British Medical Journal 2005; 331: 408-408	Book review	2004-10	Lichterman, Boleslav L.
683	Archives of Internal Medicine	Income Disparities in Body Mass Index and Obesity in the United States, 1971-2002	Alex Friedman	Archives of Internal Medicine 2005; 165: 2122-2128	This study of 30-year trends in the increase of obesity (defined as BMI of 30 or more) in the U.S. concludes that while obesity rates have been steadily growing among both genders, all socioeconomic groups, and all 3 racial/ethnic groups studied (blacks, non-Hispanic whites, and Mexican Americans), the assumption that poverty is positively correlated with increase in obesity rates appears to be incorrect. Among men, the opposite trend is noted - in the last 30 years, higher socioeconomic status is correlated with faster growth of obesity rates, especially in African-Americans and Mexican-Americans. The trend is also noticeable, although not as pronounced, in women - although a strong inverse correlation between socioeconomic	2005-11	Chang, Virginia W

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					status and obesity is still present, the gradient is becoming much less steep than it was a couple of decades ago. Therefore, the article concludes, even though overall obesity is still more prevalent among the have-nots, efforts to deal with the obesity "epidemic" that focus primarily on poverty-related factors appear to be at least somewhat misguided.		
684	Lancet	Suicides in male prisoners in England and Wales, 1978-2003	Alex Friedman	Lancet 2005; 366: 1301-1302	This study attempts to quantify the disparity between suicide rates of men in English and Welsh prisons and those of the general male population. Looking at rates over 25 years, divided into 8 age subgroups, the authors conclude that suicide rates are about 5 times higher among inmates. The difference is especially pronounced among the 15-17 age group, but since there were only 28 recorded suicides in that group, the findings have lesser statistical significance than those for most other groups. Only a small fraction of the disparity can be accounted for by variations in the pre-incarceration socioeconomic levels. The article concludes with a call for improved management of inmates with mental illness (including greater access to psychiatric services), and more active suicide-prevention programs. It is, however, interesting that the authors of the study chose to count as suicides cases of "post-mortem findings of … deaths from injury undetermined, whether accidentally or deliberately inflicted" and "those without a post-mortem, for whom the coroner recorded … an open verdict". It is not stated what percentage of the "suicides" in the study fall into those 2 categories.	2005-11	Fazel, Seena
685	New England Journal of Medicine	Triaging Tragedy	Wendler	New England Journal of Medicine 2005; 355: 1551-1551	The volume contains a number of first person accounts of dealing with the effects of Hurricane Katrina. In this article, the author describes the impossibility of triaging care and the meagerness, verging on futility of the care he was able to provide for people outside the New Orleans Convention Center.	2005-11	GS Henderson
686	New England Journal of Medicine	Public Health Response--Assessing Needs	Wendler	New England Journal of Medicine 2005; 353: 1544-1546	The authors describe the public health measures that should have been in place for Katrina and would have allowed Dr. Henderson to provide some useful care outside the convention center.	2005-11	Greenough and Kirsch
687	New England Journal of Medicine	Translational and Clinical Science--Time for a new vision	Wendler	New England Journal of Medicine 2005; 353: 1621-1623	The author argues that obstacles to clinical and translational research are impeding our collective ability to translate scientific advances into improved health and well being. To address this concern, the NIH now offers institutional Clinical and Translational Science Awards (CTSAs).	2005-11	EA Zerhouni
688	New England Journal of	Accidental Deaths, Saved Lives, and	Chwang	New England Journal of Medicine 2005; 353: 1405-1409	We should move away from focusing on accidents and error prevention and instead focus on improving quality of care generally. Quality improvements are more amenable to empirical studies and unbiased	2005-11	Brennan, Troyen A., et al.

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	Medicine	Improved Quality (Sounding Board)			measurement and therefore to judgments of improvement. The change will also lead to more lives saved, though the the lives saved will not be identifiable.		
689	New England Journal of Medicine	Learning from the Dying	Chwang	New England Journal of Medicine 2005; 353: 1313-1315	This article describes an optional course for pre-clinical medical students at Harvard medical school which aims to teach about the emotional and spiritual aspects of end-of-life care. Students claim to have learned a lot from the class, and something like it should be made available everywhere	2005-11	Block, Susan D.
690	New England Journal of Medicine	Medicaid -- Implications for the Health Safety Net (Perspective)	Chwang	New England Journal of Medicine 2005; 353: 1439-1441	Medicaid is under target for reform. The Bush proposal which gives states more flexibility and reduces federal costs is bad. Many states are attempting to reduce costs by reducing benefits. These short-term strategies will not achieve substantial savings. We need, rather, to pursue long-term strategies such as promoting better management of chronic illness, disease prevention, and coordination with Medicare.	2005-11	Rowland, Diane
691	New England Journal of Medicine	Faith Healers and Physicians -- Teaching Pseudoscience by Mandate (Perspective)	Chwang	New England Journal of Medicine 2005; 353: 1437-1439	Acquiescing to the anti-science movement represented by the recent interest in intelligent design over evolution would be bad for medicinal training. Leaders of professional societies and prominent academics and doctors should begin to speak up against intelligent design, not to debate faith versus reason but rather to protect the profession of medicine and the public against pseudoscience.	2005-11	Schwartz, Robert S.
692	New England Journal of Medicine	Cost-Effectiveness in a Flat World -- Can ICDs Help the United States Get Rhythm? (editorial)	Chwang	New England Journal of Medicine 2005; 353: 1513-1515	Medicare doesn't consider costs in any of its reimbursement decisions and is not permitted to negotiate for lower drug prices. Governmental payment should be the stimulus, rather than the inhibitor, of cost-effective decisions. In a world where transaction and communication costs are minimal, medicine is one of the last protected parts of the economy, because of political pressure and because users rarely pay the price of care.	2005-11	Goldman, Lee
693	New England Journal of Medicine	Medicare and Cost-Effectiveness Analysis	Chwang	New England Journal of Medicine 2005; 353: 1516-1522	"The use of cost-effectiveness analysis can help Medicare to target its health care resources more efficiently. The obstacles to wider use of such analysis are not primarily methodological but, instead, matters of politics, process, and leadership."	2005-11	Neumann, Peter J., et al.
694	British Medical Journal	Addressing inequalities in research capacity in Africa (editorial)	Chwang	British Medical Journal 2005; 331: 705-706	This issue of BMJ is a special theme issue on health care in Africa. The geographical spread of paper submissions by African researchers for this issue was uneven, reflecting inequalities in research and by transitivity inequalities in care. This inequality needs to be addressed.	2005-11	Volmink, Jimmy
695	British Medical Journal	Meeting millennium development goals 3 and	Chwang	British Medical Journal 2005; 331: 708-709	The World Health Organization will likely not meet its millenium development goals. Especially concerning is goal 5, to improve maternal health. Meeting this goal will require first meeting goal 3, promotion of gender	2005-11	Theobald, Sally

