

**Jack D. McCue, Arch Intern Med 1999; 159: 1521**

In 1923, Sigmund Freud, an academic neurologist and the first psychoanalyst, was found to have a malignant oral epithelioma. By 1939, at the age of 83 years, he had endured for many years the necessity of using crude prostheses simply to talk and eat, terrible suffering from more than 30 surgical procedures, repeated courses of primitive x-ray and radium therapy, and disruptions to his life from Nazi persecution. In spite of the suffering from his chronic illness and disrupted professional life, his record of productivity during those 16 years was impressive. When his pain was no longer bearable, however, he asked his physician to honor a long-standing agreement to assist him in preemption of certain death from cancer. We conclude that Freud's choice of what would now be termed *voluntary active euthanasia* is relevant to the ongoing, heated debate over physician-assisted suicide.(...) Just as Freud chose to live as long as life was personally meaningful, and die the death he chose at the hands of his trusted physician, Max Schur, we believe that it is inevitable that more terminally ill patients will demand physician assistance in a quick, controlled, and reconciled death when life's potential has been exhausted and death is imminent.(...)

**Louise B. Russel, New Eng J Med 1998; 339: 1158**

Once viewed as an inevitable consequence of aging, cardiovascular disease is now known to be related to modifiable risk factors, especially smoking, elevated blood pressure, and elevated cholesterol.(...)The issue now is how best to allocate resources among these interventions in order to prevent disease. Antihypertensive drugs, for example, though effective, vary widely in their cost effecti-

veness. Propranolol costs \$20,000 to save a year of life (life-year) for adults 35 to 64 years of age, and captopril costs \$130,000.(...) reductase inhibitors cost \$24,000 per life-year for men 55 to 64 years of age who have several risk factors for heart disease and pretreatment cholesterol levels of 300 mg per deciliter (7.8 mmol per liter), but \$520,000 per life-year for 35-to-44-year-old men with the same pretreatment cholesterol levels and no other risk factors.(...) Smoking-cessation programs are highly cost effective, with costs below \$5,000 per life-year. Put in terms more familiar to those responsible for medical budgets, differences like these mean that \$1 million can yield 200 years of life or only 2 years of life, depending on how it is spent.(...)

**Frank Davidoff, Ann Intern Med 1999; 130: 774**

Putting out a biomedical journal is almost as much a performing art as an intellectual exercise, and an enormously complex one at that. Journals are needed because "one of the strictures of the scientific ethos is that a discovery does not exist until it is safely reviewed and in print". But getting those discoveries safely reviewed and into print in a major journal depends directly on a very large cast of characters: a few editors; some highly sophisticated statisticians; a great many more production and support staff (nowadays including some with high-level expertise in electronic information systems); peer reviewers by the thousands; advertisers by the dozen; an editorial board; and a sponsoring organization, which is usually also the journal's publisher. A vigorous journal of course needs a dedicated readership, and these days a journal also connects in important ways with an ever-expanding array of interested parties, including industry, foundations, government agencies, the media, and the general public.(...)