Roberts, JA; (2006) Funding the global control of bird flu - 1.9bnmaybepeanuts, butit'smorethananyoneexpected. BMJ, 332(7535), pp.189 - 190. ISSN 0959 - 8146 https://researchonline.lshtm.ac.uk/id/eprint/12155

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problems. A process of informed consent for the receipt of research results would ensure that providing results is not a forced paternalistic act but rather a fully considered decision which takes into account these potential harms.

Moreover, it does not follow that participants who made an informed decision to see the results, and who later found this emotionally difficult, would be better off having not received the results. A study of survivors of retinoblastoma who were informed of risks of second cancers found that most participants wanted the information, even if it was upsetting. An informed decision to accept a summary of results should be left to the participant. The onus is on researchers to offer a summary of results, presenting harms and benefits, and provide appropriate subsequent supports for those who may have difficulty.

Dixon-Woods and colleagues found that many participants were interested in receiving individual rather than summary results. Most authors acknowledge that individualised results should have high validity and reliability before being provided to participants. This is particularly true, but not unique to, individualised results of gene testing, which may have far reaching consequences. In addition, the results should be clearly communicated. Only half of participants in this study found the leaflet clear, pointing to the need for extremely careful preparation.

We have recently shown that adolescents with cancer and parents of paediatric oncology patients overwhelmingly wish to be provided with results of research and feel they have a right to them. However, they also ask that results with “bad” connotations should be provided personally, not just by pamphlet. This research needs to be extended to ascertain additional nuances in other types of study design. While Dixon-Woods and colleagues correctly argue caution in providing results to participants, their study should not deter other researchers from meeting the ethical obligation to offer results and to subsequently provide them to those who want them, in a respectful and supportive manner.

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Competing interests: None declared.

2 Partridge AH, Winer EP. Informing clinical trial participants about study results. JAMA 2002;288:363-5.
4 Macneil SD, Fernandez CV. Informing research participants of research results: analysis of Canadian university based research ethics board policies. J Med Ethics 2006;32:49-54.
10 Shalowitz DI, Miller FG. Disclosing individual results of clinical research: implications of respect for participants. JAMA 2005;294:14-5.

Funding the global control of bird flu

$1.9bn may be peanuts, but it’s more than anyone expected

Whatever resources you put in place—compared to the potential pandemic cost—it is peanuts. It is nothing.

Margaret Chan, WHO assistant director, at International Pledging Conference on Avian and Human Pandemic Influenza, Beijing

When a gathering of 800 representatives of some 100 countries and 20 international agencies attend a conference to pledge funds in support of a policy, and when the funds pledged are a small fraction of requested, something is amiss.

“This is not charity. This is not just solidarity. This is self defence,” said Markos Kyprianou, European Union health commissioner. A pandemic of avian influenza could affect up to a quarter of the world’s population, cause deaths of millions of people, and plunge the economy into depression. Projecting the costs of this is difficult, but the World Bank estimates that the cost may be £800bn ($1450bn; €1160bn) in the first year.

The pledging conference held in Beijing 17-18 January—sponsored by the People’s Republic of China, the European Commission, and the World Bank—raised some $1.9bn; “peanuts” perhaps, but useful. It was more than the $1.2-1.4bn the World Bank estimated would be needed for poorer countries to strengthen their veterinary and health services to deal with the potential threat of a pandemic. But it pales into insignificance when compared with the estimated £10bn losses to the Asian poultry sector alone.

The pledges of funds have come from the richer nations—$334m from the United States, $250m from the European Union, £159m from Japan, $45m from Russia, and $42m from Australia—as well as from other countries and industry. Roche has pledged $30m to provide a further two million doses of oseltamivir (Tamiflu). About 6% of the fund is to be allocated to reduce human exposure; some 22% to strengthen early warning systems; 20% for rapid containment of spread; 28% for capacity building; and 17% for research, including accelerated vaccine development. In addition, $58m was set aside for stockpiles of antiviral drugs and personal protective equipment and supplies. 1

2 Partridge AH, Winer EP. Informing clinical trial participants about study results. JAMA 2002;288:363-5.
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Sex workers to pay the price

UK plans to cut street prostitution will threaten sex workers’ health

In 2004 the UK Home Office published a consultation paper on sex work, after a review of the Sex Offences Act (2003). The paper, Paying the Price,1 was criticised by specialist services for giving less priority to the health of sex workers than before and for focusing too much on issues of criminal justice, and by health researchers for its unethical use of questionnaires and interviews. The resulting Home Office strategy2 published last week aims to challenge the view that street prostitution is inevitable; achieve an overall reduction in street prostitution; improve the safety and quality of life of communities affected by prostitution, including those directly involved in street sex markets; and reduce all forms of commercial sexual exploitation.

The strategy looks to the controversial Swedish model that criminalises men who pay for sex, and uses police photographs of sex acts and possession of condoms as evidence of sex work. This discourages sex workers from using condoms and introduces tension and potentially violence between them and clients. The Home Office proposes a range of approaches for a variety of sex markets, based on the sex of workers and the locations

1 Yeh A, Jack A. Roche in £20m bird flu donation. Financial Times 2006 Jan 18/7.