

## ***American Journal of Public Health***

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**Reviewer:** Abdoler, Emily

**Title:** Widening Socioeconomic Disparities in US Childhood Mortality, 1969-2000

**First Author:** Singh, Gopal

**Citation:** American Journal of Public Health 2007; 97: 1658-1665

**Summary:** In order to determine and compare the change in US childhood (1-14 yrs) mortality rates for different socioeconomic levels between 1969 and 2000, the authors utilized the 1990 deprivation index to categorize US counties into five socioeconomic quintiles, connecting country-level mortality data to deprivation level. Socioeconomic disparities became more pronounced in the years analyzed even as nationwide childhood mortality rates fell, indicating that the more socioeconomically-deprived children were experiencing smaller declines in mortality at slower rates. The authors found that this trend holds true for almost all specific causes of death they analyzed. They comment briefly on potential causes and explanations for their findings and provide projected figures for mortality rates if all socioeconomic quintiles had improved at the same rate.

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**Reviewer:** Abdoler, Emily

**Title:** "Is It Safe?": New Ethics for Reporting Personal Exposures to Environmental Chemicals

**First Author:** Brody, Jennifer

**Citation:** American Journal of Public Health 2007; 97: 1547-1554

**Summary:** Discusses (generally), with the objective to begin a conversation about the issue, the question of providing individual results to participants in studies that measure environmental chemical exposure. Briefly describes other models, but focuses upon the community-based participatory research approach to report-back, offering suggestions for report content and researcher responsibilities in result analysis/interpretation and in making potential recommendations. Discussion based upon the researchers' own experiences and various interviews (with other researchers, IRB members, and study participants) but calls for empirical studies to assess risks/benefits of report-back. Discussion of "ethics" is (very) limited and offers little critique of the method advocated.

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## ***Archives of Internal Medicine***

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**Reviewer:** lev

**Title:** German Acupuncture Trials (GERAC) for Chronic Low Back Pain  
Randomized, Multicenter, Blinded, Parallel-Group Trial With 3 Groups

**First Author:** Haake, Michael et al.

**Citation:** Archives of Internal Medicine 2007; 167: 1892-1898

**Summary:** This paper compared the effectiveness of acupuncture, either verum or sham and conventional therapy on lower back pain. It found the verum and sham acupuncture were more effective than conventional therapy.

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**Reviewer:** lev

**Title:** Medical Decision Making for Patients Without Surrogatesw

**First Author:** Wendler D

**Citation:** Archives of Internal Medicine 2007; 167: 1711-1715

**Summary:** The authors address the question of how to make medical decisions for patients that lack surrogates and their preferences are unknown. They point out that a computer-based tool that predicts which treatment a given patient would prefer based on the treatment preferences of similar patients in similar situations has been shown to be as accurate as patient-appointed surrogates and next of kin. They suggest that this tool should be used in the context of patients that have no surrogates.

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**Reviewer:** lev

**Title:** Effect of Race on Asthma Management and Outcomes in a Large, Integrated Managed Care Organization

**First Author:** Erickson E., Sara

**Citation:** Archives of Internal Medicine 2007; 167: 1846-1852

**Summary:** The authors set out to assess why more black people suffer from asthma compared to general population. The research was done in a managed care organization that provides uniform access to health care. This enabled them to control for differences in SES and other factors. The study concluded that even in a health care setting that provides uniform access to care; black people had worse asthma outcomes, including a greater risk of emergency room visits and hospitalizations. This association was not explained by differences in SES, asthma severity, or asthma therapy. These findings suggest that genetic differences may underlie these racial disparities.

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## ***Bioethics***

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**Reviewer:** arnon

**Title:** SURVIVAL LOTTERIES RECONSIDERED

**First Author:** ØVERLAND, G

**Citation:** Bioethics 2007; 21: 355-363

**Summary:** A survival lottery to redistribute organs from one person to a greater number of persons could reduce mortality from organ failure. While arguing against national survival lotteries, the paper argues for the permissibility of some forms of survival lotteries ("local lotteries" among person who are all under a threat of organ failure), that avoid objections of fairness and that do not involve unwelcome consequences (other than the death of the possibly unwilling "donor").