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		5 (editorial)			equality and the empowerment of women. This will take money as well as more grass-roots commitments outside the health sector.		
696	British Medical Journal	Medicines supply in Africa (editorial)	Chwang	British Medical Journal 2005; 331: 709-710	"Nearly half the population of Africa lacks regular access to even the most essential medicines... ...tinkering with existing models of supply is unlikely to close the huge gap in access to medicines." We need new solutions, such as "overhauls of policy, financing, and frameworks for regulation; a realignment of responsibilities between public and private sectors; and the forging of genuine public-private relationships..."	2005-11	Quick, Jonathan D.
697	British Medical Journal	Randomised controlled trials in Africa of HIV and AIDS: descriptive study and spatial distribution	Chwang	British Medical Journal 2005; 331: 742-747	"The relatively small number of HIV/AIDS [randomized controlled] trials conducted in Africa is not commensurate with the burden of disease." Prospective trial registry should include geographical location to help address this inequity.	2005-11	Siegfried, Nandi, et al.
698	Health Economics	Are HMOs bad for health maintenance?	Alex Friedman	Health Economics 2005; 14: 1117-1131	This study examines the effect of HMOs on preventive health care. It concludes that patients enrolled in HMOs (and, to a somewhat lesser extent, other types of managed care), receive higher levels of preventive care than members of traditional fee-for-service plans. The result is alleged to hold for Medicare HMOs as well as non-Medicare ones. It is claimed that the study shows that even controlling for demand-side (patient choice-related) factors, a strong correlation between managed care and utilization of preventive measures remains. Therefore, the conclusion is that HMOs are not just correlated with higher levels of preventive care, but actually cause it! It is interesting to note that the author repeatedly refers to patient (and physician) participation in managed care as a "choice", and also refers to the phenomenon of 165.4 million Americans covered by managed care plans in 2000 as the "popularity" of managed health care.	2005-11	Rizzo, John A.
700	Science	Suggesting or Excluding Reviewers Can Help Get Your Paper Published	Denny	Science 2005; 309: 1974-1974	Three recent studies agreed in their findings that both suggesting reviewers of a manuscript as well as specifically excluding readers of a manuscript were correlated with a greater frequency of an article actually being published. Why this occurs is not exactly clear - some see it as evidence of bias in the system, but others suggest a less nefarious explanation, namely that suggesting reviewers who know the field well are more likely to think your paper in this field is worthwhile.	2005-11	Grimm, D
701	Science	Promote HIV Chemoprophylaxis Research,	Denny	Science 2005; 309: 2170-2171	Despite ethical concerns and protests from some third-world countries sponsoring AIDS research, oral antiretroviral dosing as preexposure prophylaxis (PrEP) should be encouraged. Despite debates over various	2005-11	Grant, RM, et al

Main Query							
ID	Journal	Title	Reviewer	Citation	Summary	Date	First Author
		Don't Prevent It			possible ethical violations, such as the lack of AIDS/HIV treatment facilities at some PrEP sites, the potential good that such studies bring to such vulnerable populations should lead to their proliferation.		
702	Science	Congress Tackles Conflicts of Interest at FDA	Denny	Science 2005; 309: 2160-2160	Congress's two bodies differ in their responses to conflict of interest regulations for the FDA. While the House wanted to eliminate waivers that allow those with COIs to serve on advisory panels, the Senate acknowledges there are "degrees of alleigance" to pharmaceutical companies and would have the FDA publish COIs on their website.	2005-11	ScienceScope
703	Science	1918 Flu and Responsible Science	Denny	Science 2005; 310: 17-17	Recently, some have argued that the publication of the genetic makeup of the 1918 Flu Virus is a threat to national security, in that terrorists or other illwishers could use the information to let loose an epidemic. The author argues that the potenital benefits of disclosing this information outweigh the potential risks, suggesting that the information could be used by other scientists to develop new treatments and vaccines for future flu epidemics.	2005-11	Sharp, PA
704	Science	Plan B: A Collision of Science and Politics	Denny	Science 2005; 310: 37-38	An article looking at the recent FDA decision to delay making Plan B pills available over the counter. Though advisory committees and the FDA's own staff voted strongly in favor of making the drug OTC, the FDA cited a lack of safety information regarding the drug's effects in women under age 16. Though little is known about the repetitive use effects of Plan B, several previous studies have indicated that easy access to the drug does not change teenage sexual behavior. Politicial influence in the decision is, shall we say, suspected. The authors look to Von Eschenbach, the new FDA acting director, in hopes of bringing Plan B back under OTC consideration.	2005-11	Couzin, J
705	Science	An earlier look at baby's genes	Varma, Sumeeta	Science 2005; 309: 1476-1478	Discusses the development of techniques to do genetic testing of fetuses from DNA fragments in the mother's blood. These techniques would make prenatal genetic diagnosis less risky and more widely available (some commercial companies are already offering the tests). Ethical concerns are raised about commercial use of these techniques before they are scientifically validated, and the potential for increase in selective abortions.	2005-11	Kaiser, Jocelyn
706	Science	Final NIH rules ease stock limits	Varma, Sumeeta	Science 2005; 309: 1469-1469	News item on revised COI rules.	2005-11	Kaiser, Jocelyn
707	Science	Pellegrino to succeed Kass on U.S. panel	Varma, Sumeeta	Science 2005; 309: 1800-1800	News item on Edmund Pellegrino's appointment as chair of the President's Council on Bioethics. "When Science tried e-mailing his office, an automatic reply explained that 'Dr. Pellegrino does not use E-Mail.'"	2005-11	Holden, Constance
708	Archives of	International differences in	Varma, Sumeeta	Archives of Internal Medicine 2005;	Authors sent an e-mail questionnaire containing 4 questions about the treatment of a hypothetical patient	2005-11	Yaguchi, Arino

