



8.5 million people provided informal care in 2000, 3.4 million of whom cared for people over 65 years.⁶ This is a huge economic investment and these people do not appear in any economic balance sheet. Furthermore, as the retirement age increases and people have to work longer hours, this social capital will soon reach its limits. And with the crisis in pensions, there will be less money for people to buy additional care.

In the United Kingdom, an estimated 3.5 million more carers will be needed by 2037 to care for those aged 75 and over.⁷ Robine and colleagues, in their proposed four age model, introduce the concept of the oldest old support ratio. They make the assumption that the “sandwich age cohort”—the young retired—will care for the oldest people. The statistical model is attractive and is one measure of the burden of caring.

What this paper cannot tell us is if this generation will be around to help, or indeed, will be willing to help. The responsibility usually falls to families first of all, and the reality is that the carer is usually a daughter or daughter in law. But women have changing aspirations, and geographical and social mobility together with household

restructuring mean that families are increasingly fragmented. Hundreds of miles often separate parents and children. If no family is available there are two alternatives: neglect or formal care.

Robine and colleagues are right to argue that policy makers need to anticipate trends in the number of oldest people. Demand for care is not about age in itself, and they point out that their cut off age of 85 and above is arbitrary. Forecasting care needs has less to do with how old people are than with who they are and how old they will be when they are expected to die. Major differences in rates of mortality and morbidity still occur between groups—for example, according to social class, sex, ethnic origin, and geographical region—and the oldest people in each group will vary in age. Those most in need of care will need care at an earlier age.

These problems are important not only in Switzerland and the United States but also in the UK and most Western states where life expectancy is increasing. Social change and economic wellbeing mean that wealthy countries have postponed their healthcare liabilities until later. First world countries have swapped infant mortality and childhood illness for the burden of care of the elderly. Caring for the oldest old is the price of affluence.

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Reed Elsevier's arms trade

Scientific communities must work together to prevent the sale of arms

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In a recent editorial in the *Journal of the Royal Society of Medicine*, Richard Smith drew attention once again to the paradoxical and disturbing association between Reed Elsevier, a huge global publishing company, and the international arms trade.¹ While promoting world health through its publications, including the *Lancet*, Reed Elsevier also organises international trade fairs for the arms industry. By facilitating the sale of armaments, Reed Elsevier is directly implicated in causing untold damage to health. This hypocrisy is well illustrated by Smith's “absurd” example of an imaginary tobacco company that publishes health journals to increase tobacco sales. Sadly, his example is neither absurd nor imaginary. In 2005, an article in the *Lancet* reported undisclosed relations between the tobacco industry and the health related journal *Indoor and Built Environment*.²

Reed Elsevier's purpose in publishing the *Lancet* and other health related journals is not to covertly support arms trade revenues. Reed Elsevier, like any other company, aims to make money through business activities that have diversified over time. But its activities in organising exhibitions for the arms trade are only a small part (we believe about 1%) of its turnover. Why would Reed Elsevier risk alienating the essential part of its money making business—the health, science, and education sector—to allow a continued association with a much smaller asset—the arms trade?

For alienation is what's happening. In the short term, the publicity surrounding this controversy may be good for Reed Elsevier, if all publicity really is good publicity. In the long term, however, the consequences of the debate could be disastrous for the company's reputation



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and profits, and, if journals do more good than harm, for world health.

In September 2005, when the *Lancet* first highlighted Reed Elsevier's links with the arms trade, there was an appropriate outcry from the journal's international advisory board and global opinion leaders.^{3,4} More recently, condemnation of Reed Elsevier has come in a letter to the *Times* signed by 140 prominent academics,⁵ in rapid responses to a *BMJ* news article,⁶ and via an online petition that has collected approaching 1000 signatures (<http://idiolect.org.uk/elsevier/petition.php>).

This continued and growing negative publicity could have several possible effects. The inevitable damage to Reed Elsevier's global corporate reputation will probably lead to lost business opportunities and thus reduced profits. Damage to the reputation of Reed Elsevier publications, such as the *Lancet*, may lead to fewer high profile submissions, for which journals fiercely compete, and so a reduction in essential revenue derived from the sale of reprints. Furthermore, damage to the reputations of health journals including the *Lancet* could have a negative impact on global health, which these journals strive so hard to improve.

It has not been a straightforward decision to speak out directly on this issue. The *BMJ* is often seen as being in competition with the *Lancet* and might be seen to be cashing in on the *Lancet*'s discomfort. But the *BMJ* has no wish to see the *Lancet* diminished. The two publications are in many ways complementary, and together they represent important evidence of the continuing influence of British publishing and science around the world. Collaborations between the *BMJ* and the *Lancet* have repeatedly helped raise awareness of important issues in health care and research,⁷⁻¹⁰ and more are planned. Anyone interested in global health should want the *Lancet* to continue to thrive unhampered by such disastrous bedfellows. As Smith says in his recent rapid response to a *BMJ* news article on this subject, "Are people not bothered or are they scared to speak up? Or perhaps people think that it would be disloyal to the journals, which include the *Lancet*. If people are

wary of being disloyal I urge you not to be. You do nothing but good for the *Lancet* and the other journals by speaking up."⁶ So the *BMJ* joins the *Journal of the Royal Society of Medicine* in calling for action against Reed Elsevier.

The scientific and health communities with which Reed Elsevier is linked in a symbiotic relationship have a clear opportunity to exert their influence. As a group, these communities have the power to influence corporate strategy. They must sign petitions such as the one identified here, the societies for which Reed Elsevier publishes journals must look for alternative publishers, and editors of journals must express their disgust at the company's arms trade activities through collectives such as the World Association of Medical Editors (<http://www.wame.org/>). Furthermore, academic and industry funded researchers should now agree not to submit their high profile randomised control trials to Reed Elsevier journals until links with the arms trade are ended. They should make these decisions public, thus ending their tacit support for the company's links with the arms trade. Direct loss of revenue in this way would quickly identify to Reed Elsevier that the scientific world will no longer tolerate its warmongering and health damaging business activities.

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