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**Reviewer:** arnon

**Title:** USES OF RESPECT AND USES OF THE HUMAN EMBRYO

**First Author:** GIBSON, S

**Citation:** Bioethics 2007; 21: 370-378

**Summary:** UK regulations (The Human Fertilisation and Embryology Act, 1990) permits research on human embryos but restricts it by means of time limit (14 days), and the purpose of research. Argues that permitting, but restricting, research on embryos is justified given the shared uncertainty and fallibility about the moral status of embryos; it is a form of respect for the possibility that either side of the debate might be mistaken in their moral judgment.

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**Reviewer:** Sachs, Ben

**Title:** Survival Lotteries Reconsidered

**First Author:** Overland, Gerhard

**Citation:** Bioethics 2007; 21: 355-363

**Summary:** In this article Overland argues for the moral permissibility of two kinds of survival lotteries in which X is killed and his healthy organs transplanted into terminally ill Y and Z.

Group Specific Lottery: A, B,...,X, Y and Z have the same antecedent probability of organ failure. Y and Z develop it; nobody else does. A lottery is carried out among A, B,..., and X. X loses the lottery and two of his healthy organs are given to Y and Z.

Local Lottery: X, Y and Z have organ failure, but not the same organs. They are ALL terminally ill. A lottery is carried out among X, Y and Z. X loses the lottery and two of his healthy organs are given to Y and Z.

Overland argues for the moral permissibility of these lotteries on what he calls contractualist grounds, but would more accurately be called contractarian grounds. The argument is well-made and the article accessible.

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## ***British Medical Journal***

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**Reviewer:** Sarah Lieber

**Title:** Regulator gives green light to research using human-animal embryos

**First Author:** Zosia Kmietowicz

**Citation:** British Medical Journal 2007; 335: 531-531

**Summary:** The Human Fertilisation and Embryology Authority (HFEA) has declared that "cytoplasmic hybrid embryos" (99.9% human and made using the shell of an animal egg implanted with human genetic material) may be used in research (if strict regulations are put into place). Currently, research is limited by the availability of human eggs and this new ruling should "provide scientists with a more reliable reservoir of stem cells for research purposes." Restrictions? Individual research teams that want to use these hybrid embryos will have to demonstrate, "to the satisfaction of an HFEA licence committee, that their planned research project is both necessary and desirable. They must also meet the overall standards required by the HFEA for any embryo research...The law already prevents such embryos being implanted in a woman, and they must be destroyed within 14 days. Individual research projects are highly regulated." Critics of new policy claim that creating embryos purely for research is not consistent with the notion of respect for the moral status of embryos protected under British law.

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**Reviewer:** Sarah Lieber

**Title:** Have charities been silenced by government gold? Charities received a record £900m from the NHS last year—will this prevent them speaking out against government policy?

**First Author:** Nigel Hawkes

**Citation:** British Medical Journal 2007; 335: 592-592

**Summary:** More and more charities are being funded by government grants and contracts as opposed to donors. Author claims, "Even independent organisations such as the Salvation Army have been dragged in, as donations from its own members and legacies decline and grants for social work from government grow, accounting in 2005-6 for a fifth of its revenues." Among the bigger charities, two thirds get 80% or more of their income from delivering public services. The worry is that increasing government funding contracts will limit a charity's ability to act freely. "When the Charity Commission conducted a survey in 2006, it found that only 26% of charities that deliver services agreed they were free to make decisions without pressure to conform to the wishes of their paymasters. A minority—less than 10%—admitted that their activities were determined more by funding opportunities than by their mission." A nice quote from the Charity Commission report: "Are charities subsidising public services on the basis of decisions informed by beneficiaries' interests? Or are they doing so accidentally, or because of a lack of negotiating power? What might be the impact of these funding issues upon public perception of charity over time?"

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**Reviewer:** Sarah Lieber

**Title:** NICE should have bigger role in guiding NHS, says report

**First Author:** Zosia Kmietowicz

**Citation:** British Medical Journal 2007; 335: 585-585

**Summary:** The Institute for Public Policy Research (a think tank aimed at looking at what policies are needed to sustain a high quality health service that is affordable) advised in a recent report that The National Institute for Health and Clinical Excellence (NICE) should "be expanded to enable it to assess all new drugs and treatments more quickly to set priorities about what care should be provided by the NHS in England." The think tank recommend increasing resources for NICE so that they can create "a clear framework for how health resources are rationed." The report claims that there needs to be less political influence and more "public engagement" in deciding what drugs and treatments should be available.