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ID	**Journal**	**Title**	**Reviewer**	**Citation**	**Summary**	**Date**	**First Author**
	Internal Medicine	end-of-life attitudes in the intensive care unit		165: 1970-1975	in a vegetative state to participants at an international intensive care meeting. Physicians from different countries and regions differed on responses to all 4 questions, which covered who they would involve in decision-making, whether they would apply a written or verbal DNR, how they would treat a stable vegetative patient, and how they would treat sepsis in that patient. Statistically significant findings include: respondents from Southern Europe were less likely than those from Northern or Central Europe to say they would include nurses in decision-making; the stated likelihood of applying DNR orders differed among regions; and more physicians in Japan, Turkey, the U.S., Southern Europe, and Brazil than in other regions would use antibiotics in the vegetative patient with septic shock. There are many limitations to the methodology of this study--convenience sampling, lack of collection of any demographic data, and the lack of reliability or validity testing of the questionnaire, to name a few. The authors conclude by saying that it may be neither possible nor appropriate to have an international consensus on EOL care, but there should be further surveys of this kind and discussion among critical care physicians to understand the differences that exist.		
709	JAMA	Comorbidity and Survival Disparities Among Black and White Patients With Breast Cancer	Denny	JAMA 2005; 294: 1765-1772	A study in breast cancer survival rates comparing black and white women found that black women had more cancer recurrence/progression and worse survival rates for all causes, cancer-specific causes, and comorbid causes. Nearly half of the all-cause difference in survival rates was attributable to comorbidies, so the authors suggest that control of comorbid conditions during cancer treatment for black women might be key in narrowing breast cancer patient survival disparities.	2005-11	Tammemagi, CM et al
710	JAMA	Early Experience With Pay-for-Performance	Denny	JAMA 2005; 294: 1788-1793	A examination of physician groups with a new "Pay for Performance" compensation scheme in comparison with control physician groups found a difference in the effect of PFP on low-performing physician groups and high-performaing physician groups. The PFP targets were clinical quality measures such as cervical cancer screening. Low performing PFP groups improved much more than already high performing PFP groups, and the authors offer the explanation that PFP schemes offer no incentives to perform at any level greater than just above what the targets specify for bonuses, thus maintaining the status quo. The PFP groups overall performed better on only one clinical quality measure in comparison with the non-PFP groups.	2005-11	Rosenthal, MB et al
711	JAMA	Palliative Sedation in Dying Patients	Denny	JAMA 2005; 294: 1810-1816	A discussion based on a particular case study where a woman experiencing pain uncontrollable with any sort of medication regimen was medicated into "palliative sedation" before dying several hours later. Though such	2005-11	Lo, Bernard and Rubenfeld,

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					sedation may hasten a patient's death, the authors claim that the acceptability of palliative sedation is based on the "double effect doctrine" stating that it is important to distinguish between what is intended and what is a foreseen but unintended side effect - that is, the physician who administers palliative sedation to reduce suffering despite possibly hastening death is acting ethically if reducing suffering is her main intent.		Gordon
712	Lancet	Increased risk of incident HIV during pregnancy in Rakai, Uganda: a prospective study	Alex Friedman	Lancet 2005; 366: 1182-1188	The article describes a study that showed a significantly higher rate of HIV acquisition among pregnant women, and a slightly higher one among lactating women, than among sexually active women who are neither pregnant nor lactating. The only thing the authors say with regard to meeting the ethical obligations of research in rural Uganda is that the study was approved by review boards in Uganda and the US, and that written informed consent was collected from the participating women during each study visit. I can't help wondering whether safe-sex counseling, condoms, etc. were provided to the participants, or whether the researchers were simply content to "let nature take its course"; and, especially, why the researchers (who must have considered these issues and decided how to address them) did not include some sort of a brief explanation that would prevent these concerns from being raised.	2005-11	Gray, Ronald H
713	Lancet	Germany's need for health-care reforms	Alex Friedman	Lancet 2005; 366: 1411-1411	This editorial briefly outlines the problems facing the German Krankenkassen, the statutory health insurance program that currently provides for the health-care costs of 90% of the German population. The problems include rapidly rising costs for drugs and services, resulting in higher premiums for both workers and employers. The editorial concludes that major reforms might be necessary.	2005-11	editorial
714	Lancet	Research conduct and the case of Nancy Olivieri	Alex Friedman	Lancet 2005; 366: 1432-1433	Using the case of Nancy Olivieri and the deferiprone study conducted by Apotex in 1998, this letter to the editor calls on everyone to remember that while it is important for researchers to be able to speak out about their disagreements with their sponsors and/or investigators; it is equally important to make sure that potentially valuable treatments are not permanently kept off the market if the allegations of such researchers prove to be without merit.	2005-11	Hoffbrand A V (letter to the editor)
715	Lancet	HIV prevention research in a resource-limited setting: the experience of planning a trial in	Alex Friedman	Lancet 2005; 366: 1499-1503	This article describes the researchers' take on the events leading up to the cancellation of a trial of oral tenofovir disoproxil fumarate on sex workers in Cambodia in 2004. The study aimed to determine whether the drug was effective in preventing the sexual transmission of HIV. Among the accusations leveled against the researchers and their sponsors were that the local communities were not sufficiently consulted, that counseling and condoms would not be provided to	2005-11	Page-Shafer, Kimberly

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		Cambodia			the participants, that the proposed informed consent process was flawed, and that insufficient medical resources would be available for the treatment of those who contract HIV during the study and those who suffer research-related harms. While admitting that the consultation process was still a work in progress when the study was canceled before it began, the authors deny these and other allegations, and largely blame them on misunderstandings and misconceptions. Lack of fit between the international guidelines and what the funding institutions, both private and public, are willing to do, is also implied to have been a contributing factor.		
716	Archives of Internal Medicine	Sex and Racial/Ethnic Disparities in Outcomes After Acute Myocardial Infarction	Alex Friedman	Archives of Internal Medicine 2005; 165: 2105-2113	This study of 30,000 members of northern California Kaiser Permanente who had suffered an acute myocardial infarction (AMI) in 1995-2002, analyzes the disparities in recurrence of AMI and mortality by race/ethnicity and gender. The data indicate that even given the conditions of equal access to health care, black men, black women, and Asian women were at an increased risk as compared with white men. However, the disparity was eliminated when the results were adjusted for socioeconomic status, medical history, and types of treatment utilized. Therefore, the authors conclude, the disparities in question are not the product of biological differences between the races or sexes, but are caused by some combination of the above factors, which requires further study. [Couldn't the personal medical history have something to do with biological differences?]	2005-11	Iribarren, Carlos
717	Archives of Internal Medicine	Racial Disparities in Hypertension Prevalence, Awareness, and Management	Alex Friedman	Archives of Internal Medicine 2005; 165: 2098-2104	The study indicates that while hypertension is a rapidly growing problem among all groups, blacks are much more likely to have it, be aware of it, and get treatment than whites, but are considerably less likely to end up with their hypertension under control. Similarly, women who get treatment are a lot less likely to have their hypertension under control than men. The differences appear to not be the product of differences in health insurance, or patient behaviors; and even though education is positively associated with BP control, this association fails to explain much of the disparity. Not surprisingly, more research is called for by the authors. Some methodological weaknesses are acknowledged at the end of the article, which may cast doubt on some of the more far-reaching conclusions (especially with regard to patient behavior).	2005-11	Hertz, Robin P.
718	Archives of Internal Medicine	Variation in the Tendency of Primary Care Physicians to Intervene	Alex Friedman	Archives of Internal Medicine 2005; 165: 2252-2256	With the background premise that variations in health care spending in different areas of the US have little effect on health outcomes, this study attempts to determine whether physicians' patterns of behavior (in addition to numbers of physicians per capita) are in part responsible for the higher rates of medical spending in	2005-11	Sirovich, Brenda E.

