American Journal of Public Health

Reviewer: Danielle Bromwich

Title: Poverty in America: How Public Health Practice Can Make a Difference

First Author: Paul Campbell Erwin

Citation: American Journal of Public Health 2008; 98: 1570-1572

Summary: Despite public health efforts, health inequities linked to poverty are still entrenched in certain populations in the US. The author claims that "[e]mpowerment, education, and opportunity can serve as ways to ameliorate poverty and may serve to modulate the persistent underlying conditions that create and sustain poverty."

Reviewer: Danielle Bromwich

Title: Justice and Human Rights: Priority Setting and Fair Deliberative Process

First Author: Sofia Gruskin

Citation: American Journal of Public Health 2008; 98: 1573-1577

Summary: Gruskin and Daniels argue that those responsible for setting priorities in health have considerable expertise in improving population health, but lack an approach that provides guidance in how to do so fairly. The authors argue that while many appeal to human rights or principles of distributive justice to guide and justify their policy decisions neither framework does a good job. Gruskin and Daniels propose an alternative approach "that draws on the strengths of both perspectives…"

Reviewer: Danielle Bromwich

Title: Waking a Sleeping Giant: The Tobacco Industry's Response to the Polonium-210 Issue

First Author: Monique E. Muggli

Citation: American Journal of Public Health 2008; 98: 1643-1650

Summary: Over 40 years ago, tobacco companies learnt that polonium was part of tobacco and tobacco smoke. Tobacco companies both failed to remove polonium from their products and they suppressed the publication of internal research that revealed that their products contained polonium. The authors maintain that tobacco products should come with a radiation-exposure warning label.

Annals of Internal Medicine

Reviewer: Ari Hoffman

Title: Educational Debt and Reported Career Plans among Internal Medicine Residents

First Author: McDonald FS, West CP, et al.

Citation: Annals of Internal Medicine 2008; 149: 416-420

Summary: The authors examined associations between level of debt and career plans in over 22,000 Internal Medicine residents. U.S. medical graduates, 54% of whom had debt of $100,000 or greater, were more likely to subspecialize than their international counterparts, 60% of whom reported no debt at all (60.4% vs. 57.3%). However, increased debt for all residents led to decreased frequency of subspecialty career choice. This is somewhat counterintuitive, and may call into question the fact that debt is the major driving force for increased specialization.

Reviewer: Ari Hoffman

Title: Risk for Death Associated with Medications for Recently Diagnosed Chronic Obstructive Pulmonary Disease

First Author: Lee TA, Pickard AS, et al.

Citation: Annals of Internal Medicine 2008; 149: 380-390

Summary: In an attempt to identify some of the longer-term benefits and harms associated with medications for COPD (often difficult to detect in trials due to rarity of events and limited time-frame), the authors conducted a case-control study of 32,130 cases (deaths) and 320,501 controls (recently diagnosed COPD on respiratory medications). They found that ipratropium, one of the most commonly used drugs for COPD, was associated with an increased risk of morality due to cardiovascular events. This is in line with the results of the Lung Health Study of 2002 that showed twice as many cardiovascular deaths in patients receiving ipratropium as those receiving placebo.

Archives of Internal Medicine

Reviewer: P Zettler

Title: Missed Opportunities for Interval Empathy in Lung Cancer Communication

First Author: Diane S Morse

Citation: Archives of Internal Medicine 2008; 168: 1853-1858

Summary: The authors conducted qualitative analysis of 20 audiorecordings of conversations between lung cancer patients and oncologists or thoracic surgeons at a VA hospital. They found that physicians missed most “empathic opportunities,” responding empathically in only 10% of the opportunities. 50% of the empathic responses occurred in the last third of the interview. The authors recommend that physicians give more empathic responses to patients to encourage rapport and trust.

Reviewer: P Zettler

Title: Neighborhood Income, Health Insurance, and Prehospital Delay for Myocardial Infarction: The Atherosclerosis Risk in Communities Study

First Author: Randi E Foraker

Citation: Archives of Internal Medicine 2008; 168: 1874-1879

Summary: Authors looked at the association between neighborhood household income (nINC) and health insurance status with prehospital delay among men and women with a validated, definite, or probable acute myocardial infarction. Results indicate that low nINC and having Medicaid are associated with longer prehospital delays.

Reviewer: P Zettler

Title: Smoking Cessation Interventions for Hospitalized Smokers: A Systematic Review

First Author: Nancy A Rigotti

Citation: Archives of Internal Medicine 2008; 168: 1950-1960

Summary: Authors reviewed 33 trials from the Cochrane Tobacco Addition Review Group's register that studied smoking cessation interventions that began during hospitalization and had at least 6-months of follow-up. Based on this review, the authors conclude that smoking cessation counseling initiated during hospitalization is effective if supportive contacts are continued for at least 1 month after discharge, and can be made more effective by adding nicotine replacement therapy.

Reviewer: P Zettler

Title: Recommendation for and Receipt of Cancer Screening Among Medicaid Recipients 50 Years and Oldery

First Author: C Annette DuBard

Citation: Archives of Internal Medicine 2008; 168: 2014-2021

Summary: Authors reviewed medical records of a representative sample of 1951 N. Carolina Medicaid recipients >49 years old for documentation of physician recommendation for and patient receipt of colorectal, breast and cervical cancer screening. Lack of a documented physician recommendation for screening was more common than failure of a patient to follow through on obtaining screening. Authors identify several barriers to recommending screening: time demands on primary care providers; preventative services may be overlooked for patients with complex existing conditions, and; organizational barriers. Authors recommend further research to determine how best to increase screening of Medicaid recipients.

Reviewer: P Zettler

Title: So Much to Do, So Little Time: Care for the Socially Disadvantaged and the 15-Minute Visit

First Author: Kevin Fiscella

Citation: Archives of Internal Medicine 2008; 168: 1843-1852

Summary: The mismatch between patients' needs and primary care resources is greatest for socially disadvantaged patients, and exacerbates disparities in access and outcomes. To solve this problem, the authors recommend changes to the primary care system, including: (1) a health care team, which would include at least a physician, a nurse, and a medical assistant, should provide primary healthcare in a "patient-centered medical home"; (2) the payment system should move away from fee-for-service towards a model that pays healthcare team for all visits, (including non-face-to-face visits), nonvisit care such as remote clinical monitoring, performance/quality, and shared saving from reductions in healthcare costs; (3) training for physicians and patients to help both groups adjust to their roles in the new system that the authors recommend.

Bioethics

Reviewer: Collin

Title: Against the Inalienable Right to Withdraw from Research

First Author: Eric Chwang

Citation: Bioethics 2008; 22: 370-379

Summary: Chwang argues that there is a general presumption against inalienable rights and considers and rejects attempts to show that this presumption is defeated in the case of withdrawal from research.

Reviewer: Smith

Title: Enhancements, Easy Shortcuts, and the Richness of Human Activities

First Author: Maartje Schermer

Citation: Bioethics 2008; 22: 355-363

Summary: Schermer takes on two versions of the argument against enhancements as easy shortcuts: the first, that it deprives us of virtuous activity and the second, that there cannot be "gain" without "pain." Schermer criticizes both versions and attempts to find the core of this "easy shortcut" argument via MacIntyrian "internal goods" and Borgmannian "focal practices." She argues that these goods and this engagement can be maintained even when enhancement usage is permitted as others are capable of exercising their practices without enhancement. Further, she points out that many versions of this argument fail to see the social construction of practices and the importance of having practices rather than having certain practices. The argument is, on the whole, quite good, although I suspect it could be improved without allusion to the said theories.