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**Reviewer:** Sarah Lieber

**Title:** Prisoners are developing resistance to HIV drugs because their care is fractured

**First Author:** Claire Laurent

**Citation:** British Medical Journal 2007; 335: 583-583

**Summary:** In Warwick, Health Protection Agency has found that the "frequent transfer of prisoners around the system has led to a lack of continuity in care." Prisoners with HIV are developing resistance to their antiretrovirals; those with hepatitis C and TB are also experiencing a break-down in care. Many patients don't get follow-ups or do not complete their treatment because of transfers to another prison. Some public health officials want to promote needle exchange programs in prisons: "needle exchange schemes in prisons had been rigorously evaluated and shown to be effective in reducing the harm caused by needle sharing." Critics of needle-exchange programs claim that "periods of imprisonment represent a unique opportunity to engage with [prisoners] to improve their health." Instead we should "focus on empowerment of prisoners: teaching skills and behaviour that bring about positive outcomes."

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**Title:** Advert for breast cancer gene test triggers inquiry

**Citation:** British Medical Journal 2007; 335: 579-579

**Summary:** Myriad Genetics released a controversial ad camp125( )1.59316( )1.59316918779(r68315(o)3.18779(n)3.18

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**Reviewer:** Schulz-Baldes

**Title:** Women: more than mothers

**First Author:** editorial

**Citation:** Lancet 2007; 370: 1283-1283

**Summary:** Introduction to a Lancet issue dedicated to maternal health, commemorating WHO's Safe Motherhood Initiative from 1987. The issue contains papers on global maternal mortality and morbidity that improve too slowly to meet the millennium development goals; on essentially unchanged unsafe abortion rates worldwide; and on the importance of seeing women not only as mothers ("investing in women and their health pays off for governments as well as families"). No contribution on the problem of research with pregnant women.

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**Reviewer:** Schulz-Baldes

**Title:** What next for the NHS?

**First Author:** Darzi, A

**Citation:** Lancet 2007; 370: 1400-1401

**Summary:** The UK has released an interim report on the NHS, evaluating the 2000 NHS Plan. Fairness, responsiveness, safety, and effectiveness are identified as the four dimensions of good quality care. Deficiencies are cited in each category. In the accompanying editorial, the Lancet states that the general practitioner's role as a gatekeeper in the community is no longer appropriate in today's specialized and more consumer-oriented medicine.

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**Reviewer:** Schulz-Baldes

**Title:** Research integrity: collaboration and research needed

**First Author:** von Elm, E

**Citation:** Lancet 2007; 970: 1403-1404

**Summary:** Report on the First World Conference on Research Integrity in Lisbon, Portugal. Because publishing and grants are vital for academic careers, fabrication, falsification, and plagiarism are frequent. Regulation was thought to be particularly difficult in the private sector.

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**Reviewer:** Schulz-Baldes

**Title:** The Strengthening the Reporting of Observational Studies in Epidemiology (STROBE) statement: guidelines for reporting observational studies

**First Author:** von Elm, E

**Citation:** Lancet 2007; 370: 1453-1457

**Summary:** The Strengthening the Reporting of Observational Studies in Epidemiology (STROBE) initiative developed recommendations on what should be included in an accurate and complete report of an observational study (cohort, case-control, or cross-sectional studies).

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**Reviewer:** Schulz-Baldes

**Title:** Changing behaviour, changing practice

**First Author:** editorial

**Citation:** Lancet 2007; 370: 1460-1460

**Summary:** NICE and the UK Department of Health promote "contingency management" in methadone programs. Contingency management works with incentives to modify drug behavior (e.g. financial incentives, shopping vouchers, take-home methadone doses).

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**Reviewer:** Schulz-Baldes

**Title:** Global health governance and the World Bank

**First Author:** Prah Ruger J

**Citation:** Lancet 2007; 370: 1471-1474

**Summary:** The World Bank has wants to play a bigger role in global health. It has issued a new strategy for Health, Nutrition, and Population that primarily focusses is on strengthening health systems. The author argues the strategy will fail to be effective if it does not consider social and economic determinants of health and mechanisms of policy reform and policy decision-making.

