



Sespe, Je suis fier de dire que
+ l'Etat!
et de passer à la barre
de l'Etat pour l'Etat.
C'est la justice.
Claude

White & Black
Blue

Hainbourg
1991

Joseph Böwag
1896 - 1971

COMPLICATION RATES

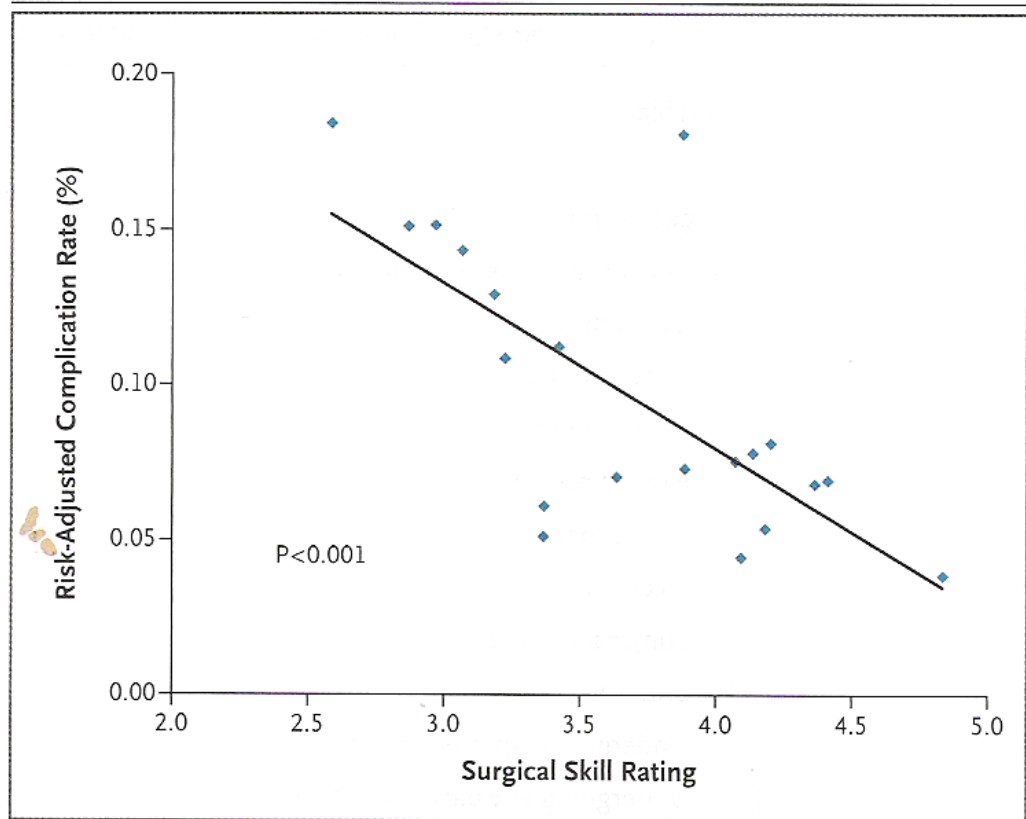
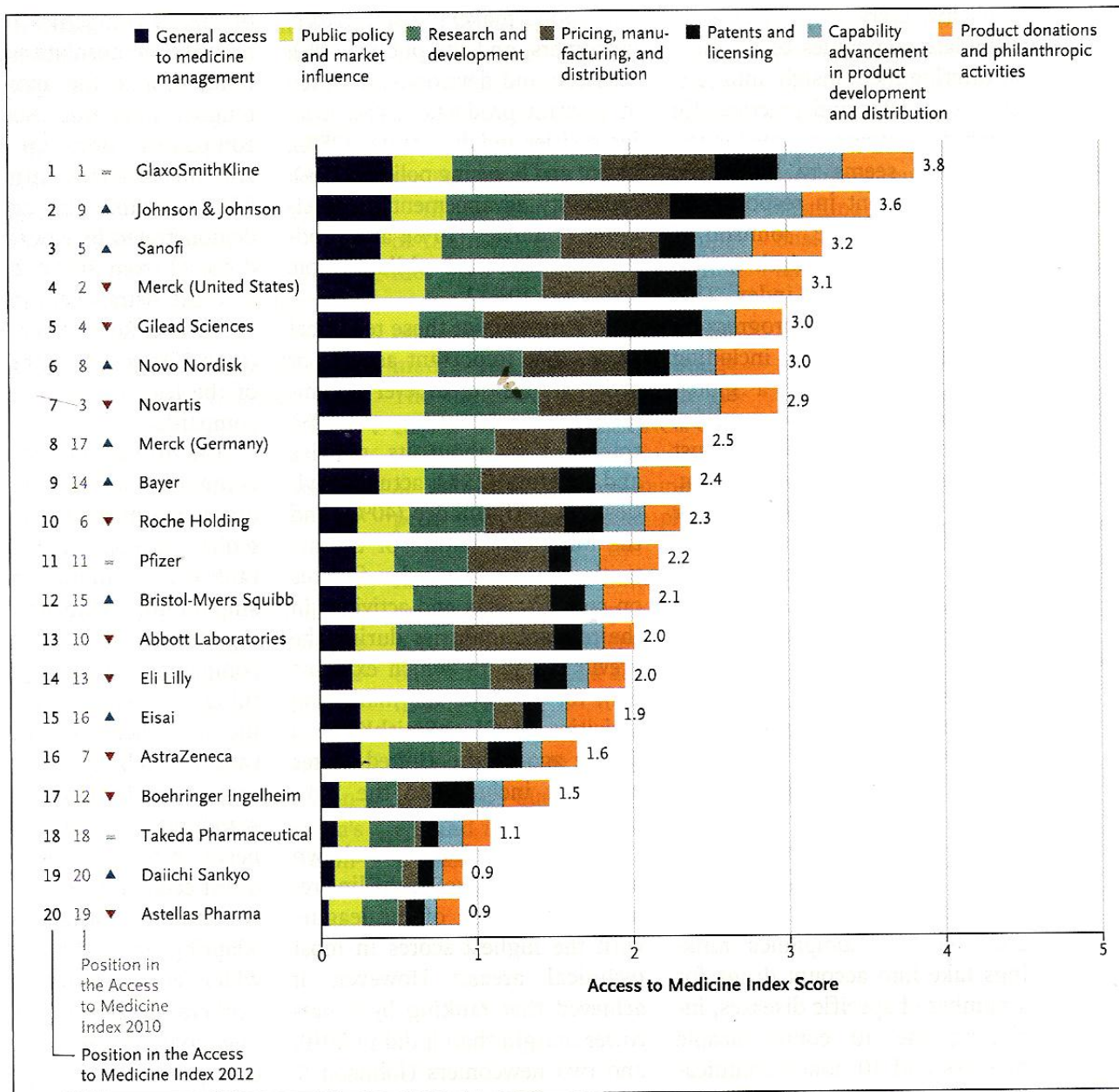


