Combating civilian deaths and restoring health in Iraq

December, 2006, was the bloodiest month in the bloodiest year of the Iraq war, culminating in the 3000th US casualty and the hanging of Saddam Hussein. Yet these two killings, though sadly symbolic in their own ways, are dwarfed by the daily reports of civilian carnage. In today’s Lancet, Gil Burnham and his Iraqi and US colleagues respond to criticisms of their study that estimated 654 965 Iraqi deaths between March, 2003, and July, 2006.

Understandably, no one wants to believe that 2·5% of the Iraqi population has died as the result of an invasion undertaken in the name of each UK and US reader. Riverbend, the Iraqi author of an award-winning blog, Baghdad Burning, speaks of wanting the figures to be wrong: if the estimate is inaccurate, perhaps things are not so bad in Iraq after all. However, there is a difference between wishing the situation was less grave and pretending that it is so. The legacy of such denial has allowed the fabric of Iraq to unravel—a process that will continue until the magnitude of the problem is grasped and effective action is taken to restore stability.

By highlighting indirect post-invasion mortality not measured by other estimates, Burnham and colleagues give voice to thousands of dead Iraqis and show that damage to services that enable public health, such as water, sewers, electricity, and access to hospitals can be just as deadly as car bombs. The Iraqi government and its allies would do well to focus on this infrastructure and on services that promote human dignity and health. Such a commitment to the long-term welfare of the Iraqi people, rather than to short-term political goals, would help to emphasise that health-care workers and other citizens and their families have a stake in building a secure Iraq.

The people of Iraq, not territory or oil, are her most precious asset and will determine her future success. Burnham and colleagues’ study is a reminder that their welfare must be paramount. ■ The Lancet

Ashley’s treatment: unethical or compassionate?

On New Year’s Day, the parents of a severely physically and mentally disabled girl decided to explain in a blog their rationale behind a decision to keep her small and child-like. Ashley, now 9 years old with an estimated mental age of 3 months, underwent high-dose oestrogen treatment, hysterectomy, and breast bud removal to stunt her growth and physical development when she showed the first signs of puberty at the age of 6 years. This treatment, argue the parents, makes it easier for them to care for her, which in turn will mean a much better quality of life for Ashley.

At 1 month of age after a normal pregnancy and delivery, Ashley had presented with signs of hypotonia, choreoathetoid movements, and developmental delay, and was subsequently diagnosed with static encephalopathy of unknown origin. She cannot sit up or change her position, does not speak, and is gastrostomy-tube fed, but reacts to her surroundings by vocalising and smiling. Her parents, who also have two healthy children, describe movingly how she is an integral and very much loved part of their family.

Daniel Gunther and Douglas Diekema published her case in October, 2006, and explained that the Seattle Children’s Hospital’s full ethics committee had given the go-ahead for this treatment, concluding that the benefits to the girl and her parents outweighed the risks. In an accompanying comment, Jeffrey Brosco and Chris Feudtner argue that the real tragedy about such cases is the underlying failure of society to provide adequate social support to carers in an extremely difficult situation. Ashley’s father’s blog contains one very telling sentence in this context: “we tried hard and found it impossible to find qualified trustworthy and affordable care providers.”

So, have these parents and doctors been courageous and compassionate to give this particular girl the best life possible? Or have they violated her human rights and dignity in a misguided attempt to make the best of bad circumstances? There are no easy answers to these questions. But at least this complex situation is now in the public domain to allow a considered debate on how to best help such families. What should not be at issue is the meticulous care Ashley’s doctors have shown in trying to do the best for this young and much-loved daughter of devoted parents. ■ The Lancet