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**Reviewer:** Millum

**Title:** Debating how to do ethical research in developing countries

**First Author:** Costello, A

**Citation:** Lancet 2007; 370: 1025-1026

**Summary:** Review of J V Lavery et al. (eds.), Ethical Issues in International Biomedical Research: A Casebook. Oxford University Press (2007). Costello praises the book. However, most of the substance of the review is taken up by his defence of Abhay Bang's SEARCH programme in India against Marcia Angell's criticisms. Includes the first academic use I have seen of "retrospectoscope."

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**Reviewer:** Schulz-Baldes

**Title:** Generation of political priority for global health initiatives: a framework and case study of maternal mortality

**First Author:** Shiffman, J

**Citation:** Lancet 2007; 370: 1370-1379

**Summary:** How can we generate political priority for global health initiatives? The authors argue that the strength of the actors involved in the initiative, the power of the ideas they use to portray the issue, the nature of the political contexts in which they operate, and characteristics of the issue itself determine whether or not initiatives rank high on political agendas.

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- Reviewer:** Schulz-Baldes  
**Title:** Mental health and human rights  
**First Author:** Dhanda A, Narayan T  
**Citation:** Lancet 2007; 370: 1197-1198  
**Summary:** The Lancet Global Mental Health Group, a big WHO coordinated initiative, lists priorities for mental health research in developing countries. Studies on cost-effectiveness of various interventions are high on the agenda.
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- Reviewer:** Millum  
**Title:** Achieving health equity: from root causes to fair outcomes  
**First Author:** Marmot, M  
**Citation:** Lancet 2007; 370: 1153-1163  
**Summary:** The author is writing on behalf of the Commission on Social Determinants of Health (set up by the WHO in 2005). The article summarizes research on the social determinants of health from a global perspective, and gives a call for action to deal with the causes of health inequity.
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- Reviewer:** Millum  
**Title:** Can we achieve Millennium Development Goal 4? New analysis of country trends and forecasts of under-5 mortality to 2015  
**First Author:** Murray, C J L et al.  
**Citation:** Lancet 2007; 370: 1040-1054  
**Summary:** Global under-5 mortality is expected to decline by 27% from 1990 to 2015; this compares with the Millennium Development Goal of 67%. Though child mortality has fallen globally since 1980, it is falling no faster now than it was 30 years ago.
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- Reviewer:** Schulz-Baldes  
**Title:** Food, livestock production, energy, climate change, and health  
**First Author:** McMichael, AJ  
**Citation:** Lancet 2007; 370: 1253-1263  
**Summary:** An interesting argument in favour of reducing our meat intake: We should eat less meat to prevent increased green-house gas emissions. Livestock production accounts for about a fifth of total greenhouse-gas emissions. Agricultural activity in general is estimated to exceed emissions from power generation and transport.
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- Reviewer:** Schulz-Baldes  
**Title:** Medicines for children: safety as an afterthought  
**First Author:** editorial  
**Citation:** Lancet 2007; 370: 1190-1190  
**Summary:** Brief summary of WHO's report on Safety of medicines for children that highlights the unacceptable state of monitoring medicine-related problems in children worldwide (off-label and unlicensed use, insufficient evidence of long-term effects etc.) .
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## ***New England Journal of Medicine***

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**Reviewer:** Smith

**Title:** Thimerosal and Vaccines -- A Cautionary Tale

**First Author:** Offit, P

**Citation:** New England Journal of Medicine 2007; 357: 1278-1279

**Summary:** Summary of the thimerosal scare that was precipitated by poor information dissemination.

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**Reviewer:** Smith

**Title:** Current Concepts: "Control of Neglected Tropical Diseases"

**First Author:** Hotez, P; Sachs, J; Savioli, L; et al

**Citation:** New England Journal of Medicine 2007; 357: 1018-1027

**Summary:** Article outlines partnership strategies for combating "the 13 parasitic and bacterial infections known as the neglected tropical diseases." Article proposes taking advantage of "extensive geographic overlap and coendemicity" among diseases. Rapid-impact packages of chemotherapy are shown to be highly cost-effective for 7 of the thirteen at expected costs of \$0.40-0.79 per person, yielding an estimated \$2-\$9 per disability-adjusted life-year. Article proposes that Chagas' disease, human African trypanosomiasis, and visceral leishmaniasis will be combated by improved "surveillance, early diagnosis and treatment, and vector control." Article also points out that vaccines for the neglected tropical diseases may soon be developed.

