

Teen pregnancy USA According to a report by the Guttmacher Institute, fewer women aged 15–19 years became pregnant in the USA in 2008 than at any time in almost 40 years. 7% became pregnant that year—a substantial decline from a peak in the early 1990s—but differences between ethnic groups are still reported. The overall drop is attributed to improved contraceptive use.



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South Asia cooperation Southern Asian nations involved in the recent South Asian Forum for Health Research have pledged to work collectively to tackle regional health problems. The aim of the newly agreed New Delhi Declaration is to focus on promotion and facilitation of research with a view to data sharing and multinational projects.

Slow progress In Côte d'Ivoire, funding for leprosy has decreased to 30% of that a decade ago, despite the prevalence of the disease being above WHO's threshold for a "public health emergency". The Follereau Foundation states that underfunding during the war has created a lack of expertise for case detection and treatment and poor infrastructure to remote areas.

Guidance needed The UK General Medical Council (GMC) wants views on draft guidelines about how it should handle doctors accused of encouraging or assisting suicide. Chief Executive Niall Dickson said: "Nothing in the draft guidance changes the law on assisting suicide; neither should it be taken to imply that the GMC supports or opposes a change." Consultation closes on May 4, 2012.

Return to restrictions Spain's new Conservative Government has revealed plans to revert to restrictive abortion laws relaxed by the previous government in 2010. Women will no longer be automatically allowed abortions on demand up to 14 weeks into a pregnancy, but will have to provide justification for the procedure or risk committing a criminal offence.

Autism treatment A legislative bill has been proposed in France to ban the controversial use of psychoanalysis in the treatment of autism and open the door to behavioural and educative methods. Moreover, the Haute Autorité de Santé is to release a report in March in which experts conclude that psychoanalysis should no longer be used for the treatment of the disorder.

H3N2 hits Japan Japan has had a prefecture-wide outbreak of influenza A H3N2—the first in 5 years. The 620 000 new cases bring the current total up to 1.73 million since the end of January. Included in these figures are 260 000 children under the age of 4 years, born after the last outbreak of H3N2.

For the **Guttmacher Institute report on teenage pregnancies in the USA** see <http://www.guttmacher.org/pubs/USTPtrends08.pdf>

For the **PAHO tobacco control report** see http://new.paho.org/hq/index.php?option=com_content&task=view&id=6424&Itemid=1926

For the **CDC report on sodium intake in the USA** see <http://www.cdc.gov/features/vitalsigns/sodium/>

For more on the **GMC guidance on assisted suicide accusations** see http://www.gmc-uk.org/guidance/news_consultation/11953.asp

For the **UN report on civilian deaths in Afghanistan** see http://unama.unmissions.org/Portals/UNAMA/Documents/UNAMA%20POC%202011%20Report_Final_Feb%202012.pdf



AFP/Getty Images

PAHO tobacco control A report from the Pan American Health Organization (PAHO) summarising progress in the implementation of the 2005 Framework Convention on Tobacco Control urges further increases in tobacco taxes and bans on advertising. Of 35 countries in the Americas, 29 have ratified the treaty. Brazil, Colombia, Panama, and Uruguay have advanced the most in implementing recommendations.

HIV website closure Russia's Federal Drug Control Service has blocked an HIV-prevention group's website for discussing methadone. The agency claimed the Andrey Rylkov Foundation advertised and incited use of methadone, which is illegal in Russia; the Foundation had published international research showing methadone treatment reduces HIV risk among opiate users and helps people stay on HIV and tuberculosis treatments.

Sea burial The Chinese city of Shanghai is planning to raise the subsidy for sea burials to help preserve limited land resources. The city began subsidising sea burials in 2003, and last year a pilot scheme allowed childless elderly people to choose a sea burial service. The service will this year become available to those whose children cannot afford a land burial.

Sodium shame The US Centers for Disease Control and Prevention has highlighted that about 90% of Americans eat more sodium than is recommended for a healthy diet. It reports that reducing Americans' sodium consumption by 1.2 g per day, roughly a third of the average intake, could save up to US\$20 billion per year in medical costs.

Afghan civilian deaths Civilian deaths in Afghanistan rose 8% last year, to 3021, with three quarters of those deaths attributed to Taliban-affiliated forces, according to a UN report. Most of the deaths came from roadside landmines targeting NATO troops. Although the number of suicide attacks did not increase, their deadliness jumped 80%, with 431 people killed in 2011. The largest attack killed 56 Shia celebrating a holiday at a shrine in Kabul.