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					some areas. Based on a telephone survey in which physicians were asked to respond to 6 clinical situations, it was determined that physicians in higher-spending areas were significantly more likely to order tests, referrals or treatment for the patients described. The article does not venture a guess as to the exact nature of the causal relationship between higher local health spending, geographic location, more doctors per capita, and patterns of physician intervention		
719	Health Economics	Think of a number … any number?	Alex Friedman	Health Economics 2005; 14: 1191-1195	A fascinating report on the tendency of the general population to respond with so-called prominent numbers (i.e., numbers of the form 1, 2, or 5 multiplied by a power of 10) to Willingness to Pay questions. The tendency, which appears to be of similar magnitudes in evaluations of different procedures with different mean responses, is quite staggering, and appears not to depend on age, income, education, or gender. I wonder if the tendency is as strong in other types of health care trade-off surveys.	2005-11	Whynes, David K.
720	JAMA	Genetic Flaws Found in Aging Stem Cell Lines	Denny	JAMA 2005; 294: 1883-1884	A team of researchers has discovered that over time, stem cells from a federally sanctioned line display changes in their chromosomes and certain genes. It is unclear yet whether there are phenotypic consequences of these mutations, but changes in some genes with known functions lead researchers to believe it could be problematic. The article ends by saying that research on federally approved stem cell lines can only teach us so much.	2005-11	Kuehn, BM
721	Health Economics	Hospital ownership, reimbursement systems and mortality rates	Alex Friedman	Health Economics 2005; 14: 1151-1168	A study of the relationship between ownership and reimbursement systems in French hospitals and mortality rates. The article concludes that fee-service reimbursement results in lower mortality rates. However, a hospital's ability to offer innovative procedures was found to be much more important than its system of ownership and/or reimbursement. Also, for-profit hospitals, while on average having lower mortality rates, were far more uneven in terms of quality than their public sector counterparts.	2005-11	Milcent, Carine
722	Health Economics	Are HMOs bad for health mainteance?	Lie	Health Economics 2005; 14: 1117-1131	The author look at utilization of 8 common preventive measures within and outside HMOs and finds that there is an association between HMOs and utilization of preventive measures. They also claim that this relationship is causal, because it is associated with various characteristics/incentives both in the patients and in the providers.	2005-11	Rizzo, John A.
723	Hastings Center Report	The negative constitution: the duty to protect	Lie	Hastings Center Report 2005; 35: 10-11	Discusses the emphasis in the US to limit legal protection to negative duties, such as prohibition against interfering with freedom of speech,whereas government inaction or government's failure to act rarely has any consequences, even in the face of large negative personal consequences for the individual.	2005-11	Gostin, Lawrence

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					This, of course, is in line with the US refusal to ratify the Convention on Social, Economic and Cultural Rights		
724	Hastings Center Report	Should the gold rule? Assessing equivalent protection for research participants across international borders	Lie	Hastings Center Report 2004; 35: 12-13	Discusses recent efforts to understand what is meant by "equivalent protection" in international research, and urges that DHSS should establish a policy, based on the attempt by the Working Group, on this issue, accepting also that the US approach to research protection may not be ideal.	2005-11	Sugarman J
725	Hastings Center Report	Clarifying confusions about coercsion	Lie	Hastings Center Report 2005; 35: 16-19	Defines "coercion" as involving narrowing of choices available to a person by another person. Therefore, if taking part in a trial is the best option under bad circumstances, such as having a cancer, choosing to participate is not necessarily coercion.	2005-11	Hawkins, Jennifer, Emanuel, E
726	Hastings Center Report	Making research a requirement of treatment. Why we should sometimes let doctors pressure patients to participate in research	Lie	Hastings Center Report 2005; 35: 20-27	Argues precisely what the title says in cases where treatment involves two or more accepted therapies to find out whether they are equivalent, or one is better than another. If the patient declines, s/he should seek care elsewhere.	2004-11	Orentlicher, David
727	Hastings Center Report	A closer look at the bad deal trial. Beyond clinical equipoise	Lie	Hastings Center Report 2005; 35: 29-36	Takes as point of departure Miller & Brody's arguments against equipoise, by attempting to flesh out what is meant by exploitation in the clinical research context. Suggests that if a trial represents a bad deal for individuals, these individuals should be compensated to make it a favorable risk/benefit ratio. Also suggests a compulsory lottery among people eligible for trials, and who stand to benefit from the trial, to ensure fair subject selection so that everyone who stand to benefit has an equal chance of participating in bad deal trials.	2005-11	Jansen, Lynn A.
728	Lancet	the NHS: a national health shame	greg	Lancet 2005; 366: 1239-9	Earlier this month, Britain's NHS introduced market competition in its structure. The editors contend that market reforms, while not necessarily bad, have so far failed in providing the incentives they intend and have not increased efficiency. Government reforms have also fragmented and decentralized the service.	2005-11	editorial
729	Lancet	Abortions in Shandong, China	greg	Lancet 2005; 366: 01-02	Chinese officials in Shandong are accused of using kidnappings and coerced abortions to enforced one-child policy. This obviously violates the law, which calls for financial penalties, only. The whistle blower, Chen Gaungcheng, has been under house arrest for a month.	2005-11	Watts, J

Main Query							
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730	Hastings Center Report	Protecting subjects who cannot give consent. Towards a better standard for "minimal" Risks	Lie	Hastings Center Report 2005; 35: 37-43	Criticises the usual definition of minimal risk, and argues for a new one "the charitable participation standard"	2005-11	Wendler, D
731	New England Journal of Medicine	Women's Health and the FDA	Martin	New England Journal of Medicine 2005; 353: 1650-1651	The former assistant commission for women's health and director of the Office of Women's Health at the FDA reports on her decision to resign her post, in response to the agency leadership's decision to delay "indefinitely" a decision about switching Plan B emergency contraception (levonorgestrel) to nonprescription status. Wood describes the data supporting making the switch, and traces recent history of the FDA's policies and programs for women's health (e.g. changes made to the Food, Drug, and Cosmetic Act in response to thalidomide tragedy, regulation of medical devices in response to injuries fresulting from intrauterine devices, and efforts to produce data relevant to women's health through clinical trials). Wood suggests that the FDA's decision regarding Plan B contraception was a departure from past policies of following the science and aiming to promote women's health. Her tone is, unsurprisingly and probably appropriately, rather portentous.	2005-10	Wood, SF
732	New England Journal of Medicine	A Tetraploid Twist on the Embryonic Stem Cell	Martin	New England Journal of Medicine 2005; 353: 1646-1647	Reports on a recent study by Cowan et al that found the human embryonic stem cell can reprogram the chromosomes of somatic cells, and warns that the resulting cells cannot generate embryonic stem cells and are tetraploid, so their therapeutic potential is "nil."	2005-11	Phimister, EG
733	JAMA	Consensus and Controversy in Clinical Research Ethics	Hull, Sara	JAMA 2005; 294: 1411-1414	This piece appears in the midst of a special issue on "Medical Research-State of the Science" which includes articles by many big names in their respective fields (e.g., Zerhouni, Gerberding, Guttmacher and Collins, etc.) on current projections for different categories of research. Within this context, Brody and colleagues were presumably asked to write a piece on the state of research ethics. The result is a brief review of some outstanding issues in the protection of human subjects on an international level, which is based on what they call a "consensus system": --how to distinguish research from therapeutic innovation and QI activities --how to maintain independent review w/o the logistical burdens seen e.g. for multicenter trials --how to improve understanding in informed consent (Although the authors say that they are concerned with substantive issues, item #2 above appears quite procedural in nature to me.) Supplemental measures to bolster this	2005-10	BA Brody

