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In the Journals, April 2015 - Part I

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By Elizabeth Lewis

Here is the first installment of our coverage of April journal articles. Enjoy!

[Critical Public Health](#)

[The Transitional Dynamics of Caloric Ecosystems: Changes in the Food Supply Around the World](#)

Sanjay Basu

Changes to the global food supply have been characterized by greater availability of edible oils, sweeteners, and meats – a profound ‘nutrition transition’ associated with rising obesity, type 2 diabetes, and cardiovascular disease. Through an analysis of three longitudinal databases of food supply, sales, and economics across the period 1961–2010, we observed that the change in global food supply has been characterized by a dramatic rise in pig meat consumption in China and poultry consumption in North America. These changes have not been experienced by all rapidly developing countries, and are not well explained by changes in income. The changes in food supply include divergence among otherwise similar neighboring countries, suggesting that the changes in food supply are not an inevitable result of economic development. Furthermore, we observed that the nutrition transition does not merely involve an adoption of ‘Western’ diets universally, but can also include an increase in the supply of edible oils that are uncommon in Western countries. Much of the increase in sales of sugar-sweetened beverages and packaged foods is attributable to a handful of multinational corporations, but typically from products distributed through domestic production systems rather than foreign importation. While North America and Latin America continued to have high sugar-sweetened beverage and packaged food sales in recent years, Eastern Europe and the Middle East have become emerging markets for these products. These findings suggest further study of natural experiments to identify which policies may mitigate nutritional risk factors for chronic disease in the context of economic development.

[Big Food without Big Diets? Food Regimes and Kenyan Diets](#)*K. O'Neill*

Path-breaking scholarship has described how corporate control of food production and distribution is implicated in the global emergence of diets heavy in fats, meats and sugars. The 'multinational food and beverage companies with huge and concentrated market power' can be thought of as Big Food. Big Food's presence in Kenya has expanded, and organizations have expressed concerns about the number of Kenyans who are obese. Despite these concerns, Kenya's dietary profile does not show a clear picture of high fats, meats and sugars. This suggests that the structural factors that shape the organization of Kenya's food supply need to be examined. By looking to the food regime approach, it is possible to understand how dietary patterns are a 'reconstitution of material culture', as trade arrangements shape diets in ways that make some foods seem traditional, while others appear to be new or exotic. By using the food regime approach, it is possible to understand how Kenya's position in international trade influences food production and consumption, as well as how the Kenyan state has played a role in mitigating the Big Food diet. In this respect, the policies and practices that organize Kenyan diets are reflective of global-historical arrangements, but are also particular to Kenya. I base my argument on ethnographic research conducted in 2010 and 2014 in urban and rural areas, interviews, FAOSTAT statistics, scholarship, government documents, agency reports, newspapers and relevant food websites.

[Big Soda's Long Shadow: News Coverage of Local Proposals to Tax Sugar-Sweetened Beverages in Richmond, El Monte and Telluride](#)*Laura Nixon, Pamela Mejia, Andrew Cheyne, and Lori Dorfman*

In 2012 and 2013, Richmond and El Monte, CA, and Telluride, CO, became the first communities in the country to vote on citywide sugary drink taxes. In the face of massive spending from the soda industry, all three proposals failed at the ballot box, but the vigorous public debates they inspired provide valuable insights for future policy efforts. We analyzed local and national news coverage of the three proposals and found that pro-tax arguments appeared most frequently in the news. Advocates for the taxes focused primarily on the potential community health benefits the taxes could produce and the health harms caused by sodas. Tax opponents capitalized on the existing political tensions in each community, including racial and ethnic divisions in Richmond, anti-government attitudes in El Monte, and a culture of

individualism in Telluride. Pro-tax arguments came mainly from city officials and public health advocates, while anti-tax forces recruited a wide range of people to speak against the tax. The soda industry itself was conspicuously absent from news coverage. Instead, in each community, the industry funded anti-tax coalition groups, whose affiliation with industry was often not acknowledged in the news. Our analysis of this coverage exposes how soda tax opponents used strategies established by the tobacco industry to fight regulation. Despite these defeats, tax advocates can take inspiration from more mature public health campaigns, which indicate that such policies may take many years to gain traction.

