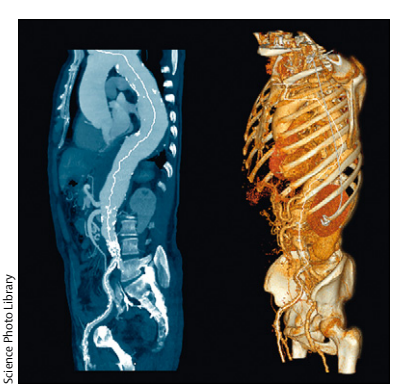
City children UNICEF has warned that cities are failing children. In this year's annual *The State of the World's Children* report, UNICEF notes that many city children lack access to schools, health care, and sanitation, and are among the most disadvantaged in the world. Executive Director Anthony Lake called on all nations to address the inequities of urbanisation.

Mark Edwards/Still Pictures

Final act The Research Works Act (RWA) has lost the support of Elsevier, and has been dropped by its sponsors, Representatives Darryl Issa and Carolyn Maloney. In a statement, Issa and Maloney said that the transition to new publishing models "must respect…the principles of open access" and that the RWA had "exhausted the useful role it can play in the debate".

Extreme poverty A preliminary estimate by the World Bank suggests that the number of people living on less than US$1·25 per day decreased by 50% between 1990 and 2010. If confirmed, this decrease means that Millennium Development Goal 1—to halve the number of people living in extreme poverty—has been met before the 2015 deadline.



Science Photo Library

Specialist care A UK National Vascular Database audit of elective abdominal aortic aneurysm repair shows that mortality after surgery has fallen from 7·9% to 2·4% in 4 years. Treatment success varied widely between hospitals, with high-volume hospitals delivering better outcomes. The report suggests that such surgery should be provided in specialist units.

China's AIDS plan China's cabinet has published its 12th 5-year HIV/AIDS action plan. The plan states that the epidemic remains grave in some regions and that the disease is now mainly transmitted by sexual intercourse. It suggests that, through greater public awareness, increased testing, and wider availability of condoms, the epidemic could be contained by 2015.

Advising government On Feb 29, the UK's House of Lords Science and Technology Committee published a report outlining the role in government of chief scientific advisers (CSAs), and some of the problems encountered during the process of policy making. The report also identifies several essential characteristics of CSAs that encourage impartial advice.

Latin-American leadership A study by the Independent Center for the Implementation of Public Policies Promoting Equity and Growth states that, although Argentina has the highest health-care expenditure of the region, Costa Rica, Cuba, Chile, and Uruguay are making more progress in life expectancy and infant and maternal mortality. Brazil is expected to take leadership within a few years.

Statin labels changed The US Food and Drug Administration has announced changes to the labels of statins. These include an update of the guidelines on various side-effects related to cognitive function and hyperglycaemia, and the removal of the recommendation for routine periodic monitoring by health-care professionals.

New RHD guidelines The World Heart Federation has published the first international guidelines for the echocardiographic diagnosis of rheumatic heart disease (RHD). The guidelines define the minimum requirements needed to diagnose RHD without a history of acute rheumatic fever. They aim to maximise the identification of borderline cases while preventing overdiagnosis.

Teen pregnancies down The UK Office for National Statistics reports that the number of conceptions in England and Wales in 2010 fell to 35·5 per 1000 women aged 15–17 years, the lowest rate since 1969. The estimated number of conceptions in girls younger than 16 years also decreased, from 7158 in 2009, to 6674 in 2010.

IOM report card The US Institute of Medicine has released a report on medicines for children, assessing the extent of paediatric studies of drugs since the 1997 introduction of the Best Pharmaceuticals for Children Act and the Pediatric Research Equity Act. The report recommends increased Food and Drug Administration authority to encourage sponsor timeliness and long-term follow-up studies.

Combating syphilis March 1 saw the launch of the Global Congenital Syphilis Partnership. The group aims to raise awareness of congenital syphilis, which affects 1·2 million neonates per year, and generate investment to combat the disease. Partners include Save the Children, WHO, the US Centers for Disease Control and Prevention, and the London School of Hygiene & Tropical Medicine.