Reviewer: Collin

Title: Why We Are Not Morally Required to Select the Best Children: A Response to Savulescu

First Author: Sarah E. Stoller

Citation: Bioethics 2008; 22: 364-369

Summary: Savulesco supports his Principle of Procreative Beneficence (select whatever child is expected to lead the best life) by arguing that the best explanation for impermissibility in two cases (Nuclear Accident and Rubella) is the PPB. Stoller thinks the impermissibility in these cases can be adequately explained without appeal to the PPB—familiar principles about harming and illicit motivation will do the job. She then describes a case where what is done would run afoul of the PPB, but there is no harming or bad motivation. Since what is done seems permissible, this is a counterexample to the PPB and confirms her hypothesis that in Nuclear Accident and Rubella it was harming and bad motivation that explained the impermissibility.

British Medical Journal

Reviewer: Iepora, chiara

Title: Spain may legalise assisted suicide, health minister says

First Author: Villanueva, Tiago

Citation: British Medical Journal 2008; 337: 1697-1697

Summary: Bernat Soria, Spain Minister of Health, declared "Tu cuerpo es tuyo, eso es socialista", in an interview announcing future law revisions mainly about assisted suicide (which he called "dignified death"). The popular party's spokesman, accused the government of giving up on palliative care, claiming that spanish people will not support murder to happen with social security money.

Reviewer: Iepora, chiara

Title: Campaigners seek release of Iranian doctors

First Author: Moszynski, Peter

Citation: British Medical Journal 2008; 337: 1699-1699

Summary: 2 iranian doctors, worldwide renewed for their committment in care, training and public health awareness on HIV, are held in jail with unofficial accusation of "undermine national security and cospiracy to overthrow the government".
Nothing ethical in this story, just a reminder on how politically charged our daily work is.

Reviewer: Danielle Bromwich

Title: Tackling health inequalities: Inequity in the market place

First Author: Mark H Wilson

Citation: British Medical Journal 2008; 337: 707-707

Summary: In the Letters section, Wilson notes that adverts for clinical trials are directed at the uninsured and are framed as viable health care opportunities. He worries that “[m]any research participants will not only lose some form of medical care when a clinical trial ends but will also not be able to afford the very medical product that is being tested on them when it comes to market.”

Reviewer: Danielle Bromwich

Title: Medical law and protection of children

First Author: David M Foreman

Citation: British Medical Journal 2008; 337: 702-703

Summary: Doctors have a duty of care to both children (1989 Children Act) and parents (medical law). These duties often conflict in child protection cases and little guidance is offered to help doctors resolve these conflicts. The authors maintain that three interventions are urgently needed: “Firstly, the General Medical Council (GMC) should collaborate with other professional bodies to issue more specific guidance about how doctors should manage these conflicting duties of care in child protection cases…Secondly, complaints about professionals in child protection cases should be subject to independent scrutiny before they are referred to their professional bodies…. Finally, the general public needs to be better informed about the reality of everyday child protection work, so that the necessary compromises implicit in such procedures are better understood.”

Reviewer: Iepora, chiara

Title: Lancet withdraws research paper and warns authors about rules of gift authorship

First Author: Dyer, Clare

Citation: British Medical Journal 2008; 337: 1711-1711

Summary: A clinical trial conducted at the Urology Department in Innsbruck University (Austria), has been retreated from publication and declared "unethical" and illegal in a yet unpublished report.
As a consequence, Dr.George Bartsch, head of the urology department, asked his name and the name of his department to be canceled from the study, claiming he never partecipated in it.
Lancet editors declare "unacceptable" gift authorship in research, and "untolerable" abrogation of responsability when flaws are pointed out.

Reviewer: Danielle Bromwich

Title: English NHS says patient consent necessary before record seen on screen

First Author: Michael Cross

Citation: British Medical Journal 2008; 337: 711-711

Summary: In the UK, health records are available electronically. The NHS now accepts that consent must be obtained before these records can be accessed.

Reviewer: Danielle Bromwich

Title: US health care: America's health choices

First Author: Vidhya Alakeson

Citation: British Medical Journal 2008; 337: 720-722

Summary: The US is the "only developed country not to provide all its citizens with access to health care." Alakeson claims that this problem has not been solved because, while most voters admit that everyone has a right to affordable health care, no one wants to sacrifice much to fix the problem. (The lack of motivation is due to: (i) the fact that 94% of Americans who vote have health insurance and (ii) the fact that most insured Americans think that they have good/excellent insurance.) The question, then, is: can either presidential candidate make a difference without proposing the kind of grand reform that would be off-putting to the voter? Alakeson claims that while neither candidate's proposal is likely to make much of a difference, the next president should think about universal coverage for children because this is likely to be popular with voters, and "with all children and everyone over 65 taken care of" an extra step will have been taken to close the gap. Alakeson maintains that once a step is taken to close the gap "universal coverage might suddenly seem achievable."

Reviewer: lepora, chiara

Title: Vulvovaginal surgery is being carried out without evidence of safety or benefits, gynaecologists say

First Author: Dobson Roger

Citation: British Medical Journal 2008; 337: 1684-1685

Summary: Cosmetic vulvovaginal surgery is described as one of the most controversial ethical and medical issue in gynecological surgery today.
The authors insist on the lack of scientifical evidences on safety and benefit of the procedures.
Reduction labioplasty and vulvar labioplasty are compared to female genital mutilation, despite the difference in being performed on adult patients.
Furthermore, procedures like hymenorrhaphy are described as "perpetuating misogynist myths about virginity";
The author calls on surgeons responsability in keeping cosmetic vulvovaginal surgery as a last resort and demonstrating the safety and psycho-social efficacy of the procedure.

Reviewer: Danielle Bromwich

Title: What happens to papers rejected by the BMJ on ethical grounds?

First Author: N A Pace

Citation: British Medical Journal 2008; 337: 774-774

Summary: In the Letters section, Pace et al note that BMJ rejected six papers on ethical grounds, but these papers were subsequently published elsewhere despite the fact that BMJ's ethical concerns and/or recommendations were ignored

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Reviewer: Danielle Bromwich

Title: Tackling health inequalities: Closing the gap between generations

First Author: Sebastien Tassy

Citation: British Medical Journal 2008; 337: 770-770

Summary: In the Letters section, Tassy and Retornaz note a gap that “exists between the level of geriatric publications in journals, which are a major source of medical information, and the demographic reality of health care provided.”

Reviewer: lepora, chiara

Title: Myeloma patient wins fight for drug not yet approved by NICE

First Author: Dyer, Clare

Citation: British Medical Journal 2008; 337: 1695-1695

Summary: Mr. Ross has been granted by a court the right to receive a four courses treatement with Lenalidomide, a chemotherapic agent priced 8900$ per seance.
NICE hasn't validated yet the drug as cost-effective (decision on the issue is expected for next year), therefore Primary Care Trusts have different policies in covering the treatement or not.
The judge described as "unlawfal" West Sussex's policy, which accept covering the drug for "unique" cases, but not "exceptional" ones.

Reviewer: lepora, chiara

Title: Organisations reluctantly come out in support of top-up payments

First Author: Kmietowicz, Zosia

Citation: British Medical Journal 2008; 337: 1685-1685

Summary: King's Found, english health policy think tank for cancer, BMA, NHS Confederation and Royal College of Nursing, accepted the inequity of patient's topping-up for care not granted through NHS.
Other inconsistency in NHS coverage, such as hearing aids, dental care and mobility aids, are already established and are not shown to be used as a way to extend user's fees.
King's Found also suggested:
1- Set-up of a commission to open up the debate among larger public
2- Definition of time-frame in which a drug might get to be covered if proves to be succesful.