[‘Big Food’ and ‘Gamified’ Products: Promotion, Packaging, and the Promise of Fun](#)
Charlene Elliott

The promise of ‘fun’ is an increasingly common strategy used by Big Food in the promotion of packaged products. *Gamification*, or ‘making it fun’, has been identified as a top consumer packaged goods trend for 2014, and is finding its way into the spectrum of packaged goods and target markets. Once solely the preserve of children’s fare, fun is now applied to ‘junk’ food, ‘healthy’ food, snack food, ‘adult’ food, and ‘kids’ food. The rise and implications of such marketing has yet to be explored, and this article draws from the critical literature in food studies, current food marketing campaigns, and primary research from the trade press to map and critique ‘fun’ in association with food promotion. I argue that the promise of fun – while positioned as a playful, edible ‘pause’ in a hectic world – works to occlude some significant health, attitudinal and policy considerations related to the industrial diet. The seemingly lightweight focus on fun as a driver in food promotion promises a more embodied level of engagement than does a focus on nutritionism. However, ‘fun’ can simultaneously work to reconfigure relationships with food, increase consumption, and distance processed foodstuffs from issues of nutrients, as well as the non-communicable diseases associated with excessive consumption of highly processed fare.

[Food as Pharma: Marketing Nutraceuticals to India’s Rural Poor](#)
Alice Street

This commentary sketches out the politics of the expansion of affordable, fast-moving nutraceutical products into rural India, with a focus on fortified foods and beverages. It examines the

relationships between industry, government and humanitarian organisations that are being forged alongside the development of markets for nutraceuticals; the production of evidence and the harnessing of science to support nutraceutical companies' claims; the ways in which nutraceuticals are being marketed and distributed in rural areas; and the concepts of health and well-being that are being promulgated through those marketing campaigns. Lastly, it asks what kinds of impact fast-moving nutraceuticals are likely to have on the lives of India's rural poor. It concludes by questioning how smooth a transition to nutraceutical consumption Big Food marketing strategies can really facilitate and how readily low-income families seeking to feed their families and safeguard health will actually adopt concepts of wellness and internalise micro-nutrient associated risks.

[Health and Place](#)

[Are Natural Resources Bad for Health?](#)

Amany A. El Anshasy and Marina-Selini Katsaiti

The purpose of this paper is to empirically examine whether economic dependence on various natural resources is associated with lower investment in health, after controlling for countries' geographical and historical fixed effects, corruption, autocratic regimes, income levels, and initial health status. Employing panel data for 118 countries for the period 1990–2008, we find no compelling evidence in support of a negative effect of resources on healthcare spending and outcomes. On the contrary, higher dependence on agricultural exports is associated with higher healthcare spending, higher life expectancy, and lower diabetes rates. Similarly, healthcare spending increases with higher mineral intensity. Finally, more hydrocarbon resource rents are associated with less diabetes and obesity rates. There is however evidence that public health provision relative to the size of the economy declines with greater hydrocarbon resource-intensity; the magnitude of this effect is less severe in non-democratic countries.

[Regeneration, Relocation and Health Behaviours in Deprived Communities](#)

Ade Kearns and Phil Mason

In the UK, recent regeneration programmes have aimed to improve the health of those who remain in their neighbourhood (Remainers) and those who are relocated (Outmovers); thus, as part of the

10-year GoWell study (2006–2015) of the effects of demolition, rebuilding and housing improvements on residents and communities, we examined associations of health behaviours with residential conditions and location status in deprived neighbourhoods of Glasgow. Better internal dwelling conditions were associated with several better health behaviours; in relation to neighbourhood conditions, the results were more mixed. Outmovers often exhibited worse health behaviours than Remainers, perhaps because environmental and social conditions were little altered by relocation, and because personal support mechanisms were missing. Health behaviours were relatively good among Remainers, indicating that *in situ* changes might stimulate life-changing improvements, but relocation less so.