For ***The State of the World's Children 2012*** see http://www.unicef.org/infobycountry/files/SOWC_2012-Main_Report_EN_21Dec2011.pdf

For the **statement about the dropping of the Research Works Act** see http://maloney.house.gov/press-release/issa-maloney-statement-research-works-act

For the **World Bank estimate of the number of people living in extreme poverty** see http://iresearch.worldbank.org/PovcalNet/index.htm

For the **audit of elective abdominal aortic aneurysm repair** see http://www.vascularsociety.org.uk/news-and-press/2012/77-outcomes-after-elective-repair-of-infra-renal-abdominal-aortic-aneurysm.html

For the **House of Lords Science and Technology Committee report on chief scientific advisers** see http://www.publications.parliament.uk/pa/ld201012/ldselect/ldsctech/264/26402.htm

For the **FDA announcement about labelling of statins** see http://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm293623.htm

For the **guidelines on rheumatic heart disease** see http://www.nature.com/nrcardio/journal/vaop/ncurrent/full/nrcardio.2012.7.html

For the **report on pregnancy in UK teenagers** see http://www.ons.gov.uk/ons/dcp171778_258291.pdf

For the **report on safe and effective medicines for children** see http://www.iom.edu/Reports/2012/Safe-and-Effective-Medicines-for-Children.aspx

London School of Hygiene & Tropical Medicine

Bringing women to the forefront of science and medicine

On March 8, 2012, the world celebrates International Women's Day. Throughout the month, thousands of events will pay homage to the huge contribution women have made to society. As well as an opportunity to celebrate women's achievements socially, politically, and economically, this day is also a sobering reminder of the continuing struggles women still face during their lives. One notable area is in science, in which many women have to overcome substantial barriers to flourish in their careers.

An inspiring story is that of Utako Okamoto, who with her husband Shosuke Okamoto discovered the antifibrinolytic drug, tranexamic acid, in the 1950s. Today, this drug is widely used in surgery and trauma to decrease bleeding and the need for blood transfusions. Ian Roberts, the chief investigator of the CRASH-2 study, which showed that the early administration of tranexamic acid to bleeding trauma patients reduces the risk of death, recently met Okamoto for the first time in Japan. Describing her as a "93-year old powerhouse", Roberts was so impressed by her that he made a short film about this remarkable woman in science.

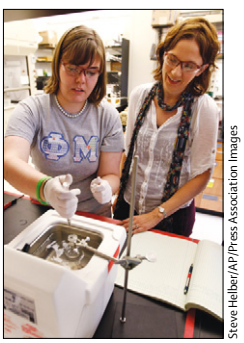
At the beginning of her research career, Okamoto was fortunate enough to work with a male neurophysiologist who understood the challenges women faced, and created many more opportunities for them than were otherwise available at the time. But Okamoto spoke about the long hours she put in the laboratory compared with her male counterparts, and when she moved to Keio University in Shinanomachi in Tokyo, things became even more difficult. One time, she and a female colleague were asked to leave a paediatric conference and were told that research was not a job for women. Okamoto recalled being ridiculed when she presented her research for the first time. "People said unkindly that they wondered if I was going to dance for them!" She experienced further hardship when she became a mother. For example, there were no daycare options on campus so she had to keep the baby in the laboratory with her while she worked.

After the second Sino-Japanese war, her research group began working on blood, specifically on antiplasmins. Her aspiration was to work on something that would benefit humanity globally. Half a century later, the fruits of her scientific labour are turning into benefit for patients. Not only is the real public health impact of tranexamic acid in bleeding becoming apparent, but even more gratifying for Okamoto, it is now being trialled in the WOMAN trial as a treatment for postpartum haemorrhage, which kills about 100 000 women every year mainly in low-income and middle-income countries.