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					consensus-based protection system include community involvement, rules for special populations, and rules for certain types of research such as clinical trials and stored tissue research. The paper concludes with a call for more emprical and analytic work on these issues w/o presenting any particularly strong arguments on any one point of concern.		
734	New England Journal of Medicine	An Offshore Haven for Human Embryonic Stem-Cell Research?	Martin	New England Journal of Medicine 2005; 353: 1645-1649	On October 19. officials in South Korea, the US, and the UK announced the establishment of the World Stem Cell Foundation, an international consortium headed by Wood Suk Hwang, the South Korean veterinarian and stem-cell biologist whose laboratory made news recently for cloning human embryos and developing disease-specific stem-cell lines. Under the current scheme, the consortium would operate a small satellite laboratory in the San Francisco area and another in England, and each laboratory would be associated with a nearby in vitro fertilization facility where donor oocytes would be collected. Scientists from various countries who wished to use embryonic stem cells to study a disease could apply to have cell lines created for their projects. Three Korean technicians trained in Hwang's laboratory would travel regularly to the satellite stem-cell laboratories to perform all the nuclear transfer procedures.	2005-11	Okie, S
735	JAMA	Coercive US Interrogation Policies: A Challenge to Medical Ethics	Hull, Sara	JAMA 2005; 294: 1544-1549	Authors are concerned that new guidelines released by the assistant secretary of defense for health affairs (US DoD) still enable physicians to facilitate and monitor abusive interrogation practices, subverting both ethical duties and international human rights law.	2005-10	Rubenstein, Leonard
736	New England Journal of Medicine	Case 32-2005-A 34 Year-Old HIV-Positive Woman Who Desired to Become Pregnant	Martin	New England Journal of Medicine 2005; 353: 1725-1732	Reports on how Mass. General Hospital managed the pregnancy of an asymptomatic woman with HIV.	2005-11	Riley, LE
737	IRB	Informed consent: practices and views of investigators in a mutli-national clinical trials	Zeke	IRB 2005; 27: 13-18	Interviewed 117 investigators in a multi-national HIV study. Showed that 65% of conversation over 30 minutes; 99% said subjects got document. 44% said main emphasis in discussion was purpose of study, 26% said benefits; 20% risks. Assessment of understanding only 8.6% formal--rest informal (whatever that means).	2005-11	Sabik, L
738	IRB	What IRBs could learn from corporate	Zeke	IRB 2005; 27: 1-6	Corporate boards and IRBs have similarities--time constraints, information deficits, personal links with those they are to oversee, Groupthink with pressure to conform, limited penalties from sub-par performance,	2005-11	Saver RS

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		boards			Argues that looking at what is known about corporate boards suggests 1) adding more community members alone is unlikely be sufficient to change deliberations and monitoring--suggests maybe treating outside members as quasi distinct entity and 2) should not add more responsibilities to IRBs like reviewing COIs.		
739	British Medical Journal	Cost effectiveness of complementary treatments in the United Kingdom: systematic review	Danis	British Medical Journal 2005; 331: 880-881	Estimates of cost per quality adjusted life year of acupuncture for headache and of spinal manipulation for back pain compare well with other treatments approved for use in the NHS.	2005-11	Canter PH, et al
740	British Medical Journal	Surgeons perform Germany's first crossover kidney transplantation	Thiessen	British Medical Journal 2005; 331: 798-798	This is a short news blurb reporting the first. “cross-over” kidney transplantation in Germany. More frequently called “paired kidney exchange” in the United States, the procedure occurs when two willing donors fail to match with their respective intended recipients, but the Donor 1 can give an organ to Recipient 2 in exchange for Donor 2 giving an organ to Recipient 1. Germany had formerly forbidden such exchanges under legislation designed to prevent human organs trade. Germany now requires the two recipient/donor pairs to demonstrate the development of a “close relationship” by the time of transplantation. NB: Johns Hopkins started a paired kidney exchange in 2001. The New England UNOS system adopted a paired kidney exchange system in September 2004, along a model suggested by Alvin Roth, and economist at Harvard. The New England system permits patients to register with an unlimited number of willing donor friends and relatives and is run according to an algorithm that allows three-way kidney exchanges.	2005-11	Tuffs, Annette
741	British Medical Journal	"Breakthrough" drugs and growth in expenditure on prescription drugs in Canada	Thiessen	British Medical Journal 2005; 331: 815-816	Analyzing pharmaceutical expenditures and novelty between 1996 and 2003 in British Columbia, the authors conclude that 80% of drug cost inflation was driven by newly patented me-too drugs. (Over the time period, per capita expenditure on pharmaceuticals more than doubled, from $144 to $316.) While this is not really news, it is interesting to note that the existence of the Canadian PMPRB does not seem to have significantly affected the me-too-drug-driven-pattern of pharmaceutical expenditure growth.	2005-11	Morgan, Steven G.
742	British Medical Journal	Commissioning for rare diseases: View from the frontline	Thiessen	British Medical Journal 2005; 331: 1019-1021	The West Midlands primary care trust funded therapy for a similar lysosomal storage disease (Gaucher’s) and following the development of a treatment for Fabry’s disease, was faced with the decision to expand coverage to Fabry’s and other imminent enzyme	2005-11	Burls, Amanda

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					replacement therapies at a cost of up to $30 million per patient lifetime. Following a long deliberative process, the trust opted not to fund treatment for Fabry's and new Gaucher's patients. As you can imagine, there was significant public outcry, and a national special commission imposed a two-year unfunded mandate on primary care trusts to treat Gaucher's and Fabry's. Ultimately, this article is a call for the development of consistent, publicly justifiable, and financially sustainable policies regarding NHS payment for non-CEA treatments.		
743	British Medical Journal	Simultaneous comparison of multiple treatments: combining direct and indirect evidence	Danis	British Medical Journal 2005; 331: 897-900	Caldwell and colleagues describe the process, with examples, for deciding what is the best treatment for a condition when three or more possible treatments are available.	2005-11	Caldwell DM et al
744	British Medical Journal	Orphan drugs and the NHS: Should we value rarity?	Thiessen	British Medical Journal 2005; 331: 1016-1018	The authors argue that the cost effectiveness of treatment for rare diseases should not be treated differently from that of more common illnesses when used to make resource allocation decisions. Dismissing more frequently voiced justifications for granting so-called orphan drugs special status (1. market may not fully account for returns to R&D investment and 2. the public values known lives above statistical ones and treatment even if treatment is not effective), McCabe et al. focus their efforts on rejecting a claim based on equity (e.g. the EU's statement that all patients should have equal access to equal quality care). Their argument centers on this following example: if J is a population with a rare disease that costs 1000 pounds to treat and K is a population with a common disease that costs 100 pounds to treat, assuming all other things are equal (symptoms, prognoses with and without treatment), it is not fair to K if J gets treatment because making such an allocation decision implies that J's life is worth 10 times more than K's life. Furthermore, they argue that subsidizing the use or development of so-called orphan drugs will burden patients with more common diseases, and may make it more difficult for them to afford medical care.	2005-11	McCabe, Christopher
745	British Medical Journal	How do elderly patients decide where to go for major surgery? Telephone	Thiessen	British Medical Journal 2005; 331: 1136-1142	NB: This article has a strange citation. Date of issue: 10/05, but published 9/28/05. In short, this is yet another study that demonstrates that consumers are not very good at utilizing quality information when making health care choices. Schwartz et al. surveyed Medicare beneficiaries (n=510, 48% response rate) who underwent non-emergent surgery for abdominal aortic aneurysm repair, heart valve replacement, gastrectomy,	2004-11	Schwartz, Lisa M.