Reviewer: lepora, chiara

Title: US health groups protest against proposed government "conscience rule"

First Author: Hopkins Tanne, Janice

Citation: British Medical Journal 2008; 337: 1889-1889

Summary: A rule issued last August about "conscience objection" for medical and non-medical personnel has been highly criticised as haiving the potential to "seriously undermine the integrity of the US health care system".
The rule propose interruption of federal funds to personnel found guilty of discriminating towards medical or non-medical staff who object against any type of care for conscience reasons, and does not require them to counsel or refer the patient to another doctor not objecting.

Reviewer: Iepora, chiara

Title: UK strategy is "opportunity to see health as a bridge to peace," says chief medical officer

First Author: white, caroline

Citation: British Medical Journal 2008; 337: 1925-1925

Summary: A 21 million dollars strategy to improve "health and economic and political security" of British citizenship outlines British intentions in global health strategy.
"better global health security; stronger and fairer health systems; a stronger role for international health organisations; freer and fairer trade; and an improved evidence base for policy and practice" are among the five pillars of the plan, which includes as well relaxed restrictions for oversees doctors to train and practice in UK.
Centre for global Health and foreign policy will be set up for this purpose at Chatham House.

Reviewer: Iepora, chiara

Title: Adherence to Mediterranean diet and health status: meta-analysis

First Author: sofi, francesco

Citation: British Medical Journal 2008; 337: 1344-1344

Summary: Meta-analysis of prospective cohort studies evaluating the relationship between Mediterranean Diet and health outcome (mortality, incidence of chronic diseases), including more than 550.000 patients in 12 studies.
Greater adherence to Mediterranean Diet shows a clear correlation with reduced cardiovascular diseases, Alzhaimer's disease, Parkinson disease and neoplasms.
Furthermore, greater adherence to mediterranean diet, is associated with reduced risk of mortality from any cause (not specified whether correlation is with car crashes as wll..).
2 point increase in adherence (more vegetables, less meat, more oil, less butter, more red wine, etc) is associated with a 9% decreased risk of mortality and morbidity.

Reviewer: Danielle Bromwich

Title: US health care: Health and the US presidential campaigns

First Author: Barbara Markham Smith

Citation: British Medical Journal 2008; 337: 723-724

Summary: Markham Smith describes the implications of each candidate’s proposal.

Hastings Center Report

Reviewer: Kingma, EM

Title: Comparing Drug Effectiveness at Health Plans: the ethics of cluster randomized trials.

First Author: Sabin et al.

Citation: Hastings Center Report 2008; 38: 39-48

Summary: There is a need to compare drugs that are in clinical equipoise for effectiveness. One proposed research design involves the random assignment of 'clusters' – entire practices, regions or health care plans – to alternative treatment plans. The authors investigate the ethics of such research design, in particular the possible omission of individual informed consent. They (1) review Emanuel et al's (2000) 7 requirements for ethical research, and (2) solicit the opinion of an ethics advisory group, patients and physicians. The authors highlight some practical problems, particular in relation to patient understanding and trust, but recommend overall that CRT's can be conducted without soliciting individual informed consent as long as patients are informed, multiple agents have consented on behalf of the cluster, the research has been approved by an IRB and there is clinical equipoise.

Reviewer: Kingma

Title: Hope and Exploitation

First Author: Martin, A.M.

Citation: Hastings Center Report 2008; 38: 49-55

Summary: The author aims to argue that hope makes people vulnerable to exploitation. Such exploitation can take place in the context of the selling of treatments to and the enrollment into research of 'sick and dying patients'. Hence we ought to prevent such exploitation.

The first part of the author's argument is convincing: hope and other extreme emotions can interfere with reasonable deliberation through the framing of uptake and interpretation of information. Whilst this does not undermine autonomy necessarily, hope can undermine autonomy if a person places value on reasoned decision making.

Based on this argument the author makes two recommendations. The first recommendation is for researchers to refrain from using a language of 'hope' in their recruitment efforts. Whilst this may be a good recommendation on common sense grounds, it does not derive from the author's argument; in the case of research she has not demonstrated that the transaction between researcher and subject is unfair, hence she hasn't shown that it is exploitative.

The converse is true for the second recommendation. The author argues that prices for some drugs are unfair. Hence if patients consent to paying them, this is exploitative of the hope patients harbour. Regulators should therefore enforce fair prices. Again the relation between exploitation and hope remains unclear; if pharmaceuticals set unfair prices, there is good reason for regulators to interfere on monopolistic or other common sense grounds. It is unclear what the analysis of hope adds to this argument.

Health Affairs

Reviewer: Wolitz

Title: Lessons From India In Organizational Innovation: A Tale of Two Heart Hospitals

First Author: Richman, Barack

Citation: Health Affairs 2008; 27: 1260-1270

Summary: Authors note that open heart surgery in India costs around $6000 whereas in the US it typically exceeds $100000. The difference in cost with similar outcomes is attributed to India constantly improving their "innovative organizational structures to provide care"—eg physician owned hospitals using management strategies from the hotel industry. Authors suggest that the "U.S. regulatory environment" impedes similar innovation here, which could save money and improve care; we should therefore study more carefully India's evolving model.

Reviewer: Wolitz

Title: Retail Clinics, Primary Care Physicians, And Emergency Departments: A Comparison of Patients' Visits

First Author: Mehrotra, A

Citation: Health Affairs 2008; 27: 1272-1282

Summary: Study seeks to determine the difference in demographics between those who visit retail clinics vs primary care physicians or emergency departments and why people go to one place or another. Patients ages 18-44 were more likely than others to visit a retail clinic. 100% of retail visits were paid for out of pocket in 2000; only 15.9% were in 2007. Majority of retail clinic visits "were for ten simple acute conditions and preventative care".

Reviewer: Wolitz

Title: Racial/Ethnic Disparities And Consumer Activation In Health

First Author: Hibbard, Judith H.

Citation: Health Affairs 2008; 27: 1442-1453

Summary: This paper studies how differences in "activation" ie how capable and willing a person is to "take on the role of managing one's own health and health care" might reduce current ethnic/racial disparities in health.

Reviewer: Wolitz

Title: The Diffusion of Physicians

First Author: Ricketts,Thomas C.

Citation: Health Affairs 2008; 27: 1409-1415

Summary: About 25% of practicing physicians moved over two ten-year periods. They typically move to places of lower physician-to-patient ratios and higher income. If this trends continues, those living in rural and underserved urban areas may experience a decrease in access to physician care.

Reviewer: Wolitz

Title: Using Decision Analysis To Better Evaluate Pediatric Clinical Guidelines

First Author: Cohen, Joshua

Citation: Health Affairs 2008; 27: 1467-1475

Summary: Paper cites limitations of using existing evidentiary criteria for clinical guidelines and suggests that decision analysis "which quantifies the range of potential net benefits based on whatever evidence is available can augment traditional frameworks".

Reviewer: Wolitz

Title: Availability And Prices of Foods Across Stores And Neighborhoods: The Case of New Haven, Connecticut

First Author: Andreyeva, T.

Citation: Health Affairs 2008; 27: 1381-1388

Summary: Grocery stores in lower income neighborhoods stock "fewer healthier varieties of foods and have fresh produce of much lower quality".

JAMA

Reviewer: Ari Hoffman

Title: Role of Physicians and Mental Health Professionals in Discussions of Public Figures

First Author: Richard A. Friedman

Citation: JAMA 2008; 300: 1348-1350

Summary: Following the resignation of Eliot Spitzer, the media turned to several mental health professionals for expert opinion on his behavior. In this commentary, Friedman makes the distinction between public education - speaking in general terms about illness and treatment - and professional opinion, which requires thorough examination of the patient and consent for public discussion. He claims that mental health professionals can play a valuable role in the discussion of public figures, but that comments should focus on general information to educate the public.