[Residential Instability and Obesity Over Time: The Role of the Social and Built Environment](#)

Antwan Jones

This research uses the National Longitudinal Study of Adult Health's Obesity and Neighborhood Environment (ONE) to examine the relationship between residential instability and change in obesity in the United States. Mobility is thought to be related to obesity because it conditions what kinds of amenities are present in the areas where people live and what level of motivation individuals have to take advantage of these amenities. Thus, this research uses spatial measures as potential confounders for the mobility–health relationship. Results suggest that mobility is a protective factor against weight gain over time. However, the effect of mobility is completely explained by the environmental characteristics. After adjusting for changes in physical activity resources and the crime rate, adolescents who move and adolescents who do not move have precisely the same risk of being obese. Mobility is thus a function of the change in environmental characteristics. Implications for developing the built environment are discussed.

['Where They \(Live, Work and\) Spray': Pesticide Exposure, Childhood Asthma and Environmental Justice Among Mexican-American Farmworkers](#) [Norah Anita Schwartz, Christine Alysse von Glascoe, Victor Torres, Lorena Ramos, Claudia Soria-Delgado](#)

Asthma prevalence is reportedly low for children of Mexican descent compared with other ethnic groups and Latino subgroups.

The results of our exploratory ethnographic research among children of farmworkers in California dramatically suggest otherwise. Unstructured and semi-structured open-ended interviews and photovoice methods were combined to explore the lived experiences of members of a marginalized farmworker community. This research gives voice to a population of families living in the highly toxic, yet agriculturally wealthy environment of the San Joaquin Valley. Little work has been reported employing photovoice, a community-based participatory research method, to study childhood exposure to pesticides. A rich narrative about perceptions of pesticide exposure emerged from the ethnographic interviews. Thematic analysis yielded beliefs about the relationship between air quality and childhood asthma. The findings suggest that childhood asthma should be reviewed within the context of local levels of environmental exposure and the principles of environmental justice.

[Change in Neighborhood Environments and Depressive Symptoms in New York City: The Multi-Ethnic Study of Atherosclerosis](#)

C. Mair, A.V. Diez Roux, S.H. Golden, S. Rapp, T. Seeman, S. Shea

Physical and social features of neighborhoods, such as esthetic environments and social cohesion, change over time. The extent to which changes in neighborhood conditions are associated with changes in mental health outcomes has not been well-established. Using data from the MultiEthnic Study of Atherosclerosis, this study investigated the degree to which neighborhood social cohesion, stress, violence, safety and/or the esthetic environment changed between 2002 and 2007 in 103 New York City Census tracts and the associations of these changes with changes in depressive symptoms. Neighborhoods became less stressful, more socially cohesive, safer, and less violent. White, wealthy, highly educated individuals tended to live in neighborhoods with greater decreasing violence and stress and increasing social cohesion. Individuals living in neighborhoods with adverse changes were more likely to have increased CES-D scores, although due to limited sample size associations were imprecisely estimated ($P > 0.05$). Changes in specific features of the neighborhood environment may be associated with changes in level of depressive symptoms among residents.

[Health, Risk & Society](#)

[Risk and the Black American Child: Representations of Children's Mental](#)

[Health Issues in Three Popular African American Magazines](#)

Juanne N. Clarke and Donya Mosley

Risks abound with the increasing diseasing of childhood in North America. However, the incidence and meanings and therefore the risk of children's mental health issues differ in distinctly racialised groups. In this article, we examine the portrayal of the risk of children's mental health issues in articles published in the three highest circulating African American magazines (*Jet*, *Ebony* and *Essence*) from 1990 to 2012. Based on a qualitative content analysis, we document how the representations of risks of children's mental health issues are inextricably bound up with racism, inequity and oppression. It is these social conditions that are represented as constituting the chief risk factors for a range of behavioural and emotional difficulties in the lives of Black children. This representation contrasts sharply with that of children's mental health issues in mainstream magazines during the same time period. It does not reflect their dominant neoliberal or individualising understanding of risk nor the possibilities of raising 'successful children' through actively parenting within discourses of medicalisation. We discuss the theoretical explanations and pragmatic consequences of the contrasting risk representation in the select magazines.