AFP/Getty Images

Living with grief

When should grief be classified as a mental illness? More often than is current practice, proposes the American Psychiatric Association in its forthcoming fifth edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5). Previous DSM editions have highlighted the need to consider, and usually exclude, bereavement before diagnosis of a major depressive disorder. In the draft version of DSM-5, however, there is no such exclusion for bereavement, which means that feelings of deep sadness, loss, sleeplessness, crying, inability to concentrate, tiredness, and no appetite, which continue for more than 2 weeks after the death of a loved one, could be diagnosed as depression, rather than as a normal grief reaction.

The death of a loved one can lead to a profound, and long-lasting, grieving process, which is movingly described in an essay by Arthur Kleinman in this week's Art of Medicine section. After his wife died, it took 6 months before Kleinman's feelings of grief became "less acute" in his own words, and almost a year on, he feels "sadness at times" and harbours "the sense that a part of me is gone forever...I am still caring for our memories. Is there anything wrong (or pathological) with that?"

Most people's experiences of grief would align with Kleinman's. It is often not until 6 months, or the first anniversary of the death, that grieving can move into a less intense phase. Grief is an individual response to bereavement, which is shaped by the strength of relationship with the person who has died, being male or female, religious belief, societal expectation, and cultural context, among other factors. Malcolm Potts, in an essay in this journal in 1994, after the death of his wife, said: "Grief is an astonishing emotion. It is the tally half of love and it has to be...Anguish, body-shaking weeping, grief: a biological behaviour that had been latent and unused in my brain...I would not and could not forgo it. Grief has to be." 18 years after his stillborn daughter was born, Steven Guy said: "I have moved on; I can talk about the day she died and not cry, sometimes... She has changed me from the shy insecure person I was then to the openly emotional, caring, supportive, and strong man I am now."

Medicalising grief, so that treatment is legitimised routinely with antidepressants, for example, is not

only dangerously simplistic, but also flawed. The evidence base for treating recently bereaved people with standard antidepressant regimens is absent. In many people, grief may be a necessary response to bereavement that should not be suppressed or eliminated. For some, though, whose grief becomes pathological (sometimes known as complicated or prolonged), or who develop depression, treatment with drugs or, sometimes more effective psychological interventions such as guided mourning, may be needed. WHO's International Classification of Diseases, currently under revision as ICD-11, is debating a proposal to include "prolonged grief disorder", but it will be another 18 months before that definition will be clear. Bereavement is associated with adverse health outcomes, both physical and mental, but interventions are best targeted at those at highest risk of developing a disorder or those who develop complicated grief or depression, rather than for all.

Building a life without the loved person who died cannot be expected to be quick, easy, or straightforward. Life cannot, nor should not, continue as normal. In a sense, a new life has to be created, and lived with. After the loss of someone with whom life has been lived and loved, nothing can be the same again. In her memoir to her husband, *Nothing was the same*, Kay Redfield Jamison, comments: "There is a sanity to grief" in contrast to her own experience of bipolar disorder.

In Kleinman's words, "My grief, like that of millions of others, signalled the loss of something truly vital in my life. This pain was part of the remembering and maybe also the remaking. It punctuated the end of a time and a form of living, and marked the transition to a new time and a different way of living."

Grief is not an illness; it is more usefully thought of as part of being human and a normal response to death of a loved one. Putting a timeframe on grief is inappropriate—DSM-5 and ICD-11 please take note. Occasionally, prolonged grief disorder or depression develops, which may need treatment, but most people who experience the death of someone they love do not need treatment by a psychiatrist or indeed by any doctor. For those who are grieving, doctors would do better to offer time, compassion, remembrance, and empathy, than pills. ■ [The Lancet](#)



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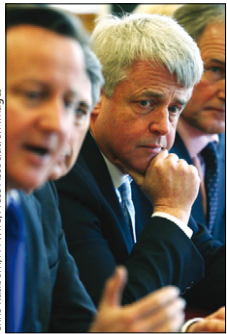
For DSM-5 see <http://www.dsm5.org/proposedrevision/pages>

For the [essay by Malcolm Potts](#) see [Personal paper Lancet 1994; 343: 279](#)

For [Steven Guy's story](#) see [Comment Lancet 2011; 377: 1386-88](#)

For more on [health outcomes of bereavement](#) see [Review Lancet 2007; 370: 1960-73](#)

Decreasing NHS productivity: urban myth



Chris Raeburn/PA Wire/Press Association Images

In England, the light illuminating the controversial Health and Social Care Bill is becoming brighter. Despite growing opposition—first from health institutions, and now from Conservative Cabinet ministers—the UK Prime Minister David Cameron and his wounded Health Secretary, Andrew Lansley, appear more determined than ever to push the Bill through parliament and onto the statute book in the spring.

