

Compared with relevant others,^{2,3} the draft is more comprehensive and makes substantial progress in defining specific professional behaviours. Few as definitively prohibit discussion of individual patients, recommend against anonymity, or require disclosure of conflicts of interest. Because definition of specific behaviours is necessary for medical professionalism,⁴ the specificity of the guidance is a significant achievement that presents an opportunity for nascent research to assess accurately the type, frequency, and magnitude of (mis)behaviour online.⁵ The GMC guidance thus deserves praise, even if disagreement remains about—for example—whether discussion of patients' information online is permissible or necessary to achieve social media's benefits.

Nonetheless, crucial issues remain unaddressed. For instance, "declaration" of conflicts (and not stringent management or elimination) fails to acknowledge how abridged, rapidly disseminated social media content makes disclosure uniquely challenging. Additionally, the GMC, like others, does not recognise or cross-reference health inequalities. Whether social media will exacerbate health inequities within the digital divide remains unknown.

The comment period provided the opportunity to correct, if necessary, overly conservative definitions of specific behaviours (eg, discussing patients' information online); to further specify unclear ones (eg, "you should usually identify yourself"); and to raise additional issues crucial to medical professionalism (eg, health inequalities). The global reach of social media made this opportunity all the more important to physicians worldwide.

I declare that I have no conflicts of interest.

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Health authorities' leadership reduces cholera deaths in Haiti

1.5 years after the first cases of cholera were reported in Haiti, 534 647 people have been infected and 7091 killed.¹

We report on how the motivation and capacity of decentralised health authorities to lead the response and coordination of activities in one department were able to contain quickly a major cholera outbreak and reduce mortality.

Cholera peaked in the northwest department in December, 2010. The capacity to respond to the epidemic was low and case fatality rates exceeded 20% in some areas. A major spike in cases occurred again in July, 2011; 1776 cases of cholera were identified and 1186 patients were admitted to hospital in Port-de-Paix, the major city of the department.

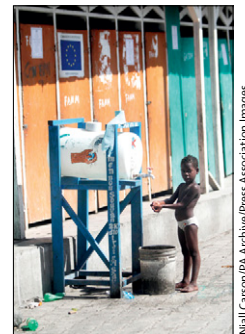
The response to this second peak was swift. A joint effort led by the Ministry of Health and supported by the Inter-American Development Bank, UNICEF, WHO, and Médecins Sans Frontières France helped the two main hospitals of the city to scale up their bed capacity to 250 and 200 from 30 and 20, respectively. Additional health professionals and community health and sanitation agents (*brigadiers*) were hired and social mobilisation and home visits for early identification of cases were

stepped up. Daily coordination meetings chaired by the department's director of health were held to identify needs and available resources for an adequate response, avoid duplication of efforts and activities among partners, and maximise the quality of services. As a result, the number of cases was reduced in 6 days and a low case-fatality rate of 0.8% was noted.

Interviews with 11 key informants revealed several success factors including: strong coordination of partners by the department health authorities; a robust and functional community-based cholera surveillance system; clarification, adaptation, and wide-spread dissemination of treatment protocols including management of dehydration in severely malnourished children; increased awareness of prevention and early case detection of illness in urban and rural communities; installation of new oral rehydration points and cholera treatment units; availability of medicines (including antibiotics and zinc) and supplies; availability of sufficient funds to the department health authorities that could be disbursed immediately without any decision at the central level; a functioning patient transfer system; quick chlorination of water sources; community education campaigns for systematic handwashing with soap; and information on how to get quickly to treatment facilities.

Tackling the cholera epidemic in Haiti effectively requires an accompaniment strategy and a commitment that strengthens local health authorities' capacity and leadership. Until the Government of Haiti is able to ensure this throughout the country, the international community must not withdraw from providing the needed resources and technical support that would make it happen.

We declare that we have no conflicts of interest.



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For the Wellcome Trust data on grant awardees see <http://www.wellcome.ac.uk/Funding/Grants-awarded/index.htm>

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Gender inequality in awarded research grants

Under-representation of women at higher levels of faculty in the biomedical sciences has long been noted.¹ However, whereas differences

in representation in academic sciences are clear, less is known about disparities in important indicators of research success that might partly account for such differences, such as success in obtaining funding.²⁻⁴ For instance, the equity of amounts awarded to male and female awardees has not been assessed.