Figure 1. Relationship between Summary Peer Rating of Technical Skill and Risk-Adjusted Complication Rates after Laparoscopic Gastric Bypass. Each diamond in the scatter plot represents 1 of 20 practicing bariatric surgeons.

NEJM 20131010

(Fig. 1) The 5 surgeons in the bottom quartile

NEJM 20130905



Access to Medicine Index 2012 Rankings of the World's 20 Largest Research-Based Pharmaceutical Companies According to Their Efforts to Make Their Products More Available, Affordable, and Accessible in Developing Countries.

Company scores range from 0 (lowest) to 5 (highest) and are based on a weighted average of scores on 101 indicators. The indicators are divided into seven technical areas (shown in different colors); within each technical area, four aspects of implementation are measured.

Can England's NHS Survive?

Nicholas Black, M.D.

The past few months have witnessed the most intense and prolonged criticism of England's National Health Service (NHS) in its 65-year history. Some critics have suggested that the NHS faces

a crisis that can be resolved only by altering the fundamental principle on which it was founded — provision of funding from general taxation, with care being free at the point of use. Although the criticism was sparked by a February report on an inquiry into shortcomings at one hospital,¹ the problems originated in 2010, when two profound forces were unleashed on the NHS: public-sector financial austerity and administrative reorganization. Together, these three factors have created the current turmoil.