Okamoto's story is indeed an extraordinary one. But how have opportunities for women to fulfil their potential in careers in science and medicine improved today? In the past few decades there have been dramatic gains in the proportion of women in scientific and medical professions. But studies have shown that not enough women progress to more senior positions, and they are under-represented at the top levels of academia. The last European Commission's SHE (statistics and indicators on Gender Equality in Science) figures in 2009 showed that in the 27 countries making up the European Union, 59% of university graduates are females but only 18% of full professors are women. Furthermore, only 9% of universities have a woman at the top of the organisation. Failing to take advantage of half the population is believed to be damaging universities.

Similarly in medicine, a recent survey by *The Times* newspaper found that despite 42% of British doctors being women, less than a quarter of clinical academics and only 14% of clinical professors are women. Worse still, some university-based medical schools have no tenured female professors in their research departments. A welcome proposal to correct this appalling gender imbalance is that future funding to support medical research will only be allocated to those places that show a sizable achievement towards gender equality according to the Athena SWAN Charter. But achieving this goal should not simply be about stamping out traditional forms of discrimination that bias against women in academia, it should also be an opportunity to recognise what women can do for science and medicine. Research has shown teams solve problems and function better when they are gender-diverse. Women can bring different perspectives to research, which can lead to alternative and possibly better outcomes.

This International Women's Day presents an opportunity to provide better ways of supporting women, and to develop enlightened policies that reflect societal patterns and structures, so that more women like Okamoto can pursue their dream of building a successful career that will benefit others. ■ *The Lancet*



Steve Helber/AP/Press Association Images

Published **Online**
March 8, 2012
DOI:10.1016/S0140-6736(12)60286-4

See **Online** for webvideo

For more on the **WOMAN trial protocol** see http://thelancet.com/protocol-reviews/09PRT-4179/

For more on **funding universities according to progress in gender equality** see http://generoyambiente.org/blog/?p=714

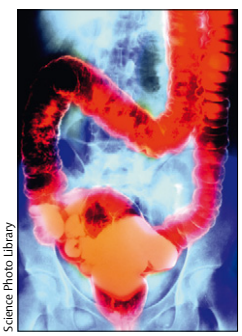
For more on the **survey of British doctors** see http://www.thetimes.co.uk/tto/science/policy/article3317697.ece

For more on the **Athena SWAN Charter** see http://www.athenaswan.org.uk/html/athena-swan/

For more on **Taking sex into account in medicine** see **Editorial** *Lancet* 2011; **378:** 1826

For more on the **causes of women's underrepresentation in science** see www.pnas.org/cgi/doi/10.1073/pnas.1014871108

Inflammatory bowel diseases audited



Science Photo Library

For more on **round 3 of the audit in adults with inflammatory bowel disease** see http://www.hqip.org.uk/assets/NCAPOP-Library/Adult-UK-IBD-Audit-National-Report-2012.pdf

For more on **round 2 of the paediatric inflammatory bowel disease** see http://www.hqip.org.uk/assets/NCAPOP-Library/Paediatric-UK-IBD-Audit-National-Report-2012.pdf

Inflammatory bowel diseases (ulcerative colitis and Crohn's disease) are incurable and affect an estimated one in 200 people in the UK. On Feb 21, the UK's Royal College of Physicians published the third round of the *Report of the results for the national clinical audit of adult inflammatory bowel disease inpatient care in the UK* (and the second round for paediatric inflammatory bowel disease inpatient care) for data gathered in 2010.

For adults with ulcerative colitis, significant improvements in the third audit included reductions in the rates of deaths (0·8% in 2010 *vs* 1·5% in 2008 and 1·7% in 2006) and readmissions (33·6% *vs* 45·3% and 51·1%, respectively), and an increase in the rate of patients seen by a nurse specialist during admission (44·9% *vs* 30·0% and 23·7%, respectively). For adults with Crohn's disease, improvements included a non-significant reduction in the rate of deaths (0·8% in 2010 *vs* 1·1% in 2008 and 1·3% in 2006) and a significant increase in the rate of patients seen by a nurse specialist during admission (38·1% *vs* 24·1% and 18·1%, respectively).