We used publicly available data from grants awarded from Oct 1, 2000, to Sept 30, 2008, by a major UK biomedical funding body, the Wellcome Trust, to assess grant funding amounts awarded to women versus men. Gender was assigned to each primary recipient on the basis of name, with consensus agreement by GB and NTVD (internet searches resolved disagreements). Data were available on 10283 awards made to 7015 individuals. We compared monetary differences by gender using ANOVA, with adjustment for rank (predoctoral, doctoral, professorial).

Awards ranged from £150 to £16.8 million (mean £281284, SD 7.54). After correction for a main effect of academic rank ($F_{[2, 10283]}=158.97$, $p<0.0001$), there was a significant gender difference, with men awarded on average £44735 more than women ($F_{[1, 10283]}=6.54$, $p=0.011$; figure). We also calculated a yearly rate; a similar pattern was noted for academic rank ($F_{[2, 10250]}=62.93$, $p<0.0001$) and gender ($F_{[2, 10250]}=9.13$, $p=0.003$), with men again awarded more than women.

Our analysis shows that women received smaller grants from the Wellcome Trust, on average, than did men during this period. In the UK, it is unusual for a grant to be awarded for an amount less than that applied for, and previous findings⁵ indicate that success rates for research fellowships and project grants administered by the UK's Wellcome Trust are equivalent for men and women, although fewer women apply for grants than would be expected. Thus, in our opinion, the most likely explanation for the difference in

amounts awarded to women and men is that women are systematically less ambitious in the amounts of funding requested in their grant applications. If we are correct, this represents a potentially modifiable target. Mentors throughout the academic career pathway should ensure that women are as ambitious as men in their outlook, and in their grant proposals; men should be encouraged to be economical when costing such applications.

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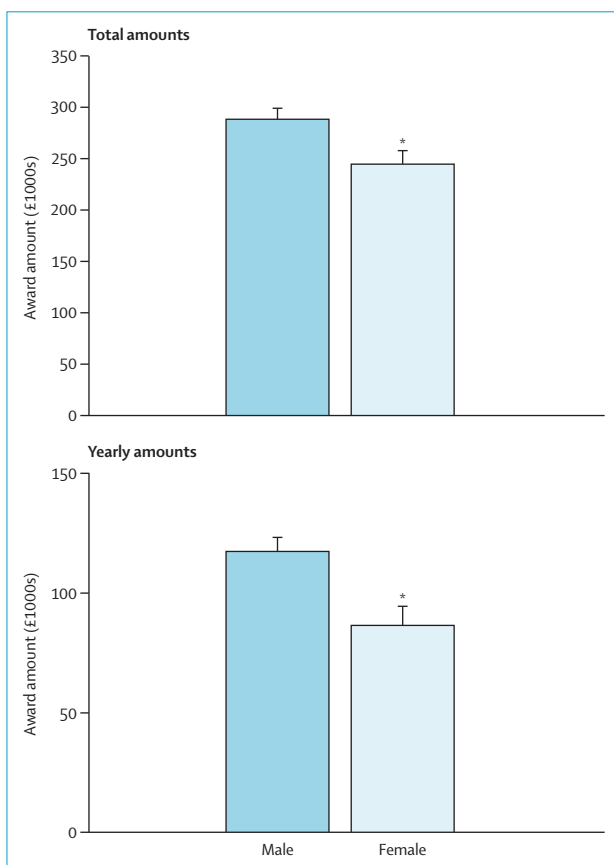


Figure: Wellcome Trust award amounts 2001-08 by recipient gender. Data are marginal means corrected for academic rank (error bars=SE). *Significant difference ($p<0.05$).

Department of Error

Lorenz MW, Polak JF, Kavousi M, et al, on behalf of the PROG-IMT Study Group. Carotid intima-media thickness progression to predict cardiovascular events in the general population (the PROG-IMT collaborative project): a meta-analysis of individual participant data. *Lancet* 2012; **379**: 2053-62. In the Summary of this Article (June 2), the first line of the Findings should have read: "Of 22 eligible studies, 16 with 36 984 participants were included." The Cardiovascular Health Study cohort 1 and cohort 2 should have been subcohort 1 and subcohort 2 throughout. These corrections have been made to the online version as of Aug 3, 2012.