Never before has the NHS had to cope with no increase in funding for a sustained period. With rising demand, the NHS is required to improve its productivity at an unprecedented rate of 4% per year.² The government is convinced that to achieve this

improvement, two fundamental changes are needed.

The first concerns the local commissioning organizations that are responsible for purchasing hospital and community services for their geographically defined populations of 200,000 to 1 million people. The 151 existing administrative bodies called Primary Care Trusts, which were led by nonclinical managers, have been replaced by 212 Clinical Commissioning Groups that are led by primary care doctors (general practitioners [GPs]) who, the government believes, will be more effective in controlling the use of the £60 billion (approximately \$90 billion) spent on secondary and community care services. (Spending on tertiary care — £20 billion [\$30 billion] — will be managed at a national

level by a new entity called NHS England.) The second means of achieving better productivity is by increasing the competition among providers of hospital and community services through the greater use of non-NHS providers (including private for-profit, not-for-profit, and charity or volunteer organizations).

Prolonged financial stringency and a reorganization were challenging enough without a high-profile report suggesting that NHS hospitals may not be safe.¹ The Francis Report on the inquiry into the Mid Staffordshire NHS Foundation Trust told a sad and troubling story of a hospital in which the humanity of care in some wards was appalling and in which the proportion of deaths deemed avoidable may have been higher than the 5% observed elsewhere in England and in other high-income countries. Despite uncertainty about the appropriateness of allowing public inquiries to influence policy,³ the government has responded by announcing sever-

The Thousand-Dollar Pap Smear

Cheryl Bettigole, M.D., M.P.H.

The first time a patient called me to say that she'd been billed more than \$600 for her Pap smear, I was sure it was a mistake. The second time, I was less sure, and these days I am no longer surprised to find laboratory charges of \$1,000 or more for a test that until recently cost only \$20 or \$30.

Cervical-cancer screening is

one of the 20th century's true public health successes. The incidence of a disease that once caused more deaths among American women than any other form of cancer has decreased dramatically since the introduction of routine Pap smears in the 1970s. In the modern era, most deaths due to cervical cancer occur among women who have never

been screened or who have gone decades without screening. One of the main factors in helping to conquer this once-dreaded disease has been the availability of a cheap, effective screening test that can detect disease early, while it's still very treatable. Yet increasingly, in my roles as the chief medical officer of a community health center and as a family

NEJM 20130718

Tobacco Use among Homeless People — Addressing the Neglected Addiction

Travis P. Baggett, M.D., M.P.H., Matthew L. Tobey, M.D., and Nancy A. Rigotti, M.D.

Although the prevalence of smoking in the United States has declined, vulnerable and marginalized groups continue to use tobacco at high rates. One such group is the 2.3 to 3.5 million people nation-

wide who are homeless in any given year. Approximately three quarters of homeless adults are cigarette smokers¹ — a prevalence 4 times that in the U.S. adult population and 2.5 times that among impoverished Americans in general. The coexisting psychiatric and addictive conditions and life circumstances of homeless smokers have long fueled a fatalistic attitude among health care professionals toward addressing tobacco use in this population. We believe that this approach should change.

Smoking-related deaths among homeless and marginally housed people occur at double the rate

seen among more stably housed people and account for a considerable fraction of the absolute mortality disparities between these groups.² In our study of more than 28,000 adults seen at the Boston Health Care for the Homeless Program in 2003 through 2008, cancer was the second-leading cause of death overall and the leading killer among adults 45 years of age or older. Malignant neoplasms of the trachea, bronchus, and lung caused more than one third of these deaths, a finding that underscores the excess burden of lung-cancer mortality in this population that has been documented elsewhere.²

Studies have also shown higher rates of death due to circulatory and respiratory diseases among homeless people than among people with homes.

A number of factors create challenges for reducing tobacco use and its consequences in this population. Homeless smokers have a high burden of nicotine dependence, psychiatric symptoms, and coexisting substance-use disorders.³ They are more likely than homeless nonsmokers to have experienced physical or sexual trauma.¹ Many homeless people lack health insurance and a usual source of care, which limits their access to smoking-cessation therapies.

The circumstances of homelessness add to these barriers. Whereas most homeless shelters no longer permit smoking indoors, smoking around shelters is com-

NEJM 20130801

Toward Patient-Centered Drug Development in Oncology

Ethan Basch, M.D.