[Growing Better Brains? Pregnancy and Neuroscience Discourses in English Social and Welfare Policies](#)

Pam Lowe, Ellie Lee, and Jan Macvarish

In recent years, English welfare and health policy has started to include pregnancy within the foundation stage of child development. The foetus is also increasingly designated as 'at risk' from pregnant women. In this article, we draw on an analysis of a purposive sample of English social and welfare policies and closely related advocacy documents to trace the emergence of neuroscientific claims-making in relation to the family. In this article, we show that a specific deterministic understanding of the developing brain that only has a loose relationship with current scientific evidence is an important component in these changes. We examine the ways in which pregnancy is situated in these debates. In these debates, maternal stress is identified as a risk to the foetus; however, the selective concern with women living in disadvantage undermines biological claims. The policy claim of neurological 'critical windows' also seems to be influenced by social concerns. Hence, these emerging concerns over the foetus' developing brain seem to be situated within the gendered history of

policing women's pregnant bodies rather than acting on new insights from scientific discoveries. By situating these developments within the broader framework of risk consciousness, we can link these changes to wider understandings of the 'at risk' child and intensified surveillance over family life.

[Liquid Gold or Russian Roulette? Risk and Human Milk Sharing in the U.S. News Media](#)

Shannon K. Carter, Beatriz Reyes-Foster, and Tiffany L. Rogers

The exchange of human breast milk, a common and well-established practice, has become a site of public controversy in the US. There is controversy over the use of the internet to facilitate milk exchange and public interest in the practice has been stimulated by a research article published in the journal *Pediatrics* that identified high levels of potentially harmful bacteria in breast milk sold online. In this article we use feminist critical discourse analysis to critically examine how breast milk sharing is represented in a sample of 30 articles from US print newspapers published in 2010–2013. We found complex and contradictory images of human milk, with medically supervised milk banks represented as a life-saving entity, nature's 'liquid gold', whereas peer sharing of breast milk was represented as dangerous, and in this context breast milk was represented as a potentially life-threatening substance. Women who donated milk to milk banks were represented as altruistic and those who obtained their babies' milk from the milk bank were represented as responsible and acting in the best interests of their babies. In contrast women who participated in peer milk sharing were represented at best as ill-informed about the risks to babies and at worst, morally reprehensible for disregarding the risks. Mothers who fed their babies this milk were represented as irresponsible and playing 'Russian roulette' with their babies. We argue that such contradictory representations are grounded in concerns in high income countries such as the USA with the control and surveillance of the female body through discourses of risk and are based on cultural constructions of individualism and intensive mothering.

[Risk: 'I Know It When I See It': How Health and Social Practitioners Defined and Evaluated Living at Risk Among Community-Dwelling Older Adults](#)

Heather MacLeod and Robin L. Stadnyk

Older adults are increasingly choosing to stay and age in their home or other place where they normally live, even when a change in their health reduces their ability to live independently creating concerns about their safety. In this context, community practitioners need to be aware of risk assessment and management strategies as they support their clients' choices when safety is a concern. This requires an understanding of living at risk and an ability to evaluate the client's risk status. This article is based on a qualitative research study in which we interviewed 12 Canadian community practitioners in 2012 and explored how they defined, perceived, assessed and managed risk and how they balanced their client's safety and autonomy. We used a grounded theory methodology to collect and analyse the data. We found that participants tended to define living at risk as *a judgement about a client's impairment within an environment that can cause an event that has an increased potential for a negative consequence*. We also found practitioners evaluated the client's risk by considering seven factors: the client's capacity and their support, the occurrence, imminency and frequency of the event, the severity of the consequences, and the number of other events co-occurring. In this article, we show that practitioners are comprehensive in their evaluation of the client's risk. Although practitioners saw risk and living at risk from a negative perspective, they were able to acknowledge that it could coexist along a continuum from safe to unsafe.

[Enmeshed in Controversy: Claims About the Risks of Vaginal Mesh Devices](#)

Valerie Leiter and Shelley K. White

Urinary incontinence is a hidden, private issue that affects over 40% of women. Its experience has been medicalised, mainly through urogynaecological surgery, more recently using implanted synthetic vaginal mesh. In this article, we analyse the power dynamics at play in the US Food and Drug Administration's public hearings on the regulation of mesh. We use grounded theory to analyse verbatim transcripts of two days' hearings in 2011 of a Food and Drug Administration medical devices advisory panel regarding the risks and benefits of the mesh. Applying the concept of language games to the transcripts, we found that mesh manufacturers and physicians expanded perceptions of the locations of risk, thereby diffusing responsibility for mesh-associated claims of adverse effects. This resulted in 'organised irresponsibility' where accountability for the risks reported by patients was deflected away from the mesh to other

issues such as inadequacies of surgeons' training. Patients in turn questioned the Food and Drug Administration's regulation of mesh safety. In this article, we reflect on the ways in which medical device regulation may become more pressing and contested in the future.