Main Query							
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		interview survey			cystectomy, or pneumonectomy. 45% of respondents reported that they had no alternative hospital in their area; 10% considered different hospitals; 11% sought quality information while making their decision. 78% stated that surgeon reputation was important to their choice, but they relied primarily on their referring physician (64%) and family and friends (31%) when forming this assessment. While 80% agreed with the premise that high volume was correlated with higher quality, 11% did not know volume standards existed. You can draw your own conclusions about the implications of the results for consumer-driven health care plans. Schwartz et al. conclude that the solution is to provide referring physicians with quality information. They contrast this with Leapfrog's push to use selective contracting and reimbursement measures to incentivize referrals to high-quality hospitals.		
746	British Medical Journal	Keeping healthy on a minimum wage	Danis	British Medical Journal 2005; 331: 857-858	The editorial analyzes the extent to which the minimum wage effectively fostors health.	2005-11	Deemeing C
747	British Medical Journal	Towards evidence based bioethics	Danis	British Medical Journal 2005; 331: 901-903	The author argues about the importance of empirical evidence regarding human behavior to debates in medical ethics. He gives several examples.	2005-11	Halpern SD
748	Archives of Internal Medicine	Variation in the Tendency Primacy Care Physicians to Intervene	Adikes	Archives of Internal Medicine 2005; 165: 2252-2256	Physicians from different regions were surveyed to find out how they would respond to 6 scenarios. The research attempted to understand the role of physician behavior in the wide variations observed in US spending and utilization. In 5 of the 6 scenarios, physicians in high-spending areas were more likely to recommend interventions. These results may not accurately reflect physician behavior because higher spending areas tend to have a greater number of physicians (more resources?). Perhaps more aggressive physicians are attracted to those areas, and perhaps physicians assimilate to the practice styles of their communities. In addition, local spending patterns were determined based on Medicare utilization, and so these spending patterns may not reflect those of the population under 65.	2005-11	Sirovich, Brenda E.
749	Archives of Internal Medicine	Effect of a Clinical Trial Alert System on Physician Participation in Trial	Adikes	Archives of Internal Medicine 2005; 165: 2272-2277	The article emphasized the value of eligible subjects to the success clinical research and subsequent medical advances. When physicians participate in the recruitment process, patients are more likely to become participates in trials. Due to limited awareness, time constraints, and difficulty following enrollment procedures, however, a limited number of physicians recruit. This study activated an electronic health record (EHR)-based clinical trial alert (CTA) system to notify physicians when a patient's health record met the	2005-11	Embi, Peter J.

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					criteria for a trial. With the use of this system, physician participation significantly increased, suggesting that this could accelerate slow and insufficient trial recruitment. This may be more feasible in light of the governmental calls for comprehensive EHRs.		
750	Archives of Internal Medicine	In Search of Evidence: Is There the Will and a Way?	Adikes	Archives of Internal Medicine 2005; 165: 2194-2195	This editorial expresses concern that as society's demand for evidence-based decisions grows, clinical research continues to be undervalued and faces problematic funding restraints. Time commitments and financial considerations dissuade both potential participants and physicians from involvement in clinical research. He calls for more medical, political and public support to fund the technology (eg. CTA) and research needed for evidence-based medicine and medical advances.	2005-11	Benson, AB
751	JAMA	Resident Physicians' Preparedness to Provide Cross-Cultural Care	Adikes	JAMA 2005; 249: 1058-1066	In response to a growing concern over the impact of sociocultural factors on clinical care, this article considers the perspectives of resident physicians on cross-cultural care. The study, a survey, asked participants to evaluate their own preparedness to care for diverse patient populations and the effectiveness of their general medical education in training them to do so. Although residents acknowledged the importance of cultural issues in health care, nearly 25% did not report feeling prepared to address them effectively. Nearly ½ of participants did not receive relevant training in medical school for lack of opportunity, time, and/or desire. The article argues that education designed to improve a physician's communication with patients of different backgrounds could reduce disparities in the health care system. To emphasize the importance of such interpersonal skills would require mentors, time, and a change in medical school evaluation methods.	2005-11	Weissman, Joel S.
752	JAMA	Reforming Graduate Medical Education	Adikes	JAMA 2005; 294: 1083-1087	The authors address one way that general medical education (GME) has failed meet its own standards and potential – by failing to realize the primacy of education over hours logged in medical training. The article traces the history of 20th century of GME, from a system that subjugated educational opportunities to service and ancillary responsibilities to a system that now restricts residents to 80 hours. This controversial time restriction has not necessarily ameliorated some important educational and financial aspects of GME. It is argued that training hospitals need to find private and internal resources so that they may hire more support staff, limit patient loads for residents, decrease non-educational resident services, increase educational activities, and make the environment more amenable to uncertainty and questioning. The consequent improvement in quality medical care, the authors argue, would be worth the additional monetary cost.	2005-11	Ludmerer, Kenneth