As an oncologist, when I sit with patients to discuss starting a new chemotherapy regimen, their first questions are often “How will it make me feel?” and “How did patients like me feel with

this treatment?” Regrettably, this information is generally missing from U.S. drug labels and from published reports of clinical trials — the two information sources most commonly available to people trying to understand the clinical effects of cancer drugs.

In 2011, 15 hematology–oncology drugs were approved by the U.S. Food and Drug Administration (FDA). In only one case — that of ruxolitinib for the management of myelofibrosis — was symptom information included in the portion of the label that manufacturers can legally use for marketing purposes. In fact, ruxolitinib was the first cancer therapeutic in more than a decade for which symptom information was included in a U.S. drug label.

Cancer-drug labels stand in

sharp contrast to labels for other types of drugs, about 25% of which list the drugs’ effects on patients’ symptoms or functioning.¹ That disparity is surprising, given how common symptoms and functional impairment are in patients with cancer and how toxic oncology drugs can be.

The FDA has taken several recent steps toward encouraging inclusion of the patient perspective in drug development. It issued highly influential guidance on the use of patient-reported outcomes (PROs) in drug development,² collaborated with the Critical Path Institute and industry to form the PRO Consortium with the aim of developing robust symptom-measurement tools, and obtained support from Congress in the fifth reauthorization of the Prescription

Drug User Fee Act (PDUFA) to expand its internal expertise on the methodology of measuring PROs. (Unfortunately, allocated PDUFA funds have been withheld, which substantially impairs the FDA’s ability to implement planned patient-centered programs.)

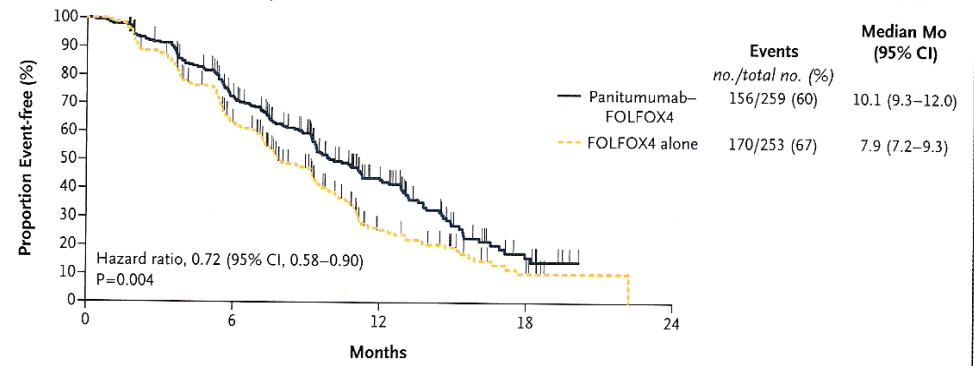
These FDA efforts are evident in the ruxolitinib label and in the label for abiraterone acetate, approved this year for metastatic prostate cancer, which describes beneficial delays in time to the development of pain and the need for opioid use. Yet in preapproval trials in patients with cancer, symptom or functional-status evaluations that meet the FDA’s standards remain rare.

Some experts have argued that the FDA has raised the methodologic bar too high, whereas others accuse the pharmaceutical industry of paying too little attention to patients’ experiences. The bottom line is that both regulators and industry continue to prioritize survival-based end points rather