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**Reviewer:** Smith

**Title:** Harnessing the Power of Default Options to Improve Healthcare

**First Author:** Halpern, SD, et al

**Citation:** New England Journal of Medicine 2007; 357: 1341-1344

**Summary:** Authors look critically at the potential for default option use in healthcare and attempt to establish some guides as to the usage of such options.

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**Reviewer:** Smith

**Title:** Cases in Vaccine Court — Legal Battles over Vaccines and Autism

**First Author:** Sugaman, S

**Citation:** New England Journal of Medicine 2007; 357: 1275-1277

**Summary:** Article considers the future for the Vaccine Injury Compensation Program (VICP) proceedings concerning thimerosal and autism. It is believed that the VICP judges will find against the autism linkage claim; the author considers the possibility that families with autistic children will then attempt to sue the program or bypass it in light of the substantial legal and congressional backing that such families have.

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**Reviewer:** Smith

**Title:** Putting Typhoid Vaccination on the Global Health Agenda

**First Author:** DeRoeck, D; Jodar, L; Clemens, J

**Citation:** New England Journal of Medicine 2007; 357: 1069-1071

**Summary:** Article argues for strategic use of newer Typhoid vaccination particularly in southeast Asia.

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**Reviewer:** Smith

**Title:** No Child Left Uncovered

**First Author:** Curfman, G; Drazen, JM

**Citation:** New England Journal of Medicine 2007; 357: 1036-1037

**Summary:** Editorial points out weakness of the president's opposition to SCHIP.

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**Reviewer:** Smith

**Title:** Sidelining Safety -- The FDA's Inadequate Response to the IOM

**First Author:** Smith, SW

**Citation:** New England Journal of Medicine 2007; 357: 960-963

**Summary:** Author recounts FDA's response to the IOM recommendations of Sept. 2006, published in "The Future of Drug Safety." Author sees the FDA's response as "fall[ing] short of what the American public expects and deserves." Author is particularly trouble by FDA's failure to give teeth to both OND and OSE, rather than merely the former.

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**Reviewer:** Smith

**Title:** The Battle over SCHIP

**First Author:** Iglehart, JK

**Citation:** New England Journal of Medicine 2007; 357: 957-963

**Summary:** Good summary of current SCHIP legislation battle. Author predicts that debate will continue "without a clear resolution in sight" unless on party seizes substantial margin in congress. Author also predicts that federal healthcare spending will continue to increase.

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**Reviewer:** Smith

**Title:** Shattuck Lecture, "We Can Do Better -- Improving the Health of the American People"

**First Author:** Schroder, S

**Citation:** New England Journal of Medicine 2007; 357: 1221-1228

**Summary:** Author gives account of the US's low public health ratings by suggesting that the US spending is disproportionately distributed to health problems for middle and upper classes (vaccine research, autism research) and that the US would do better to address more behavioral issues. Author traces current public health issues of tobacco and obesity, as cases in which addressing such behaviors and suggests that the success of the former does not apply to the promise of the latter. Author concludes that addressing the needs of the working class will prove most cost-effective and suggests that the solution is one of finding a political voice for the working class as such rather than for particular racial or ethnic groups.

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**Reviewer:** Smith

**Title:** Health Care for All?

**First Author:** Bloche, Gregg

**Citation:** New England Journal of Medicine 2007; 357: 1173-1175

**Summary:** Author argues that universal health coverage on a European-style will not be possible in the US "barring a catastrophe much more severe than that of 9/11." Author traces the rise of a more egalitarian state model from 1793 Paris through WWII and argues that there was a perceived contract with the state, in which the state would return generous welfare benefits in return for citizen's promise of sacrifice of life in war. Author argues that this contract has been changed in the atomic age when citizens are required to sacrifice less and concludes that, barring said catastrophe, an Edwards/Obama/Clinton model is the closest to universal coverage that we are likely to see.

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**Reviewer:** Smith

**Title:** Sustaining the Engine of U.S. Biomedical Discovery

**First Author:** Heining, S.J.; et al

**Citation:** New England Journal of Medicine 2007; 357: 1042-1047

**Summary:** Article considers dangers as demand upon NIH budget sharply increase while NIH real budget has significantly decreased. Article makes budget change recommendations for congress and recommendations to academic medicine for "greater coordination and collaboration among diverse institutions."