Many sustained improvements have occurred in the care of patients with inflammatory bowel diseases since the audits began in 2006, but there is still much to improve. Some of the key recommendations from the third audit are that all patients with an inflammatory bowel disease who have diarrhoea should have their stools tested for standard cultures and *Clostridium difficile* toxin; prophylactic heparin should be prescribed to lower the risk of thromboembolism during non-elective admissions; and bone-protective drugs should be prescribed for patients given corticosteroids. Patients with Crohn's disease are at risk of malnutrition but less than 40% were seen by a dietitian in 2010, and although smoking cessation is important for prevention of relapse, the rate of patients who were smokers at the time of admission did not change significantly compared with previous audits. Care providers need to improve the quality of life, in addition to continuing to improve the quality of care, for patients with inflammatory bowel diseases. ■ *The Lancet*

Demanding dignity, and competence, in older people's care

Science Photo Library

For the **Care Quality Commission report** see http://www.cqc.org.uk/public/reports-surveys-and-reviews/themes-inspections/dignity-and-nutrition-older-people

For the **Patients Association report** see http://patients-association.com/default.aspx?tabid=80&Id=23

For the **Delivering Dignity report** see http://www.nhsconfed.org/Documents/dignity.pdf

For the **Health Service Ombudsman's report** see http://www.ombudsman.org.uk/care-and-compassion/home

Picture a typical children's hospital in the UK: the walls are brightly painted; cheerful assistants are employed simply to entertain; a blood sample is skilfully extracted by two nurses in a choreographed procedure designed to distress the patient as little as possible. In other words, the focus is the patient and his or her needs as a child.

As these children grow up, such approaches will be replaced by those more appropriate to adults. But as they move on into old age, will these people be cared for by a health system that responds to their complex medical, social, and individual needs? In the past year, the disgraceful truth of how some older people are treated in England's hospitals has been brought home repeatedly. The Care Quality Commission, the Patients Association, and the Health Service Ombudsman have all released accounts of the neglect of older patients' basic care such as nutrition, toileting, and pain relief, and a shocking disregard for privacy and self-respect.

Finally, something has been done. Last week saw the release for public consultation of a draft report by the Commission on Dignity in Care for Older People. *Delivering Dignity* makes 48 recommendations, some of which are highly practical and measurable. They include addition of patients' ability to maintain independence to hospitals' performance measures, inclusion of feedback from patients and their families in staff appraisals and medical revalidation, and nutritional assessments on admission. Such approaches seem to work. Hospitals in Northumbria already gather, and publish publicly, feedback from patients on individual consultants, and have seen scores for dignity and service coordination rise substantially in just more than a year.

However, along with emotional understanding must come an understanding of the complex clinical presentation of older people. Although geriatric assessment on admission will be helpful, if those carrying out the care are not gerontologically attuned, the effect will be dispersed. There is a case for mandating gerontological training as a core technical skill for all health-care workers. After all, we demand more than compassion and kindness from our paediatricians. ■ *The Lancet*

Will Liberal Democrats take the chance to kill the Health Bill?


Getty Images

The Liberal Democrats will debate a motion at their Spring Conference (March 9–11) that declares the UK Government's controversial Health and Social Care Bill is so flawed that it cannot be amended to make it fit for purpose. If the motion is carried, Liberal Democrat Peers and Members of Parliament (MPs) would be mandated to torpedo the Bill, which threatens to undermine the National Health Service (NHS). They could do so with amendments even at this late stage in the House of Lords, delaying it until it runs out of time.

This comes despite Prime Minister David Cameron's efforts to defuse a growing opposition of health professionals and the public by claiming to stand by four principles, which he called "four Fs". Cameron stressed "commitment to the founding principles of the NHS"; "commitment to funding" (real terms increases every year); "commitment to making [the NHS] fit for the future"; and "freedom for local decision making".[1] Not one of these phrases has any real substance. The Bill and the new system it will create is very different from all of them.

Although Cameron claims allegiance to them now, the founding principles of the NHS were hotly contested in 1946 by the Conservative Party, which opposed Aneurin Bevan's NHS Bill, and voted against it no less than 51 times, right up to 1948. The Conservative health spokesperson Henry Willink warned MPs that the NHS "will destroy so much in this country that we value". He referred in particular to the network of 1334 voluntary hospitals that Bevan's Bill nationalised, along with 1771 municipal hospitals.[2,3] This unification of previously isolated, small hospitals into one system opened up new possibilities for the training of health professionals and for collaboration between hospitals; it led to the emergence of district hospitals and modern medicine in the UK. The NHS allowed resources to be allocated according to health needs and principles of equity, which cannot be achieved by a competitive market.