NEJM 20130912

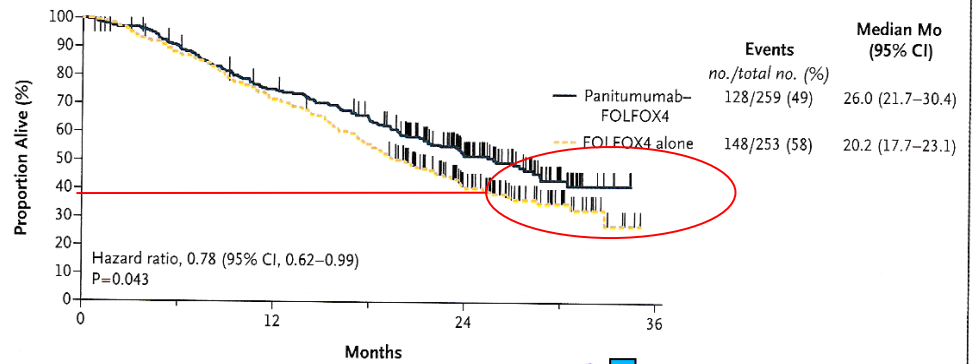


A Progression-free Survival in the Primary-Analysis Population



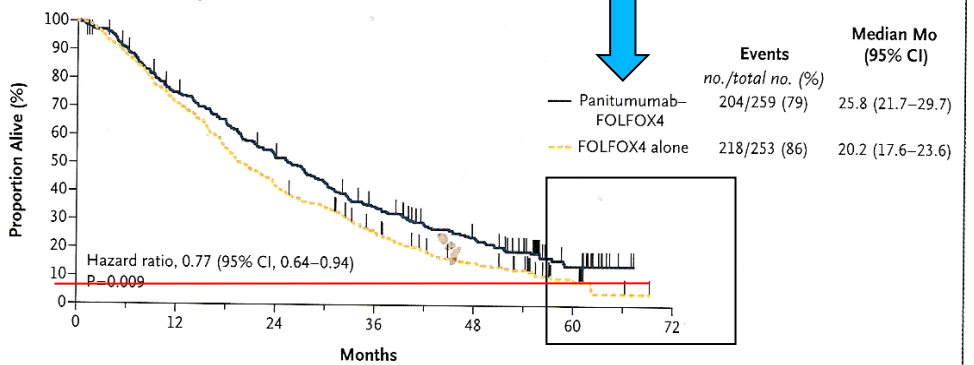
No. at Risk		0	6	12	18	24
Panitumumab-FOLFOX4	259	171	65	10		
FOLFOX4 alone	253	140	31	7		

B Overall Survival in the Primary-Analysis Population



No. at Risk		0	12	24	36
Panitumumab-FOLFOX4	259	189	88	0	
FOLFOX4 alone	253	174	65	0	

C Overall Survival in the Updated-Analysis Population



No. at Risk		0	12	24	36	48	60	72
Panitumumab-FOLFOX4	259	189	129	83	49	14		
FOLFOX4 alone	253	176	104	60	30	8		

Figure 2. Kaplan-Meier Estimates of Progression-free Survival in the Primary-Analysis Population and Overall Survival in the Primary-Analysis and Updated-Analysis Populations, According to Treatment Group.

Elizabeth G. Phimister, Ph.D., *Editor*

Mapping the Journey to an HIV Vaccine

Margaret Ackerman, Ph.D., and Galit Alter, Ph.D.

“Universal” vaccines that elicit cross-reactive and broadly neutralizing antibodies (bNABs) are the ultimate goal of efforts to provide protective immunity against both the influenza virus and the human immunodeficiency virus (HIV). Infection with either virus leads to the induction of abundant strain-specific antibodies that are easily evaded by subsequent viral variants. However, the circulating diversity of HIV is greater than that of influenza by orders of magnitude, posing a tremendous challenge to the achievement of vaccine-mediated protection.

New hope for a universal sterilizing HIV vaccine arose several years ago with the evidence that bNABs emerge in 10 to 30% of infected persons.¹ Because these bNAB responses typically appear after 2 to 3 years of infection, they fail to control established infection: the kinetics of the evolving B-cell response lag behind the rapidly diversifying virus, and they cannot “catch up” to control established infection. However, these bNABs have provided protection from infection at remarkably low doses in animals, suggesting that vaccine-induced bNABs could provide sterilizing immunity if they were present before infection. Translating our current knowledge of bNABs into a vaccine remains a daunting challenge, since the mechanism by which such antibodies are induced remains enigmatic.