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753	JAMA	Insurance Status and Access to Urgent Ambulatory Care Follow-up Appointments	Adikes	JAMA 2005; 294: 1248-1254	The authors state that more than 80% of visits to hospital emergency departments end with a recommendation for follow-up care. The study aimed to determine the effect that insurance status would have on a discharged patient's access to follow-up care (within one week of emergency visit/ recommendation) when their need for it is urgent. Whereas 98% of the contacted clinics screened for health insurance status, only 28% of clinics surveyed the severity of the caller's health concern. The appointment obtainment rates of those on Medicaid were only marginally better than the uninsured callers who could pay $20. This may be the result of delayed Medicaid reimbursement rates. Access to follow-up care for Medicaid recipients varied greatly by city, perhaps this is a reflection of Medicaid payment rates. Both insured and uninsured callers found it difficult to secure timely appointments from safety net clinics. Suggested, though imperfect, methods to reduce these disparities include: returning to emergency department for follow-up care, immediate call from emergency physician to follow-up provider, the "advanced access model," and long-term relationships between patients and primary care physicians.	2005-11	Asplin, Brent
754	JAMA	Tracking Medical Errors	Adikes	JAMA 2005; 294: 1201-1201	President Bush signed into law legislation to create a national medical errors database under the Patient Safety and Quality Improvement Act of 2005. The information can be used neither in lawsuits nor for punitive action, but, rather, it could provide evidence for solutions to medical errors.	2005-11	Bridget, Kuehn
755	JAMA	Book Review: End of Life	Adikes	JAMA 2005; 294: 1279-1279	This book reviewed is End-of-Life Decision Making: A Cross-National Study, edited by Robert H. Blank and Janna C. Merrick. It offers cultural, religious, legal, political and medical perspectives on the dying process from the developed and developing world. The book could be a useful guide to cultural issues in the medical environment.	2005-11	Sinclair, Christian
756	JAMA	Book Review: Health Disparities	Adikes	JAMA 2005; 294: 1280-1281	The reviewer describes Minority Populations and Health: An Introduction to Health Disparities in the United States by Thomas A. LaVeist as a good resource for advanced undergraduate and graduate students in public health and medicine. The book deals with the health of the major minority groupings in the U.S., and it offers both health systems approaches (language/cultural training, financial coverage, efficiency) and federal programs (income tax credit, food stamps, Medicaid, housing) support to decrease health care disparities.	2005-11	Milio, Nancy
757	Ethics	Stroke Patients' Preferences and Values	Benk	Ethics 2005; 31: 608-611	(actually J. Medical Ethics) The main contribution is authors' implication that the relevant community for "community consultation" for emergency research without surrogate consent is the community of those	2005-11	Blixen, CE, and Agich, GJ

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		about Emergency Research			likely to be involved in the research - and that "consent" in this case should aim for something closer to substituted judgement rather than actual advance consent given by and on behalf of community members. 92% of a very small sample of stroke victims surveyed expressed that absent a surrogate, they would want to be enrolled in emergency stroke research.		
758	Annals of Internal Medicine	Clinical Decision Making during Public Health Emergencies : Ethical Consideratio ns	Paul Litton	Annals of Internal Medicine 2005; 143: 493-498	Addresses role conflict that clinical physicians face in time of public health emergencies involving measures such as quarantine and rationing. Patients might request interventions for which they are not eligible under the emergency criteria, or they might object to certain restrictive measures. The authors argue that physicians should recognize that in these times their primary duty is to the public. They then make recommendations on how physicians can provide individualized care by, for example, attending to patients' needs and concerns, act in the patients' best interests to the greatest possible extent, and also working with public health officials on behalf of patients.	2005-11	Lo B, Katz MH
759	British Medical Journal	Recruiting patients to medical research: double blind randomised trial of "opt-in" versus "opt-out" stratgies	grady	British Medical Journal 2005; 331: 940-944	An RCT of two recruitment strategies for 510 patients for an observational study investigating the prognosis of angina. A letter from the primary physician was sent to all patients describing the cohort study but not describing the recruitment study. Potential participants were randomized to an opt-in strategy (only contacted if patient made initial contact after receiving written info), or an opt-out strategy (contacted if patient did not return opt-out card). Recruitment rate was significantly better in the opt-out arm (50%) than in the opt-in arm (38%) (p=0.014). Patients in the opt-in arm were also healthier (less treatment, less functional impairment, fewer CV risk factors). Authors argue that as opt-out strategy led to better response rate and less biased sample, IRBs should not categorically prohibit opt-out strategies. Invite further work to determine the extent to which opt-out strategies diminish personal autonomy or are associated with any other harms.	2005-11	Cornelia Junghans
761	British Medical Journal	Bias from requiring explicit consent from all participants in observational research: prospective, population based survey	GRAdy	British Medical Journal 2005; 331: 942-946	Compared data between consenters and nonconsenters to an observational study about 187 patients with diagnosed brain arteriovenous malformation between 1999 and 2002. Consenters and non-consenters did not differ wrt mean age, sex, and SES. However, they did differ in the way they presented (consenters less likely to have hemorrhage but more likely to have seizures than non-consenters). Also, consenters were significantly less likely to be dead or dependent than non-consenters. And the course differed over time, as did likelihood of receiving treatment. Differences could affect the overall results of the study. Main finding: in an observational disease	2005-11	Al-Shahi, Rustam

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					register that obtained explicit consent from 2/3 of cohort, those who consented were significantly different in both anticipated and unpredictable ways. This consent bias may invalidate findings. Requiring consent from every patient in observational research can bias study findings.		
762	Science	Deriving 'Controversy-Free' ES Cells Is Controvercial	Benk	Science 2005; 310: 416-417	More discussion of the ethics of stem cell alternatives. Contra Vogel's previous article, many stem cell opponents are not happy with proposed alternatives for deriving ES cells.	2005-11	Vogel, Gretchen
763	British Medical Journal	Consultations about changing behavior	Grady	British Medical Journal 2005; 331: 961-963	Talks about the challenges of helping patients change unhealthy behaviors. Suggests communication strategies that inlcude listening, asking, and informing and recommends a Guiding approach as opposed to a directing approach	2005-11	Rollnick, Stephen
764	Lancet	Chines officials accused of forcing abortions in Shandong	Steve Pearson	Lancet 2005; 366: 1253-1254	Discussion of police kidnappings, poison injections into fetuses and thousands of coerced sterilizations and the role that civil rights campaigners have played in bringing these continued practices into the public light.	2005-11	Watts J
765	Lancet	Effect of BCG revaccination on incidence of tuberculosis on school-aged children in Brazil: the BCG-REVAC cluster-randomised trial.	Steve Pearson	Lancet 2005; 366: 1290-1291	Interesting study design and consent process for a very large trial in which schools were the unit of randomization. “Active informed consent was not obtained because at the time of the study both the intervention and control group procedures were in routine practice in Brazil.”	2005-11	Rodrigues, LC
766	Lancet	Book review: Perspectives on Health and Human Rights	Steve Pearson	Lancet 2005; 366: 1155-1155	A useful synopsis of the book edited by Gruskin et al that includes 30 essays examining frameworks for linking health and health care with human rights.	2005-11	Epstein, H
767	Lancet	End of life: the humanist view	Steve Pearson	Lancet 2005; 366: 1235-1237	Seventh and final Viewpoint in a series about end-of-life issues for different religions. The core of the argument is that systems and individual clinicians should figure out how to respect the positively non-religious not only by keeping religion out of the hospital environment but by focusing on the “positive” values about the end of life held by humanists.	2005-11	Baggini J, Pym M
768	American	(Many titles) Entire	Steve Pearson	American Journal of Public Health 2005;	This entire edition is dedicated to the issue of health and health care for prisoners. For anyone with an	2005-11	many