Reviewer: Chao, Jesse

Title: Association Between End-of-Life Discussions, Patient Mental Health, Medical Care Near Death, and Caregiver Bereavement Adjustment

First Author: Wright, Alexi A

Citation: JAMA 2008; 300: 1665-1673

Summary: Multi-site longitudinal cohort study of patients with advanced cancer shows that end-of-life discussions are associated with less aggressive medical care near death and earlier hospice referrals. Aggressive medical care is also associated with worse patient quality of life (adjusted for severity of illness). In addition, end-of-life discussions were not associated with higher rates of major depressive disorder or more worry. Authors conclude that given the adverse outcomes associated with not having end-of-life discussions, there is a need to increase frequency of such conversations.

Reviewer: Ari Hoffman

Title: Time for "the talk" - Again.

First Author: Bridget M Kuehn

Citation: JAMA 2008; 300: 1285-1287

Summary: Nearly 75% of adults aged 57 to 64 are sexually active, with more than half reporting at least one bothersome sexual problem. However, only 38% of men and 22% of women over the age of 50 report discussing sex with their physician. This article lays out some of the recent studies on sexuality in older adults, as well as risk factors for sexual dysfunction and sexually transmitted infections. Rather than viewing sexual problems as an inevitable consequence of aging, we should consider responses to stressors in multiple life domains such as mental health, past and current medical health, social factors, and medications.

Reviewer: Ari Hoffman

Title: X-ray Collateral damage?

First Author: Joan Stephenson

Citation: JAMA 2008; 300: 1291-1291

Summary: News piece on a study by Mancuso M et al. in PNAS showing that (in mice) radiation can cause cancer in cells beyond those that are directly exposed, suggesting that our estimates of cancer risk from radiation might be too low.

Reviewer: Wolitz

Title: News Media Coverage of Medication Research, Reporting Pharmaceutical Company Funding and Use of Generic Medication Names.

First Author: Hochman, Michael

Citation: JAMA 2008; 300: 1544-1550

Summary: This study surveyed editors at the 100 most widely circulated newspapers in the US as well as reviewed US news articles to see how often it was disclosed that a study had funding from a pharmaceutical company as well as whether the brand name or generic name was used for the medication. They conclude that news articles “often fail to report pharmaceutical company funding and frequently refer to medications by their brand names despite newspaper editor’s contention that this is not the case”.

Reviewer: Ari Hoffman

Title: Mindfulness in Medicine

First Author: Ludwig DS, Kabat-Zinn J

Citation: JAMA 2008; 300: 1350-1352

Summary: For those interested in alternative medicine, this is a nice review of mindfulness (a meditation practice emphasizing present moment awareness) in medicine, with a discussion of potential mechanisms and a call for more rigorous study.

Reviewer: Largent

Title: Ethical Considerations for Short-term Experiences by Trainees in Global Health

First Author: John A. Crump

Citation: JAMA 2008; 300: 1383-1480

Summary: According to a recent review of 129 accredited MD-granting US medical schools, 47% have established initiatives, institutes, centers, or offices for global health. Many of these programs offer students short-term service experiences in resource limited areas.

Unlike clinical research, limited attention has been paid to the ethical implications of these global health programs. The authors suggest that there needs to be a more formalized way to measure the benefits and cost (to the sending institution and to locals) of having trainees in these areas; it is important to ensure mutual benefit.

Reviewer: Chao, Jesse

Title: Disclosing Genetic Research Results After Death of Pediatric Patients

First Author: Sexton, Adrienne C.; Metcalfe, Sylvia A.

Citation: JAMA 2008; 300: 1693-1695

Summary: Issues surrounding genetic results in deceased pediatric patients, including the implications of new testing technologies, new disease discoveries, and consent processes.

Reviewer: Wolitz

Title: Commercial Fishing Fatalities—California, Oregon, and Washington, 2000-2006

First Author: CDC

Citation: JAMA 2008; 300: 1510-1511

Summary: A recent study by the CDC found that annual fatalities for commercial fishing in these three states are nearly double the national average with 238 deaths per 100,000 full time equivalent fishermen. The Northwest Dungenesss crab fishery was the Pacific Coast fishery with the “greatest hazard”.

Reviewer: Largent

Title: Banning Tobacco Sales in Pharmacies: The Right Prescription

First Author: Mitchell Katz

Citation: JAMA 2008; 300: 1451-1453

Summary: San Francisco, California, has legislated a ban on the sale of tobacco in pharmacies effective in October 2008. Eighty-two percent of pharmacists and 72% of adult consumers surveyed in California believe that pharmacies should not sell tobacco, which is associated with 435,000 deaths per year. Arguments for removing cigarettes: conflict of interest for pharmacy (sell drugs to stop smoking and Rxs to treat smoking related diseases), implied message that smoking is not that dangerous, individuals shopping in pharmacies may be vulnerable due to illness.

Reviewer: Ari Hoffman

Title: Behaviors of Highly Professional Resident Physicians

First Author: Reed DA, West CP, et al.

Citation: JAMA 2008; 300: 1326-1332

Summary: It has been shown that unprofessional behavior in medical school predicts high stakes consequences for practicing physicians. These authors compared 148 internal medicine residents on multiple observation-based assessments during their intern year. They show that these assessments correlate with residents' knowledge, clinical skills, and professional behaviors (completing evaluations, attending conferences, etc.), but that didactic instruction alone is insufficient to instill professionalism in trainees. This may have interesting ethical implications regarding the selection of medical students and residents as opposed to other teaching strategies and changes in institutional culture.

Journal of Clinical Ethics

Reviewer: Iepora, chiara

Title: Legal Trends in Bioethics

First Author: Fry-Revere, Sigrid

Citation: Journal of Clinical Ethics 2008; 19: 274-302

Summary: Interesting compilation on recent legal variation and courts decisions on:
- FDA
- Right of maturing, abortion
- life and death decisions
- cosmetic surgery
- organ and tissue procurement
- unconventional treatement
- health care coverage
- smoking regulations
- vaccins
- right to access and control medical information
- conscentious objection
- mental health
- new technology
- trust, accountability

Reviewer: Iepora, chiara

Title: Physicians, Mass Incarceration, and Medical Ethics

First Author: Allen, scott A

Citation: Journal of Clinical Ethics 2008; 19: 260-263

Summary: Superficial mention to "dual loyality" issues in criticizing dilemmas physicians and health system faces in recent times.
The author insists on the need of "keeping the patient first".

Reviewer: Iepora, chiara

Title: When Prisoners Are Patients

First Author: Douglas, Sharon

Citation: Journal of Clinical Ethics 2008; 19: 249-253

Summary: This and the following papers answer to Elger's one, somehow defending rules and regulations protecting inmates and society in US correctional system. Respect for autonomy and consent are questioned in relation to confinment and the ontological loss of freedom inmates experience.
The importance of analysing healthcare correctional ethical issues is shared.

Reviewer: Iepora, chiara

Title: Medical Ethics in Correctional Healthcare:An International Comparison of Guidelines

First Author: elger, berenice S

Citation: Journal of Clinical Ethics 2008; 19: 234-248

Summary: The article highlight the importance of "correctional health care", since "While the U.S. accounts for 5 percent of the global population, it accounts for 25
percent of the world’s prisoners in U.S. Prisons and jail", and 1% of US population is detained.
A comparison between european (soft law on "equivalence of care") and US inmate care is drawn, and US system and regulations are evaluated regarding access, consent, confidentialty, doctors complicity in interrogation, executions and abuses.
Reccomandation on respect of medical principles of beneficiens, non-maleficiens, autonomy and justice are made.