As compared with other antibodies, bNABs have unusual characteristics, including odd physical structures (e.g., elongated antigen-binding loops) and remarkably high levels of mutation

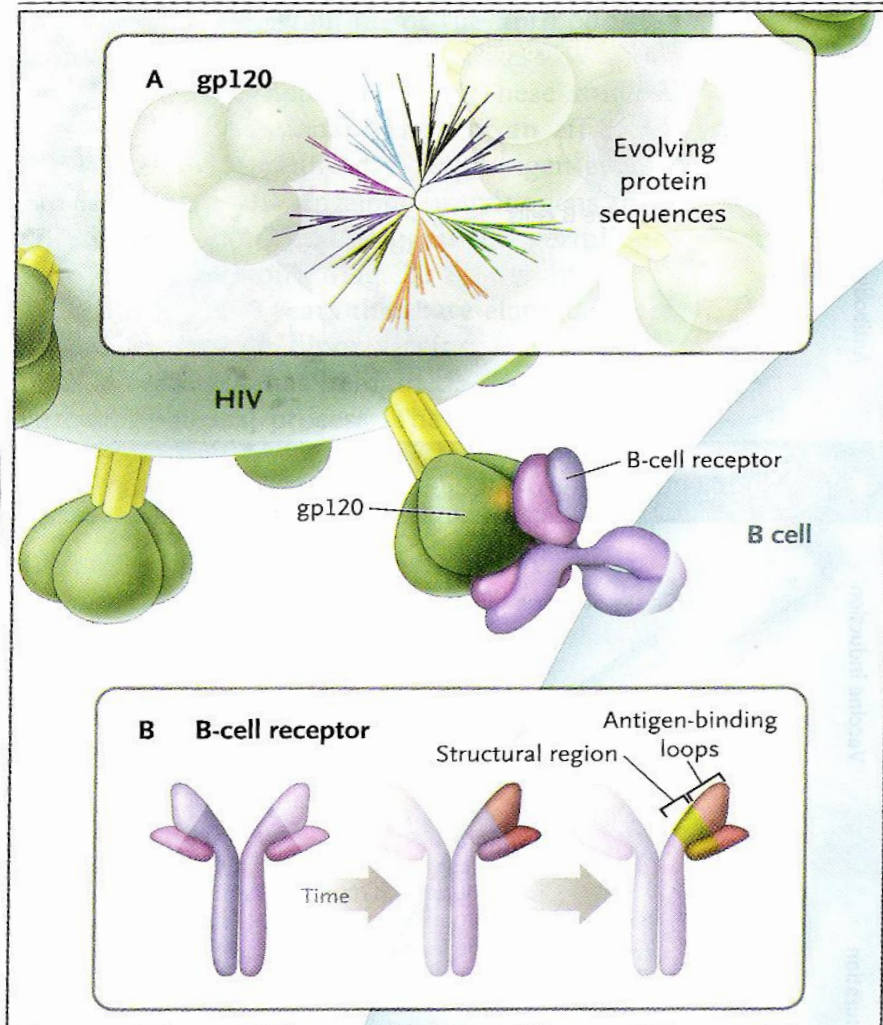
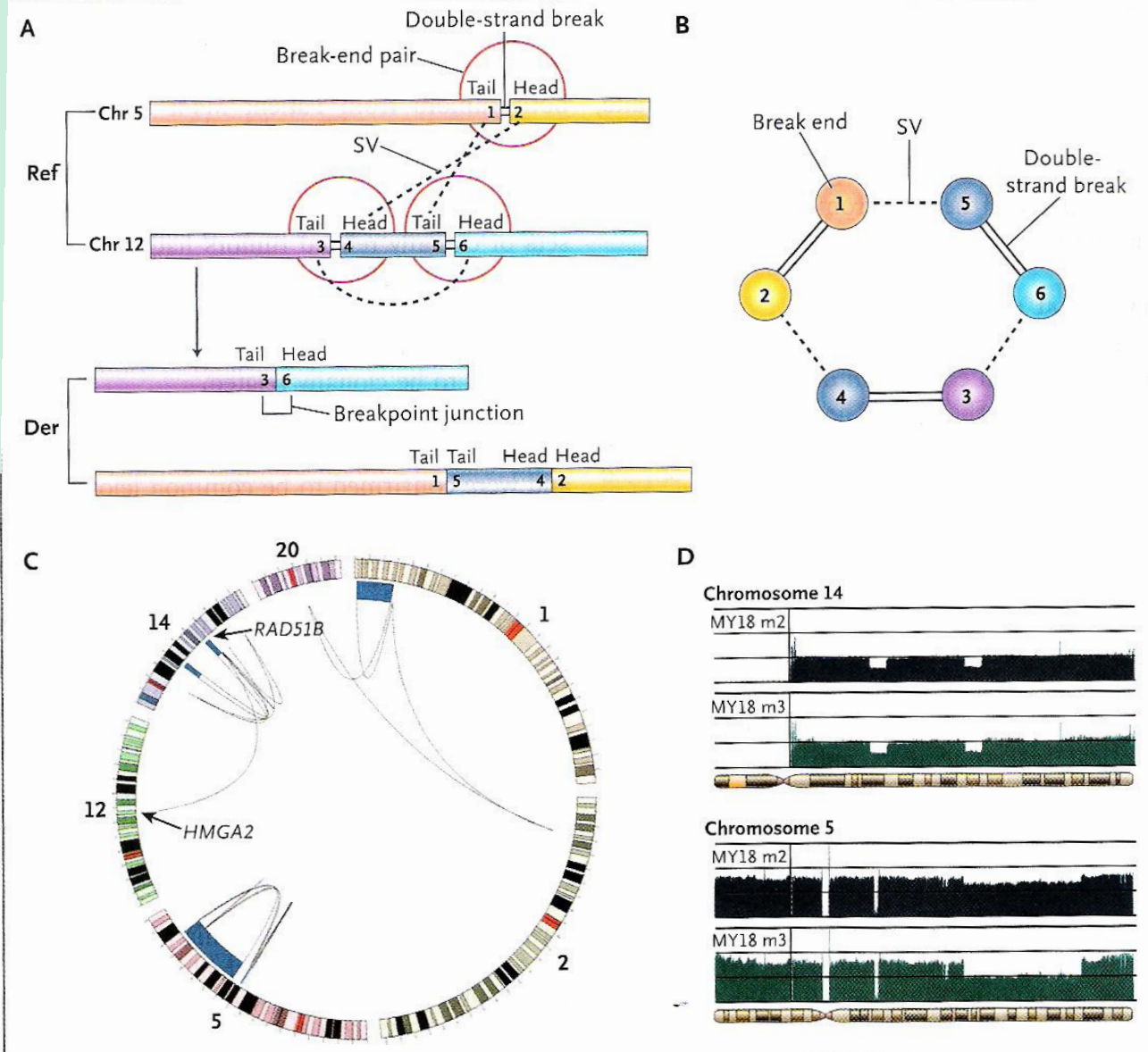