The Coalition Government's Bill reverses this nationalisation,[4] creating a competitive market in health care,[5] in which private for-profit providers will inevitably choose which services they offer, and leave everything else to the public sector. The Bill sets out to make all NHS Trusts become Foundation Trusts, businesses urged by the regulator Monitor to focus only on services that make a surplus.[6] It also accelerates the fragmentation and contracting out of community health services to social enterprises and "any qualified provider", which Labour unwisely began but halted in the autumn of 2009.[7]

Another principle of Bevan's NHS was that it should be a single, comprehensive service accountable to Parliament through the Minister of Health, who had a "duty to provide" services: Secretary of State for Health Andrew Lansley has been determined to reverse this principle.[8]

The third founding principle was that the NHS was funded from taxation and therefore free to all at the point of use. While the Coalition Government's reforms retain tax funding, and focus on carving out a larger slice of NHS funds for private providers, Clinical Commissioning Groups (CCGs) will have a responsibility only to patients on the lists of their general practitioner (GP) members, creating new gaps in coverage. Meanwhile, across the country the NHS is being eroded: growing lists of treatments, drugs, and operations are no longer covered locally by the NHS, leaving patients the "choice" of paying to go private—or going without.[9] "Personal budgets" will also open the possibility of top-up payments for care.

On funding, the microscopic real terms increases allocated to the NHS have already been swallowed up by inflation and demographic pressures. That's why nursing jobs are disappearing, services are being cut, and many local services and hospitals face closure. And far from making the NHS "fit for the future", over 80% of NHS managers think the Bill will deliver no savings, add to bureaucracy, and bring more private sector involvement.[10]

Cameron's boast of "freedom for local decision making" is also contradicted by the massive, bureaucratic National Commissioning Board that will allocate £20 billion for primary care services with no local accountability at all. It will have power to reorganise and replace CCG directors. Local GPs will be tied by cash limits, steered by private sector management consultants, and even their clinical decisions will be second-guessed by bureaucratic "referral management" boards.[11] GPs will have less local power than they do now.

That's why many Liberal Democrats and most health professionals remain unconvinced by Cameron and Lansley's Bill. Far from Cameron's spurious "four Fs", they can see four "Cs": cuts, competition, centralisation, and commercialisation. As Leader of the Liberal Democrats Nick Clegg struggles to hold the line against the critical

【风水】风水命理资料合集_9500 本

阴宅阳宅、风水堪舆、八字命理、手相面相、符咒卦象、奇门遁甲、紫微斗数.....

【中医】中华传统医学资料大全_15000 本

针灸、擒拿、正骨术、汉医、苗医、民间秘方偏方、药洒药方、祖传医术、珍本...

【道术】道家法术\茅山术\符咒术\气术_3000 套

修真秘籍、丹道、道家秘术、胎息功、内丹术、茅山法术、道家符咒、巫术、...

【武术】传统武术与现代搏击术_6200 册

少林、武当、太极拳、形意拳、八极拳、咏春拳、气功、散打、格斗、拳击、...

【集藏】经史子集库_13300 卷

【经史子集】楚辞、汉赋、诗集、词集、宝卷、正史、编年、别史、纪事本末、地理志...

【国画】传世名画 _ 6100 卷

唐、金、辽、宋、元、明、清 800 多位画家近 6000 多幅传世...

【县志】方志\地方县志\乡志\地理志_8100 册

府志、区志、乡志、地理志..... 此合集为全国范围地方县志\府志古籍影印电子版，...

【国学】中华古籍库—32 万册古籍书

32 万册《中华古籍库》 【32 万册影印古籍 + 20 多亿字，带检索器和阅读工具】 包括各地方志、日本内...

【更多】>> https://www.fozhu920.com/list/