[Framing and Reframing Critical Incidents in Hospitals](#)

Lonneke Behr, Kor Grit, Roland Bal, and Paul Robben

In healthcare systems in high-income countries, critical incidents are increasingly seen as an important indicator of the quality of care. Based on the rationale that there are important lessons to be learnt from mistakes and that insights into critical incidents will help to prevent them from happening again, there is a widespread assumption that conducting inquiries will contribute to improvements in patient safety. In this article, we draw on data from a qualitative comparative case study of three critical incidents in Dutch hospitals in the last decade to examine the ways in which critical incidents are investigated. Through a detailed analysis of the inquiry documentation, we identified four key elements in the inquiry process: how risks were framed and perceived, the type of methods the inquiries used to examine critical incidents, the ways in which inquiries allocated blame and the ways in which they sought to maintain transparency. Drawing on Schön and Rein's work on framing theory, in this article we examined how the key participants in the inquiries framed issues so that they could undertake their work. We found that inquiries are complex processes in which inquiry teams can and do use different frames for deciding who should be involved in the inquiry, what should be discussed, how this should be done and to whom findings of the inquiry should be disclosed. We found that inquiries used professional, managerial or governance frames and sometimes elements of two or more frames coexisted. Within these frames, risk was framed in different ways, leading to different types of actions, involving different groups of actors.

[Journal of the History of Medicine and Allied Sciences](#)

[Diabetes and 'Defective' Genes in the Twentieth-Century United States](#)

Arlene Marcia Tuchman

In the decades following the discovery of insulin, eugenicists grew concerned that more diabetics would survive into their reproductive years and contribute "defective" genes to the gene pool. Insulin

thus came to be seen as both a blessing for the individual and a problem for the future of humankind. Nevertheless, diabetics in the United States were neither prevented nor discouraged from reproducing. I argue that this stemmed from the widespread belief that diabetes was a disease primarily of middle-class whites, who possessed positive traits that outweighed their particular genetic defect. Historians of eugenics have demonstrated convincingly that race and class stereotypes made some populations more vulnerable to coercive eugenic practices. The case of diabetes demonstrates that race and class stereotypes could also confer protection. In the end, possession of a defective gene mattered less than the perception of one's contribution to society.

Medical Anthropology

[Justice at the Margins: Witches, Prisoners, and Social Accountability in Northern Uganda](#)

Tim Allen and Kyla Reid

Recent responses to people alleged to be 'witches' or 'poisoners' among the Madi of northern Uganda are compared with those of the 1980s. The extreme violence of past incidents is set in the context of contemporary upheavals and, in effect, encouragement from Catholic and governmental attitudes and initiatives. Mob justice has subsequently become less common. From 2006, a democratic system for dealing with suspects was introduced, whereby those receiving the highest number of votes are expelled from the neighborhood or punished in other ways. These developments are assessed with reference to trends in supporting 'traditional' approaches to social accountability and social healing as alternatives to more conventional measures. Caution is required. Locally acceptable hybrid systems may emerge, but when things turn nasty, it is usually the weak and vulnerable that suffer.

[Breaking Silences and Upholding Confidences: Responding to HIV in the Lihir Islands, Papua New Guinea](#)

Susan R. Hemer

Various forms of silence are understood to characterize the response to HIV/AIDS in the Lihir Islands in Papua New Guinea. While some efforts have been made to prevent HIV and educate residents, these seem not to have been in proportion to its classification as a high-risk setting for transmission, given social

factors associated with the Lihir gold mine. Confidentiality is both practiced yet critiqued in Lihir as another form of silencing that detracts from efforts to emphasize the serious nature of HIV, promote its prevention, and care for those who live with it. 'Breaking the silence' has come to be seen as key to preventing HIV in Lihir, yet while certain silences are acknowledged, others have escaped scrutiny.