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	Journal of Public Health	volume on prisoner health care		95: N/A-N/A	interest in the ethics of treating prisoners this will be an invaluable source of data and perspective.		
769	Health Affairs	Health Benefits in 2005: Premium Increases Slow Down, Coverage Continues to Erode	Steve Pearson	Health Affairs 2005; 24: 1273-1275	This article presents an update on job-based health insurance in 2005 and how it has changed during recent years. Trends in health care insurance premiums, percentage of firms offering different types of health benefits, and growth/decline in different provider models (HMO/PPO) are all presented.	2005-11	Gabel J, et al.
770	American Journal of Bioethics	Undue Inducements: Nonsense on Stilts	Alan Wertheimer	American Journal of Bioethics 2005; 5: 9-13	Borrowing (without attribution) from Bentham's "nonsense upon stilts" description of "natural rights," and in what will prove to be a futile effort, Emanuel argues that claims about undue inducements in research should be banished. On his view, inducements to participate are only "undue" if an offer is virtually irresistible, leads the subject to exercise poor judgment, and is likely to result in serious harm. If IRB's function properly in making risk/benefit judgments, the anticipated risks will not be excessive regardless of inducements. Claims about undue inducements are often confused with worries about informed consent, unfair subject selection, and exploitation. This reviewer predicts that the soundness of the author's position notwithstanding, Emanuel's attempt to kill the phrase will not succeed. There were numerous commentaries and a response to them by the author has recently appeared.	2005-11	Emanuel EJ
771	American Journal of Bioethics	Draft Model Aggregated Code of Ethics for Bioethicists	Alan Wertheimer	American Journal of Bioethics 2005; 5: 33-41	Bioethicists operate in an environment in which their peers have codes of professional conduct, so they, too, should have a code. This code should apply to non-clinical as well as clinical bioethicists. The code not only serves to guide conduct, but should also offer bioethicists some protection (when they do their job correctly) against their own institutions, when they criticize that institution for non-compliance with ethical standards. The draft makes numerous provocative claims: bioethicists should advise but not authoritatively decide for others; they should avoid conflicts of interests; they should respect confidentiality except when required by law to divulge information or (and this actually is provocative) when others will suffer harm if they keep information confidential.	2005-11	Baker R
772	American Journal of Bioethics	Adolescent Decisional Autonomy Regarding Participation in an	Alan Wertheimer	American Journal of Bioethics 2005; 5: 70-74	This is an empirical study of adolescent "assent" to participation in a survey about youth violence among patients admitted to emergency departments. Before interviewing the adolescents, a research assistant first consented (sic) a parent or guardian. After completing the survey about violence, the subjects were then asked	2005-11	Cohn J

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		Emergency Department Youth Violence Interview			questions about their own participation. Most, but not all, said that they could have refused to participate, most were glad that they had participated, and few were upset. Subjects were less likely to feel that they could refuse to participate if they were not alone when asked.		
774	Archives of Internal Medicine	Sex, Not Just Race	Alex Friedman	Archives of Internal Medicine 2005; 165: 2432-2433	Comments on a recent study of differences in high blood pressure control rates between African American and white males. The authors suggest that more attention might need to be paid to gender differences, since a similar disparity in success rates is not found when comparing African American and white women.	2005-12	Oremus, Kresimir
775	Lancet	Politics trumps science at the FDA	Alex Friedman	Lancet 2005; 366: 1827-1827	Criticizes FDA's rejection of over-the-counter status for Plan B. Suggests that FDA is losing credibility because of increasing influence of politics and of the pharmaceutical industry.	2005-12	editorial
776	Lancet	The UK drug industry: responsible, ethical, and professional?	Alex Friedman	Lancet 2005; 366: 1828-1828	Discusses recent revisions to the UK's Association of the British Pharmaceutical Industry's code of practice.	2005-12	editorial
777	Lancet	What would Malthus say about AIDS in Africa?	Alex Friedman	Lancet 2005; 366: 1899-1901	The authors argue that while the AIDS epidemic is a major impediment to development and anti-poverty efforts in many African nations, it would be dangerous to neglect unrestrained population growth, which continues to be a major cause of poverty and underdevelopment. They also suggest that many population growth control and HIV prevention efforts can be complementary.	2005-12	Cleland, John
778	Lancet	Incivility in hospitals: health workers strike back	Alex Friedman	Lancet 2005; 366: 1848-1848	Talks about recent attempts by the French Hospital Federation to control "hospital rage" via an advertising campaign.	2005-12	Pierre Le Coz
779	Lancet	Seeking rational policy settings for PMTCT	Alex Friedman	Lancet 2005; 366: 1835-1836	Examines a number of issues related to current attempts to limit HIV transmission from mothers to children, including the types of preventive and prophylactic services for women that could be most beneficial, and the need to focus on education, prevention, and testing in men as well as women in order to (among other things) prevent new HIV infections in women during pregnancy and breast-feeding.	2005-12	Holmes, Wendy
780	Archives of Internal Medicine	Doctoring Through Katrina	Alex Friedman	Archives of Internal Medicine 2005; 165: 2458-2459	Describes the ordeal faced by doctors, staff, and patients at Tulane University Hospital in the wake of Katrina - power outages, flooding, looting, the improvised evacuation, etc.	2005-12	Raggi, Paolo
781	Archives of Internal Medicine	Ties That Bind: Multiple Relationship	Alex Friedman	Archives of Internal Medicine 2005; 165: 2493-2496	This study examines the relationship between participation in industry-sponsored pharmaceutical trials and other types of financial or administrative involvement with the pharmaceutical indistry among	2005-12	Henry, David

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		s Between Clinical Researchers and the Pharmaceuti cal Industry			Australian specialists. While major financial entanglements, e.g. stock ownership, were not found to be more common among physicians involved in industry-sponsored research; there was a major correlation between such research involvement and receiving support for attending conferences (domestic and international), as well as serving as a paid consultant, a member of an advisory board, or a developer of educational materials. Multiple ties were much more likely among those involved in industry-sponsored research. The authors contend, based on the data, that while motives of substantial financial gain do not seem to be a cause for major concern, multiple associations with the industry that can provide professional respect, recognition, power, etc., can create a substantial conflict of interest. It should be noted that the study relied on self-reports, and that the response rate was relatively low (39%).		
782	Archives of Internal Medicine	Quality of Care and Outcomes of Older Patients With Heart Failure Hospitalized in the United States and Canada	Alex Friedman	Archives of Internal Medicine 2005; 165: 2486-2492	The study compares the process and outcomes of hospitalizations for heart failure in the U.S. and Canada, in part to see whether higher medical spending in the U.S. translates to better outcomes. Even after adjusting for the (on average) worse risk status of the Canadian patients (due, likely, to comparative shortages in intensive care space), the crude mortality rates at 30 days were significantly lower in the U.S. cohort. The authors hypothesize that the difference is due to the more aggressive and invasive strategies used in the U.S. However, there was no statistically significant difference between 1-year risk-standardized mortality rates. While seemingly less certain about this, the authors suggest that the lack of a long-term difference in mortality rates may be due to better access to outpatient follow-up and prescription drugs in Canada.	2005-12	Ko, Dennis T.