Reviewer: Iepora, chiara

Title: A Qualitative Report of Dual
Palliative Care/Ethics Consultations:
Intersecting Dilemmas and Paradigmatic Cases

First Author: Childers, Julie V

Citation: Journal of Clinical Ethics 2008; 19: 204-213

Summary: 5 clinical cases are used to show the overlapping dilemmas palliative care and ethical consultations face.
The article criticize in some cases the use of both services, showing the risk of confusion among them.

Reviewer: Iepora, chiara

Title: Three Keys to Treating Inmates and their Application in Ethics Consultation

First Author: howe, edmund G

Citation: Journal of Clinical Ethics 2008; 19: 195-203

Summary: The article insist on 3 "rules" that should be followed by practictioners treating inmates:
1 - being non-judgemental
2- Being inmate allies
3- start the treatement where the inmate "is at"
The ethical issue arised is "Why should we want to treat inmates". Instead of answering to this specific question, the paper analyse why inmates do what they do, simplyifiing the reasons in 3 main categories: they lack control, they denies their wrongdoing while doing it, they "plan".
The paper insist on the moralistic aspect of care, overlooking neutrality requirements as much as the social components of prisons and justice systems.

Reviewer: Annette

Title: What Reasons do Those With Practical Experience Use in Deciding on Priorities for Healthcare Resources? A Qualitative Study

First Author: Hasman A. et al.

Citation: Journal of Clinical Ethics 2008; 34: 658-663

Summary: JOURNAL OF MEDICAL ETHICS

Qualitative study on the reasons that 22 NHS employees involved in rationing decision making (local level) thought are relevant in deciding on the priority of a new but expensive drug treatment. Most considered clinical effectiveness, cost effectiveness, gross cost, equality (e.g. treatment helps to break down barriers to healthcare, reduce health disparities, and rectify disparities in the level of health provision) and political directive (i.e. compliance with NICE guidelines) as the most important considerations in most situations. Very interesting study, although determining relevant reasons in the end seems to be a normative matter

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Reviewer: Annette

Title: Ethical Review of Undergraduate Student Research in the NHS: Evolution of the System Could Benefit Us All

First Author: Wilkinson M.

Citation: Journal of Clinical Ethics 2008; 34: 19-20

Summary: JOURNAL OF MEDICAL ETHICS

Short opinion piece arguing that undergraduate student research should be approved, despite limited scientific validity and social value, when the risks to participants are minimal. This is justified by the social value of training a new generation of researchers, and helping them understand the design of ethical studies (which seems, on the face of it, contradictory if the studies do not meet sufficient levels of scientific validity and social value).

Reviewer: Annette

Title: Challenges of Informed Choice in Organised Screening

First Author: Osterlie W. et al

Citation: Journal of Clinical Ethics 2008; 34: 5-10

Summary: JOURNAL OF MEDICAL ETHICS

Empirical study about an interesting 'opt-out' scheme for breast cancer screening in Norway. Women are between 50-69 yrs are contacted every other year by mail with information material and a preset mammography appointment. The 69 women who were interviewed in focus groups appreciated the appointment as a positive sign of concern for women's health in the context of a trusted health care system. None of them rejected the preset appointment.

Journal of General Internal Medicine

Reviewer: Chao, Jesse

Title: Empathy and Life Support Decisions in Intensive Care Units

First Author: Selph, Brac R., et. al.

Citation: Journal of General Internal Medicine 2008; 23: 1311-1317

Summary: The authors seek to determine whether clinicians express empathy during discussions with surrogate decision-makers and whether there is an association between empathic statements by clinicians and family satisfaction with communication. Three main types of empathic statements were identified: statements about the difficulty of having a critically ill loved one, the difficulty of surrogate decision-making, and the difficulty of confronting death. No empathic statements were found in one-third of discussions; more empathic statements were associated with higher family satisfaction with communication.

Journal of Law, Medicine and Ethics

Reviewer: Sachs, Ben

Title: Beyond Best Practices: Strict Scrutiny as a Regulatory Model for Race-Specific Medicines

First Author: Obasogie, Osagie K.

Citation: Journal of Law, Medicine and Ethics 2008; 36: 491-497

Summary: In 2005 the FDA approved BiDil, a treatment for heart failure, only for patients who self-identify as black. This paper is concerned with how the FDA should go about promoting research into race-specific health problems without inadvertently lending support to other practices, such as racial discrimination and the genetic theory of racial difference. The author suggests that the FDA adopt an analogue of the Supreme Court's strict scrutiny test when deciding whether to approve race-specific interventions. This means two things: First, indications based on race should be used only when other indivations, such as genetic markers, are not available. Second, indications based on race should be used only in the service of addressing an important problem, such as an ongoing health disparity or a complete lack of treatments for the condition in question. The author recommends that to enforce these provisions the FDA establish advisory committees for each race-specific drug, composed of social scientists, lawyers, bioethicists and others.

Reviewer: Sachs, Ben

Title: Rethinking Risk in Pediatric Research

First Author: Glass, Kathleen Cranley

Citation: Journal of Law, Medicine and Ethics 2008; 36: 567-576

Summary: The authors raise four concerns about the apparently increasing levels of risk that child research subjects are being exposed to:
1) Examples are given of questionable categorization of catheterization, gene transfer, etc. as "minimal risk" procedures.
2) The increasing number of applications for exemptions from the rule requiring that children not be exposed to more than minimal risk in non-therapeutic studies.
3) The trend toward categorizing asymptomatic "at risk" children as having a "condition" that justifies enrolling them in non-therapeutic research posing a minor increment over minimal risk.
4) The enrollment of children in all-ages research without subgroup analysis of data to determine the results for children.

Reviewer: Sachs, Ben

Title: Human Subjects Protections in Biomedical Enhancement Research: Assessing Risk and Benefit and Obtaining Informed Consent

First Author: Mehlman, Maxwell J.

Citation: Journal of Law, Medicine and Ethics 2008; 36: 546-559

Summary: The authors are concerned with how to interpret ethical and regulatory guidelines in the context of research on enhancements. Their article is divided into two topics: the assessment of risks and benefits and the obtaining of informed consent. Both of those topics themselves contain discussions of numerous sub-topics, and so the article has not one thesis but several--much too many to be listed here. It should be noted, however, that the authors have some interesting things to say about how enhancement research blurs the line between therapeutic and non-therapeutic research and raises difficult questions about how to evaluate the level of benefits a study promises. The article is extremely insightful.

Journal of Medicine and Philosophy

Reviewer: Hull

Title: US Health Policy in the Aftermath of Hurricane Katrina

First Author: Rosenbaum, Sara

Citation: Journal of Medicine and Philosophy 2006; 295: 437-439

Summary:

Reviewer: Carla

Title: Foundational Ethics of the Health Care System: The Moral and Practical Superiority of Free Market Reforms

First Author: Sade, Robert M.

Citation: Journal of Medicine and Philosophy 2008; 33: 461-497

Summary: Sade provides a moral justification for the free market approach to health care reform, and argues for its superiority over the central planning approach. His (verbose) argument can be summarized as follows: The right to liberty is not normative but metanormative: It doesn't prescribe what is good for one but only prevents interference with what one thinks is good. "Central planners" wrongly take the right to liberty as normative, though: They dictate that health is a good of a specific priority, instead of allowing individuals to decide that for themselves.
Sade dismisses the obvious reply, which is that lack of health limits one's freedom, on the grounds that its proponents define freedom in terms that are too broad and thus render freedom meaningless.
This excruciating recitation of the libertarian credo is supplemented by the (expected) celebration of the virtues of the free market, both from a quasi-conceptual and a historical perspective, and some 'tips' for a market-based health care reform in the US: Deregulate, deregulate, deregulate.

