Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

These surveys, although supporting current practice, should be treated with caution: that a principle is supported by the public does not, in itself, make it ethical or legal. Public surveys do not allow for understanding of all the issues, and opinions can change. Furthermore, many people do not support the utilitarian principle and their views cannot be simply discounted.

The transplant clinician therefore has responsibility not only for the patient but also to a wider constituency. Open and educated debate remains the key to ensuring that public confidence remains high and ethical standards maintained.

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Health-care workers in influenza pandemics

The printed journal includes an image merely for illustration

Reuters

With the possible threat of an avian influenza pandemic, the readiness of health services across the world is under the spotlight. Few doubt the critical need for preplanning, and thus agencies across the world are preparing frameworks for response. Drugs have been stockpiled, protocols prepared, and transport limitations outlined. All these plans, however, are contingent on staff.

In a recent survey in Detroit by Charlene Irvin and colleagues,[1] only 50% of health-care workers replied "yes" when asked if they would report to work during an H5N1 avian influenza pandemic in human beings. This proportion is similar to those in a previous influenza survey in Germany[2] and a study on attendance during a hypothetical outbreak of severe acute respiratory syndrome (SARS) in New York City.[3] Plans often account for workers' absence, be it due to illness, attending to relatives, or transport difficulties. However, such a high proportion of doubt in such a critical group seems worrying.

The lead researcher Charlene Irvin speculates that lack of communication is the cause, with open dialogue and an appreciation of risks and protective measures being central to improving attendance. She told *The Lancet*: "This survey suggests that the US Government and the medical community may not be doing a very good job at educating our health-care workers about what measures would be in place to keep them safe." She also pointed out that "83% of the 'maybe' respondents noted that their decision would depend on 'How confident I am that the hospital can protect me'."

But is education necessarily a solution? There is no doubt that doctors and nurses face real risks during infectious epidemics. Examples range from the 1918 influenza pandemic to SARS.[4] Some measures, such as hand-washing, barriers, and protective clothing, can reduce nosocomial infections in pandemic situations.[5] However, the effectiveness of other protective measures has not been validated. Whether oseltamivir, the preferred antiviral, reliably inhibits H5N1 infection is not known,[6] and if it does, resistant strains will surely emerge.[7] Vaccines, meanwhile, are still being developed.

Perhaps the issue is not education, but rather the balance of the inescapable human desire for the preservation of self and family, and an indefinable feeling of duty, altruism, and heroism. We lack coherent ethical guidelines on behaviour in such situations.[8] Human nature is unpredictable, especially under intense pressure. But one thing is certain: if a pandemic occurs, some staff will not attend. We need to educate our workforce, estimate the proportion that will attend, and

make plans that use the available staff efficiently and effectively.

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The Wakley Prize 2007

In her recent book, *At Large and at Small: Familiar Essays*, Anne Fadiman has brilliantly dusted off a literary form that was once widely practised. The heyday of the "familiar essay" was the 18th and 19th centuries, and perhaps its most famous practitioners were William Hazlitt and Charles Lamb. Their writings were neither strictly critical nor purely personal, but, as Fadiman puts it, equal measures of brain and heart, in a style at once invigorating and intimate. "The familiar essayist", she writes, "didn't speak to the millions; he spoke to one reader, as if the two of them were sitting side by side in front of a crackling fire with their cravats loosened, their favorite stimulants at hand, and a long evening of conversation stretching before them. His viewpoint was subjective, his frame of reference concrete, his style digressive, his eccentricities conspicuous, and his laughter usually at his own expense."[1] The crux of the familiar essay is a subject about which the writer is well-acquainted and passionate.

This year's Wakley Prize will be awarded, we daresay, to a contemporary Hazlitt, Lamb, or Fadiman. The prize is given annually to the best essay on a clinical topic of international health importance. Previous winners, from places as far-flung as Malawi, Kenya, the Netherlands, London, and Philadelphia, have described their own and their patients' stories of illness; the hard realities of medicine's collision with economics, politics, and geography; and the ravages, mysteries, and lessons of age, health, and disease.[2–6] The range of topics is broad by design, but the product should speak to both brain and heart, in engaging and elegant prose.

Essays must not exceed 2000 words, and must be submitted before Oct 31, 2007. The winner, as determined by *Lancet* editors (who will judge the entries with authors' identities blinded), will receive £2000 and publication in the final issue of the year. The contest is open to anyone working or training in a health-related field. Essays must be submitted through *The Lancet*'s electronic submission system, with Wakley Prize essay specified as the article type. You may or may not be wearing a cravat, whether loosened or tight, and we naturally forbear to recommend a stimulant of any sort, but we do look forward to a thought-provoking and stimulating conversation.

To **submit an essay** go to http://ees.elsevier.com/thelancet/default.asp

Faith McLellan
The Lancet, New York City, NY, USA

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