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## ***PLoS Medicine***

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**Reviewer:** Persad

**Title:** Grand Challenges in Global Health: The Ethical, Social and Cultural Program

**First Author:** Singer, PA

**Citation:** PLoS Medicine 2007; 4: e265-e265

**Summary:** The Grand Challenges in Global Health (GCGH) initiative, which aims to improve health in poor countries, is also attempting to consider ethical and social issues related to the technologies they are promoting. An advisory board has been set up. Part of a set of several articles on this topic in this issue of PLoS Med, which may be of interest to global health fans.

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**Reviewer:** Persad

**Title:** Racial Categories in Medical Practice: How Useful Are They?

**First Author:** Braun, L

**Citation:** PLoS Medicine 2007; 4: e271-e271

**Summary:** There are problems with doctors and researchers using patients' race as a variable that determines treatment. Race should not be misconstrued as biologically determinative, and current NIH requirements for inclusion of members of certain races may be mistaken.

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**Reviewer:** Persad

**Title:** Do Abstinence-Plus Interventions Reduce Sexual Risk Behavior among Youth?

**First Author:** Dworkin, SL

**Citation:** PLoS Medicine 2007; 4: e276-e276

**Summary:** Abstinence-plus programs (where abstinence as well as other safer-sex strategies are promoted) can be effective, and are more effective than abstinence only programs. Discussion of a larger empirical paper in the same issue.

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**Reviewer:** Persad

**Title:** Physician Awareness of Drug Cost: A Systematic Review

**First Author:** Allan, J

**Citation:** PLoS Medicine 2007; 4: e283-e283

**Summary:** Physicians tend to underestimate the cost of expensive drugs and overestimate the cost of cheap drugs. (A new "therapeutic misconception"?)

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## Science

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**Reviewer:** Wolitz, Rebecca

**Title:** Policy Forum: The Future of Personal Genomics

**First Author:** McGuire, Amy L., et al.

**Citation:** Science 2007; 317: 1687-1687

**Summary:** This brief article calls for attention to "the ethical, social, and clinical implications of personal genomics". It is anticipated that in about 5 years the price of technology for sequencing genomes will be such that it will be incorporated into "routine clinical care". These authors raise worries about social justice and the value of the information obtained from sequencing and testing as a means to improving health.

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**Reviewer:** Wolitz, Rebecca

**Title:** Infectious Disease: Vaccine-Related Polio Outbreak In Nigeria Raises Concerns

**First Author:** Roberts, Leslie

**Citation:** Science 2007; 317: 1842-1842

**Summary:** The largest known poliomyelitis outbreak caused by the live polio vaccine has occurred in Northern Nigeria, a largely Muslim area deeply suspicious of westerners and the safety of vaccination efforts. Low immunization rates are blamed for the ability of the "attenuated vaccine virus to regain its virulence and trigger an outbreak". The outbreak actually occurred in September 2006, but has only recently been made public; reasons for concealment cite worries that anti-polio vaccination rumors would have again thwarted efforts to vaccinate this area. Some scientists are troubled that this information was not made public earlier as details of each outbreak are instructive for analyzing the risk associated with vaccine-derived strains.

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**Reviewer:** Wolitz, Rebecca

**Title:** Prospection: Experiencing the Future

**First Author:** Gilbert, Daniel T., et al.

**Citation:** Science 2007; 317: 1351-1354

**Summary:** This article takes a look at how the brain's frontal regions simulate future events and use those simulations to make hedonic predictions. Because mental simulations of the future often lack the "richness and reality of genuine perceptions", these cortex simulations are deficient. "Compared to sensory perceptions, mental simulations are mere cardboard-cutouts of reality".

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**Reviewer:** Wolitz, Rebecca

**Title:** Accidents Spur a Closer Look at Risks at Biodefense Labs

**First Author:** Kaiser, Jocelyn

**Citation:** Science 2007; 317: 1852-1854

**Summary:** Biosafety Level 3 and 4 labs are not as secure or mishap free as concerned citizens would hope. Workers are afraid to report accidents and so an "anonymous, mandatory reporting system for all laboratory accidents" has been proposed to improve biosafety.

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