Reviewer: Carla

Title: First Do No Harm: Critical Analyses of the Roads to Health Care Reform

First Author: Iltis, Ana Smith

Citation: Journal of Medicine and Philosophy 2008; 33: 403-415

Summary: This piece summarizes the articles in this issue, which is dedicated to health care reform, and illustrates their common features, such as the fact that they demonize universal public health care reform, and strongly advocate market-based reforms and deregulation. Arguments are fallacious at best: The authors acknowledge the need of a reform, but assume that the only alternatives are a bad universal public health system or a good market-based one. There's a lot of "my car has flat tires therefore I need a new car" type of reasoning in this issue. And no mention to the fact that the other available cars have similar (or worse) problems. Welcome to the world of false dilemmas!

Reviewer: Carla

Title: Public Health Insurance under a Nonbenevolent State

First Author: Lemieux, Pierre

Citation: Journal of Medicine and Philosophy 2008; 33: 416-426

Summary: Public health insurance must be supplied by the state. Different state models are possible. The author claims (appealing to very weak empirical evidence) that the benevolent and "neutral" state models collapse into a Leviathan model, which is one in which the ruling group wants to increase its power at the expense of others. He adds that the Leviathan model explains the main features of public health insurance, including "its surveillance ability" and "its controlling nature." In a nutshell, since the state is ultimately a Leviathan, public health insurance is extremely dangerous: It gives the Leviathan the capacity to control and manipulate us. So public health insurance is the new monster. Scary. Like the article itself.

Reviewer: Carla

Title: Patients, Politics, and Power: Government Failure and the Politicization of U.K. Health Care

First Author: Meadowcraft, John

Citation: Journal of Medicine and Philosophy 2008; 33: 427-444

Summary: The article looks at the consequences of the politicization of health care in the UK. The NHS was meant to provide free universal access to health care. In practice, however, charges and rationing apply to NHS services. Certainly, rationing is ubiquitous to all health care systems. The problem in the UK is that the general public is unable to influence rationing decisions. Therefore, despite its egalitarian goals, the NHS has empowered the organized groups that can influence rationing decisions at the expense of individual patients.
The author hopes his analysis of government failure in the UK "will alert policy makers to the pathologies of nonmarket provision."

Reviewer: Carla

Title: Market Incentives and Health Care Reform

First Author: Taylor, James Stacey

Citation: Journal of Medicine and Philosophy 2008; 33: 498-514

Summary: This article takes issue with the concern that market-based health care is unethical. The author focuses on the objections to market-based reforms of health care that are based on the view that people should not be motivated by incentives to provide goods or services within a health care setting. He first considers general anti-market objections that are applicable to health care (that market-based health care will lead to corruption of people's character, will undermine the ties of community that bind people together, and lead to a sub-optimal way of living). Then he considers arguments that have been developed specifically against markets in health care (that insofar as people have a right to health care, they shouldn't be required to pay for it; and that the purpose of health care should be to heal the sick, not to make money, so health care should be provided altruistically).
One's judgment of how valuable this article is depends on how relevant one thinks these particular objections are. The objections in the second group are more interesting than the ones in the first group, which I don't think are significant.

Kennedy Institute of Ethics Journal

Reviewer: Schaefer, G. Owen

Title: Moral Accountability and debriefing

First Author: Benham, Bryan

Citation: Kennedy Institute of Ethics Journal 2008; 18: 253-273

Summary: A response to Miller et al. ("Debriefing and accountability in deceptive research"), above. The author specifically argues against the moral obligation of researchers who deceive their subjects to apologize during debriefing. The primary argument is quite simple: if some action (like deception in research) is wholly ethically justified without an apology, the apology cannot be morally required; it would be supererogatory at best. Miller et al. concede that the research could be justified without that apology, and so the author argues an apology is usually not necessary. The author offers other, less compelling arguments (e.g., apologies, if required in some cases of morally justified action, are only so because of some explicit contract). The author wraps up with a discussion of how an apology does not seem in line with the nature of the physician-patient relationship.

Reviewer: Schaefer, G. Owen

Title: Debriefing and Accountability in Deceptive Research

First Author: Miller, Franklin

Citation: Kennedy Institute of Ethics Journal 2008; 18: 235-251

Summary: This article offers recommendations on and critiques of attempts to minimize via debriefing the ethical problems associated with deception in research. The authors argue that basic debriefing is often misinterpreted as a "magic eraser" which mitigates the prima facie wrong of the deception. Simply telling people you have harmed them does not necessarily mean you are morally absolved. One recommendation includes having researchers apologize for the deception, like you might apologize to a friend for missing an appointment even if you were entirely morally justified in skipping. The authors also state that allowing patients to withdraw their data from the research might be an appropriate (though not sufficient) way of making up for the wrong of deception. Finally, the authors recommend publications more rigorously document the amount of deception and nature of debriefing so the researchers can be held publically accountable for their actions.

Lancet

Reviewer: Schaefer, G. Owen

Title: IVF – one or two embryos?

First Author: editorial

Citation: Lancet 2008; 372: 864-864

Summary: An interesting dilemma: with two-embryo transfer in-vitro fertilization (IVF) as opposed to one-embryo IVF, the chance of becoming pregnant goes up – but so does the chance of multiple birth and therefore increased maternal morbidity and mortality. Should one-embryo IVF be encouraged/enforced over two-embryo? The editorial is neutral, though it notes the one-embryo method is more cost-effective (though it is difficult to quantify the benefit of being able to have a child) while individual patients have a competing interest to maximize chances of pregnancy. If patients understand the possibility of multiple birth (at 24% after the two-embryo IVF) and the associated risks, should the patients' wishes be respected, or is paternalism justified in this case?

Reviewer: Schaefer, G. Owen

Title: Misfinancing global health: a case for transparency in disbursements and decision making

First Author: Sridhar, Devi

Citation: Lancet 2008; 372: 1185-1191

Summary: Article does a broad analysis of how the four largest global healthcare donors (the U.S. Government, the World Bank, the Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria, and the Bill and Melinda Gates Fund) direct healthcare disbursements. As the title indicates, the article finds significant and perhaps irrational biases towards certain conditions; HIV/AIDS care receives the second-most amount of funding per death ($1029.10), more than Tuberculosis, Malaria, nutrition and non-communicable diseases combined. The chart associated with the article provides a good source for precisely how the various donors spend their money, though the authors point out that a lack of transparency limits both the quantity and reliability of data. Also, the "dollars spent per death" metric the authors use is suspect, as it does not adequately reflect effectiveness of dollars spent – e.g., dollars per value-added life year. Polio then has a technically infinite (millions of dollars/0 deaths) dollar-per-death rate, as no one has died from it since 2001; the metric, then, fails to account for preventative effectiveness of money spent, and does not reflect the differentiated cost of saving lives depending on the condition and environment.

Reviewer: Schaefer, G. Owen

Title: Task shifting in health care in resource-poor countries

First Author: McPake, Barbara

Citation: Lancet 2008; 372: 870-871

Summary: This article reviews recent studies on cost-effective healthcare in developing nations – specifically, the strategy of finding the least-costly health worker who can perform his or her duty reliably, so as to maximize care in underserved areas. Several international studies are cited which suggest more training does not necessarily mean better care. The studies which found such equivalent quality surveyed, for example, injections; identification and management of routine childhood illnesses; and even minor surgery. Caesarean sections in Malawi were shown in one study to be significantly more dangerous when done by "clinical officers" rather than a full surgical team, though the operation by the officers was still safer than foregoing intervention entirely. Nevertheless, significant opposition to allowing lesser-trained individuals perform such tasks is opposed by the authors. The authors argue such opposition is based on anecdotal evidence and, in light of the empirical evidence, policies which allow more care in underserved areas by less-well-trained individuals should be seriously considered.