Perhaps the main justification for the current reform agenda came in the form of a weighty December, 2010, report from the UK National Audit Office (NAO), based on an analysis from the Office for National Statistics, which assessed NHS performance in 2000–09. Its topline findings—decreased NHS productivity of 0.4% a year overall, and an annual 1.4% decrease in hospital productivity—sounded the death knell for the previous government’s high-investment strategy for the NHS.

Earlier this week, *The Lancet* published a new analysis by Nick Black from the London School of Hygiene and Tropical Medicine. Echoing the ignored concerns of economists and public health experts at the time of the

NAO report’s creation, Black argues that there has been a fundamental misunderstanding of NHS productivity. Central to the new report is an underestimation of the quantity of NHS outputs measured (the original analysis was based on only 80% of services, and excluded, for example, newer community-based initiatives). Similar limitations apply to the assessment of quality measures—for example, the inclusion of only 2.5% of the total metrics based on patients’ own experiences. The overall quality improvement figure of 0.8% in the report is almost certain to be an underestimate, which has led to what Black calls “just one recent myth in health-care policy”.

In view of Black’s analysis, and in addition to the other profound flaws with the reform proposals being articulated by most of the medical profession, Cameron and Lansley should ask themselves this fundamental question: why the need for this proposed legislation at all? Politicians often talk up the importance of “doing the right thing”. It is time they did the right thing with this damaging and dangerous Bill. ■ *The Lancet*

For Nick Black’s analysis see [Online/Viewpoint DOI:10.1016/S0140-6736\(11\)61782-0](http://www.thelancet.com/online/viewpoint/DOI:10.1016/S0140-6736(11)61782-0)

Syria’s health and humanitarian crisis



AP/Press Association Images

The deadly assault of President Bashar al-Assad’s forces on opposition protesters in Syria is getting bloodier by the day. Since the start of the violence in March, 2011, an estimated 7000 people have been killed in al-Assad’s attempt to quash the anti-government uprising. In the latest assault on the city of Homs, bombs have indiscriminately rained down on civilians since early February in what the UN called “appalling brutality”.

The situation in Syria should be of grave concern to the international medical community. In the past couple of months, several reports have suggested that hospitals, patients, and medical professionals have been targeted by the state. Last week, Médecins Sans Frontières (MSF) released the latest evidence in a dossier of testimonies from wounded patients treated outside the country and doctors inside Syria taken between Jan 30 and Feb 6, 2012. According to the testimonies, there is a heavy presence of government forces inside hospitals, injured detainees are being denied access to medical care, severe delays in treatment are occurring, basic medical supplies are in

short supply, and there are suspicions of torture and the possible execution of injured protesters inside hospitals. One 29-year-old male patient told MSF: “Everyone in the hospital was at risk of being killed...I was taken outside the hospital in order not to be hurt.”

In November, 2011, a report by Amnesty International also alleged that patients with firearms injuries are being targeted and tortured by government forces in state-run hospitals. And recent newspaper reports have indicated that, due to indiscriminate bombing, a hospital in Homs lost its electricity supply and 18 premature babies in incubators died as a result.

Al-Assad (shockingly, a former doctor) has shown total disregard for the health of Syrians and for the Geneva Conventions. The latest report from MSF serves as an additional reminder that the situation in the country is a pressing international health as well as security issue. As governments debate what action to take in Syria, ensuring the safety of patients and hospitals in the country should be part of their discussions. ■ *The Lancet*

For the MSF report see http://www.msf.org.uk/UploadedFiles/In_Syria_Medicine_as_a_Weapon_of_Persecution_201202091109.pdf

For the Amnesty International report see <http://www.amnesty.org/sites/impact.amnesty.org/files/PUBLIC/mde240592011eng.pdf>

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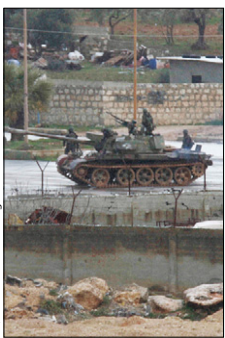
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