[Securitarian Healing: Roma Mobility and Health Care in Rome](#)

Lorenzo Alunni

Over the last decade, Roma populations in Europe have been the object of strict securitarian policies. The Rome case is particularly interesting due to the continued shift from securitarian to humanitarian discourses and actions led by local institutions. The specific health care system implemented in the legal and illegal Roma camps was one of the tools used. The ethnographic fieldwork behind this article involved following the daily activities of a mobile medical unit dedicated to Roma camps in Rome and monitoring a health care project led by a nongovernmental organization. This analysis focuses on one particular dimension of precarious forms of Roma citizenship that the health care policies have developed to address Roma issues: the international mobility dynamics relating to health issues, which drive subjects into a forced integration of multiple, incomplete, and fragmentary medical approaches.

[Narrating Narcolepsy – Centering a Side Effect](#)

Britta Lundgren

The mass-vaccination with Pandemrix was the most important preventive measure in Sweden during the A(H1N1) influenza pandemic of 2009–2010, and covered 60% of the population. From 2010, an increased incidence of the neurological disease narcolepsy was reported, and an association with Pandemrix was affirmed for more than 200 children and young adults. The parental experience of this side effect provided a starting point for a collectively shaped critical narrative to be acted out in public, but also personalized narratives of continual learning about the disease and its consequences. This didactic functionality resulted in active meaning-making practices about how to handle the aftermath—using dark humor, cognitive tricks, and making themselves and their children's bodies both objects and subjects of knowledge. Using material from interviews with parents, this

mixing of knowledge work and political work, and the potential for reflective consciousness, is discussed.

[Strawberry Fields as Extreme Environments: The Ecobiopolitics of Farmworker Health](#)

Dvera I. Saxton

Based on nearly two years of ethnographic research with farmworkers in California's Pájaro Valley, in this article I build on Olson's idea of "extreme environments." By merging theories of biopolitics and political ecology, or ecobiopolitics, I explore the naturalization of chemically intensive systems of agricultural production and the health consequences they produce for farmworkers. State and industry regimes of agricultural knowledge and practice are designed to control workers and the environment in strawberry fields. They also produce devastating syndemics and chronicities of disease in farmworker bodies and communities. The relationships between health disparities and farmworkers' lifetimes of exposure to toxic pesticides remain underexplored and poorly understood, perpetuating toxic ignorance about the relationships between pesticides and farmworker health. This enables equating worker well-being with industry well-being. Synergies between ethnographic and environmental health research are needed to challenge toxic ignorance, toxic layering, and the invisible harms they produce in agricultural communities.

[Medical Anthropology Theory](#)

[Rethinking the Relationship Between Stress and Resilience](#)

Sarah Fletcher

[Qualitative Cancer Research: Taking Stock, Stepping Further](#)

Susanne Brandner, Yvonne Adam, Sarah Blakeslee, Denny Chakkalalal, Christine Holmberg, Jennifer Kennedy, Martin Schultze, and Weibke Stritter

[Tracing Oncology in Rwanda: Health and Statehood in a Post-Traumatic Context](#)

Darja Djordjevic

[Philosophy, Ethics, and Humanities in Medicine](#)

[An Explanation and Analysis of How World Religions Formulate their Ethical Decisions on Withdrawing Treatment and Determining Death](#)