Reviewer: Schaefer, G. Owen

Title: POISE trial quality control

First Author: Adibi, Peyman

Citation: Lancet 2008; 372: 1147-1147

Summary: A postdoc research assistant working in Iran falsified data part of a Lancet-published POISE trial. The Iranian author, who is Secretary of Isfahan Bioethics Committee, apologizes for the incident and gives assurances that an audit of the university in question showed no other instances of data falsification and that the research assistant in fact had acted alone.

New England Journal of Medicine

Reviewer: LD Stunkel

Title: Fighting the Diseases of Poverty

First Author: Hillemeier, M

Citation: New England Journal of Medicine 2008; 359: 1530-1531

Summary: Book Review in which the reviewer describes how Philip Stevens' book argues against the current United Nations policies for battling poverty. Instead of "top-down" approaches, Stevens' suggests free-market policies, such as policies that would encourage research in developing countries; this would hopefully lead to greater development and improved health in lower-income countries. The reviewer also mentions articles included in the volume which promote the benefits of vaccine development and distribution in developing countries.

Reviewer: LD Stunkel

Title: Executive Physicals — Bad Medicine on Three Counts

First Author: Rank, B

Citation: New England Journal of Medicine 2008; 359: 1424-1425

Summary: Some businesses currently offer "the executive physical" to high-ranking employees, meanwhile trying to cut overall health care spending. The physicals are exorbitantly expensive and are not covered by insurance, but companies use these sorts of benefits to attract talented executives, and hospitals use them as an extra source of revenue. The author, however, condemns the practice as inefficient, too costly, and inequitable: "Much good work is being done these days to identify and reduce health care disparities that are based on income, race, geography, or other demographic factors. The executive physical runs exactly counter to these efforts, suggesting that a company is justified in paying thousands of dollars to maintain the health of its wealthy senior executives while relegating the masses to something less."

Reviewer: E. Abdoler

Title: Building a Medical Neighborhood for the Medical Home

First Author: Fisher, Elliott S.

Citation: New England Journal of Medicine 2008; 359: 1202-1205

Summary: In this article, Fisher describes the "medical home" care management/payment model, as currently defined, and several barriers facing its implementation. First, primary care physicians (and their practices) face the full burden of implementation and coordination with non-"medical home" sites. Second, there is uncertainty regarding if and how providers will support implementation of the model. Third, there is uncertainty regarding how much savings will result from implementation of the model. Fisher concludes with several suggestions aimed at overcoming the barriers he describes.

Reviewer: LD Stunkel

Title: Storm over Statins — The Controversy Surrounding Pharmacologic Treatment of Children

First Author: de Ferranti, S

Citation: New England Journal of Medicine 2008; 359: 1309-1312

Summary: Considers the societal implications of recent revisions to the American Academy of Pediatrics (AAP) recommendations regarding the treatment of hypercholesterolemia in children. Specifically, although the continuous increase of childhood obesity to epidemic levels has led to increased levels of hypercholesterolemia, it is only now that the AAP has recommended treating children as young as eight with statins, a much stronger drug than the previously-recommended bile acid-binding agents, that the problem has attracted much attention. The authors consider whether this controversy illustrates a cultural problem—our society is concerned about administering such strong medication to children with a preventable condition that it has nonetheless done nothing to prevent.

Reviewer: LD Stunkel

Title: Campaign Contributions, Lobbying, and the U.S. Health Sector — An Update

First Author: Steinbrook, R

Citation: New England Journal of Medicine 2008; 359: 1313-1315

Summary: This the first time since 1992 that the health sector has contributed more money to Democratic candidates than Republican candidates ($54.5 million to Democrats and $46.1 million to Republicans). The author suggests that this may be indicative of a perception that Democratic candidates consider health care to be a more important issue than Republican candidates. The author also notes that the health care sector recently became the top-spending lobbying sector.

Reviewer: LD Stunkel

Title: Identifying and Addressing Safety Signals in Clinical Trials

First Author: Fleming, TR

Citation: New England Journal of Medicine 2008; 359: 1400-1402

Summary: It is often difficult to predict the off-target effects of new drugs and therapies, and it can be especially complicated to discover these adverse effects during a clinical trial—many side-effects may not be evident in the same tests or timelines designed to assess the intended on-target effects of an intervention. The author suggests several standards for clinical trials, including (1) timely enrollment, (2) enrollment of patients at high risk for the primary safety end points, (3) adherence to an experimental regimen that approximates a real-world setting, (4) retention of control subjects, and (5) long-term retention of nearly all randomized subjects. These measures would minimize the harms of unforeseen side-effects, such as the risk of cardiovascular problems that went undetected in clinical trials of COX-2 inhibitors.

Reviewer: E. Abdoler

Title: No Place Like Home – Testing a New Model of Care Delivery

First Author: Inglehart, John K.

Citation: New England Journal of Medicine 2008; 359: 1200-1202

Summary: In this article, John Inglehart describes a new demonstration program called for by Congress to test the “medical home” model of care organization and payment for the Medicare System. After providing readers with a brief history and explanation of the “medical home” concept (the “core features include a physician-directed medical practice; a personal doctor for every patient; the capacity to coordinate high-quality, accessible care; and payments that recognize a medical home's added value for patients”), Inglehart details the demonstration proposal. Patients’ freedoms to choose their care site and change providers are not constrained, but participating physicians must meet several requirements linked to the central attributes of the medical home concept. In exchange, they receive compensation for covered services and administration/care-coordination costs and are eligible to receive a share of savings generated by implementation of the medical home model. The author argues that more planning is needed to successfully implement the demonstration project but recognizes it may be positive step on the path to reform.

Reviewer: LD Stunkel

Title: High Society: How Substance Abuse Ravages America And What to Do About It

First Author: Gejman, PV

Citation: New England Journal of Medicine 2008; 359: 1413-1414

Summary: Book Review that describes Joseph A. Califano Jr.’s commentary on substance abuse in America, including, “the causes and history of abuse, the societal context and attitudes, the history of failed government policies, the influence of the tobacco and alcohol industries, and the status of medical treatments.” The reviewer suggests that parts of the book are meant to shock, and that the author fails to provide his readers with sufficient data to back up his claims. However, the reviewer concedes that the book is never boring, and mentions that the author proposes several ways to increase funding for research into the origins of drug abuse.

Reviewer: E. Abdoler

Title: Beyond Pay for Performance – Emerging Models of Provider-Payment Reform

First Author: Rosenthal, Meredith B.

Citation: New England Journal of Medicine 2008; 359: 1197-1200

Summary: In this article, the author describes several proposals that fall under the payment-reform movement and their connection to the pay for performance model of previous decades, including incrementalist approaches, approaches aimed at the primary care realm, episode-based payment approaches, and plans that include more sweeping reforms. After briefly detailing several such proposals, the author delineates three main themes present in most current proposals: value-based payment, efforts to discern random variation from variation in practices and avoidable complications, and care delivery/organizational models. As a conclusion, the author contends that the proposal most likely to succeed will include a mixture of payment models and reform efforts.

Reviewer: E. Abdoler

Title: "Election 2008"

First Author: Obama, Barack

Citation: New England Journal of Medicine 2008; 359: 1537-1541

Summary: In this section of the journal, both presidential hopefuls present brief articles detailing their platforms for healthcare reform. Interested viewers can also watch a recording online (www.nejm.org) of a healthcare symposium sponsored by the NEJM that featured healthcare policy advisors to both candidates (David M. Cutler and Gail R. Wilensky) and a panel of experts.

"Modern Healthcare for All Americans" (Barack Obama)

Obama's healthcare reform platform focuses upon three main issues. First, Obama wants to ensure that all Americans have access to affordable healthcare. Specifically, his plan involves allowing individuals to choose between their existing plans, plans offered through a national health insurance exchange, and a public plan; individuals will also receive tax credits to help cover their health insurance costs. Second, Obama hopes to institute broad reforms to eliminate waste; his ideas include funding health information technology improvements, reforming the reimbursement system to favor primary and preventative care, incentivizing the entry of beginning physicians into primary care practice, and creating an independent institute for the evaluation of medical interventions. Finally, Obama wants to fund public health initiatives that promote and reward healthy behaviors.

"Access to Quality and Affordable Healthcare for Every American" (John McCain)

John McCain's proposal has four central tenants, which he describes broadly and briefly. First, he emphasizes access for all while underscoring the importance of individuals being able to choose their insurance plans. Second, he wants to improve the quality of medicine through promotion of technology, research, and prevention. Third, he focuses on making insurance affordable, with a focus on competition and free market. Finally, he argues that insurance should be portable. After mentioning these four broad goals, McCain briefly describes his tax credit plan and calls for the reform of Medicare, the use of incentives to promote healthy behavior, and tort reform.

Reviewer: LD Stunkel

Title: Toxic Tinkering — Lethal-Injection Execution and the Constitution

First Author: Annas, GJ

Citation: New England Journal of Medicine 2008; 359: 1512-1518

Summary: Annas considers the recent Supreme Court ruling in the case of Baze v. Rees, which upheld the constitutionality of the death penalty, and affirmed that lethal injection does not meet the criteria for cruel and unusual punishment. Consequently, he contemplates whether it is ethical for physicians to be involved in the administration of the death penalty, and then suggests that it is perverse to pretend that the presence of a physician makes lethal injection an ethical act. Ultimately, Annas concludes that physicians should not be involved in capital punishment at all: "Physicians should not lend their medical expertise to the state to make executions more palatable to the public, even by advising on drug protocols, doses, and routes of administration."

Reviewer: LD Stunkel

Title: Still in the Game — Harnessing Employer Inventiveness in U.S. Health Care Reform

First Author: Galvin, RS

Citation: New England Journal of Medicine 2008; 359: 1421-1423

Summary: Although different businesses have different priorities when it comes to health care, the business sector has a few common health care concerns, such as increasing costs, keeping employees healthy, and predictability and control. Most businesses would prefer to continue to provide health insurance to their workers, and most employees with employer-sponsored heath coverage find it to be satisfactory. In the near future, businesses will be looking for innovative solutions to cut health care costs and improve health care quality, and this may include working cooperatively with the government. The author suggests that the cost-effective savvy of business may be one of the best tools we have to improve the health care system.

PLoS Medicine

Reviewer: Sachs, Ben

Title: Informed Consent in the Genomics Era

First Author: Mascalzoni, Deborah

Citation: PLoS Medicine 2008; 5: 192-193

Summary: The authors are concerned that current practices for obtaining informed consent are inadequate for genomics research, in which there is great uncertainty as to the uses to which the subject's sample will be put. Their solution is a "circular" process of informed consent, in which there is a neverending loop of consent, research activities, and community consultation. Not much new here, as the concept of informed consent as a process is pretty old.

Reviewer: Sachs, Ben

Title: Ethical and Practical Issues Aassociated With Aggregating Databases

First Author: Karp, David R.

Citation: PLoS Medicine 2008; 5: 190-191

Summary: "Aggregated databases" are collections of genotypic and phenotypic information collected from research subjects in multiple studies conducted by multiple researchers. Large databases such as these help scientists detect minute contributions that certain gene sequences make to susceptibility to various conditions. The aggregative nature of these databases is a challenge for informed consent since a single researchers might have no idea how an individual's data will be used once other researchers get their hands on it. The authors--parties to a consensus conference--issue 7 recommendations for dealing with this and other, more practical problems. They include informing subjects of the possibility that their data will become part of an aggregated database and seeking their consent for their data to be used in secondard research.

Science

Reviewer: Smith

Title: A Populist Movement for Health?

First Author: Jim Wells and Mary Woolley

Citation: Science 2008; 322: 15-15

Summary: The authors appeal to the success of Al Gore in drawing public attention to the climate crisis and suggest that a similar “populist” campaign is necessary to fund basic science research.

Reviewer: smith

Title: “The Misused Impact Factor”

First Author: Kai Simons

Citation: Science 2008; 322: 165-165

Summary: The article details very well the computation of impact factor, ways in which it can be biased by journals, and the various effects that its importance has had on the scientific community.

Reviewer: Smith

Title: “Adding a Turn to the Roadmap, Zerhouni to Step Down”

First Author: Jocelyn Kaiser

Citation: Science 2008; 322: 30-30

Summary: The article covers Elias Zerhouni’s recent announcement of his resignation as Director of the NIH as well as several of the major points during his tenure, including the “NIH Roadmap,” various ethics controversies, and the R01 award for risky projects. It also speculates on Zerhouni’s future and the difficulties facing the next director in the economic crisis.

Reviewer: Smith

Title: "Declines in NIH R01 Research Grant Funding"

First Author: H. George Mandel and Elliot S. Vesell

Citation: Science 2008; 322: 189-189

Summary: Authors document a drop in funding of and, more recently, applications for R01 grants. They note low rates of acceptance for original submission and increasing rates for resubmission, but argue that resubmission slows the scientific enterprise.

Reviewer: Smith

Title: "Women Abound in NIH Trials"

First Author: Constance Holden

Citation: Science 2008; 322: 219-219

Summary: The article recounts the history of the push for increased research on women, but points to the work of Curtis Meinert of John Hopkins, which suggests that the ratio of women-only to men-only clinical trials is 3.44-to-1. Vivan Pinn, Director of the Office of Research on Women's Health at the NIH, counters that this disproportion is called for in light of the complexity of women's reproductive research and that there are few diseases that disproportionately favor men.

Reviewer: Smith

Title: "Students Learn How, Not What, to Think about Difficult Issues"

First Author: Greg Miller

Citation: Science 2008; 322: 186-187

Summary: The author surveys recent development of bioethics educational programs for middle school and high school students. Programs discussed include one developed by the Northwest Association for Biomedical Research and the University of Washington, another developed by Roche Pharmaceuticals, the Hastings Center, and the New Jersey Science Supervisors Association, and another from UPenn (Art Caplan), as well as useful materials offered by the Kennedy Institute and Louisa Stark of the University of Utah at Salt Lake City.

Reviewer: Smith

Title: "Impact Factor Fever"

First Author: Paolo Cherubini

Citation: Science 2008; 322: 189-189

Summary: The author commends a recent article on the peer review process and notes that as an author, reviewer, and editor of a small journal he has seen rises in plagiarism and the like in recent year. He, however, wants to call special attention to the effect of the attention to impact factors as a problem in the publication process.

Reviewer: Smith
Title: “Neutralizing the Impact Factor Culture”
First Author: Abner L. Notkins
Citation: Science 2008; 322: 191-191
Summary: The author comments on recent letter and editorial pieces highlighting the pressure felt by younger scientists to shape their research according to the impact factor of journals. The author suggests several steps to stem the effect.

Reviewer: Smith
Title: “Do Voter Surveys Underestimate The Impact of Racial Bias?”
First Author: Jennifer Couzin
Citation: Science 2008; 322: 180-181
Summary: Article introduces the Bradley effect and other possible causes of differences in polls and election outcomes that correlate with race. It then surveys recent social science research into what effect may be expected in November.

Reviewer: Smith
Title: “Making Clinical Data Widely Available”
First Author: Jocelyn Kaiser
Citation: Science 2008; 322: 217-218
Summary: The article surveys arguments for and against requiring free availability of raw data sets to outside investigators by various organizations.