Susan Setta and Sam D. Shemie

This paper explores definitions of death from the perspectives of several world and indigenous religions, with practical application for health care providers in relation to end of life decisions and organ and tissue donation after death. It provides background material on several traditions and explains how different religions derive their conclusions for end of life decisions from the ethical guidelines they proffer. Methods Research took several forms beginning with a review of books and articles written by ethicists and observers of Bön, Buddhism, Christianity, Hinduism, Indigenous Traditions, Islam, Judaism, Shinto and Taoism. It then examined sources to which these authors referred in footnotes and bibliographies. In addition, material was gathered through searches of data bases in religious studies, general humanities, social sciences and medicine along with web-based key word searches for current policies in various traditions. Results Religious traditions provide their adherents with explanations for the meaning and purpose of life and include ethical analysis for the situations in which their followers find themselves. This paper aims to increase cultural competency in practitioners by demonstrating the reasoning process religions use to determine what they believe to be the correct decision in the face of death. Conclusion Patterns emerge in the comparative study of religious perspectives on death. Western traditions show their rootedness in Judaism in their understanding of the human individual as a finite, singular creation. Although the many branches of Western religions do not agree on precisely how to determine death, they are all able to locate a moment of death in the body. In Eastern traditions personhood is not defined in physical terms. From prescribing the location of death, to resisting medical intervention and definitions of death, Eastern religions, in their many forms, incorporate the beliefs and practices that preceded them. Adding to the complexity for these traditions is the idea that death is a process that continues after the body has met most empirical criteria for determining death. For Hinduism and Buddhism, the cessation of heart, brain and lung function is the beginning of the process of dying—not the end.

[Explaining and Responding to the Ebola Epidemic](#)

Solomon Benatar

The Ebola epidemic in West Africa is not merely a biomedical problem that can be seen in isolation and dealt with only through emergency medical rescue processes. The ethical dilemmas surfaced by this epidemic are also not confined to the usual

micro-ethical problems associated with medical care and medical research. The pandemic, as one of many manifestations of failed human and social development that has brought the world to dangerous ‘tipping points’, requires deep introspection and action to address upstream causal processes.

[Erasing Traumatic Memories: When Context and Social Interests Can Outweigh Personal Autonomy](#)

Andrea Lavazza

Neuroscientific research on the removal of unpleasant and traumatic memories is still at a very early stage, but is making rapid progress and has stirred a significant philosophical and neuroethical debate. Even if memory is considered to be a fundamental element of personal identity, in the context of memory-erasing the autonomy of decision-making seems prevailing. However, there seem to be situations where the overall context in which people might choose to intervene on their memories would lead to view those actions as counterproductive. In this article, I outline situations where the so-called composition effects can produce negative results for everyone involved, even if the individual decisions are not as such negative. In such situations medical treatments that usually everyone should be free to take, following the principle of autonomy, can make it so that the personal autonomy of the individuals in the group considered is damaged or even destroyed. In these specific cases, in which what is called the “conformity to context” prevails, the moral admissibility of procedures of memory-erasing is called into question and the principle of personal autonomy turns out to be subordinate to social interests benefitting every member of the group.

[A Four-Part Working Bibliography of Neurotics: Part 2 – Neuroscientific Studies of Morality and Ethics](#)

Martina Darragh, Liana Buniak, and James Giordano

Moral philosophy and psychology have sought to define the nature of right and wrong, and good and evil. The industrial turn of the twentieth century fostered increasingly technological approaches that conjoined philosophy to psychology, and psychology to the natural sciences. Thus, moral philosophy and psychology became ever more vested to investigations of the anatomic structures and physiologic processes involved in cognition, emotion and behavior – ultimately falling under the rubric of the neurosciences. Since

2002, neuroscientific studies of moral thought, emotions and behaviors have become known as – and a part of – the relatively new discipline of neuroethics. Herein we present Part 2 of a bibliography of neuroethics from 2002–2013 addressing the “neuroscience of ethics” – studies of putative neural substrates and mechanisms involved in cognitive, emotional and behavioral processes of morality and ethics.

[The Right to Health, Health Systems Development, and Public Health Policy Challenges in Chad](#)

Jacquineau Azétsop and Michael Ochieng

There is increasing consensus that the right to health can provide ethical, policy and practical groundings for health systems development. The goals of the right to health are congruent with those of health systems development, which are about strengthening health promotion organizations and actions so as to improve public health. The poor shape and performance of health systems in Chad question the extent of realization of the right to health. Due to its comprehensiveness and inclusiveness, the right to health has the potential of being an organizational and a normative backbone for public health policy and practice. It can then be understood and studied as an integral component of health systems development.

[The Ethics of Animal Research: A Survey of Pediatric Health Care Workers](#)

Ari R. Joffe, Meredith Bara, Natalie Anton, and Nathan Nobis

Pediatric health care workers (HCW) often perform, promote, and advocate use of public funds for animal research (AR). We aim to determine whether HCW consider common arguments (and counterarguments) in support (or not) of AR convincing.

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