Figure 1. The Coevolution of Virus and Antibody.

Given that the B-cell receptor is simply a membrane-bound antibody, Liao et al.³ hypothesized that the parallel sequencing of B-cell receptors and viral diversity could elucidate the interplay of host and pathogen, evasion and adaptation, that resulted in a broadly neutralizing antibody. Specifically, as the virus evolves (Panel A), so does the B-cell receptor (Panel B), resulting in point mutations initially in the antigen-binding domain but eventually in

NEJM 20130704





Lery Gainsbourg
1928 - 1991
Merci
Musique
Ls+J

Olga et Joseph
Gainsbourg

1985



Dr L. Alexandre

Nano Bio Informatique Cognitive....

NBIC

<http://vimeo.com/8424976>

Les gènes qui gênent..

<https://www.youtube.com/watch?v=HPIHLAS4gCU>

Force-Feeding, Autonomy, and the Public Interest

Michael L. Gross, Ph.D.

Hunger striking is a nonviolent act of political protest. It is not the expression of a wish to die, nor is it akin to the decision of a terminally ill patient to discontinue food and fluid intake. Rather, it is brinkmanship. Faced with hunger-striking detainees, prison authorities have three choices: force-feed the hunger strikers, let them die, or accede to their demands.

As the World Medical Association (WMA) suggests, most bioethicists unequivocally oppose force-feeding. Enteral feeding through a nasogastric tube while a detainee is strapped to a chair violates a mentally competent patient's right to refuse treatment and is physically violent.¹ The WMA is less categorical about artificially feeding unconscious or delirious hunger strikers through their abdominal wall. Under these

circumstances, physicians may permissibly weigh their patient's best interests and prior expressions of intent before deciding about continued treatment.

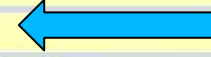
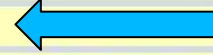
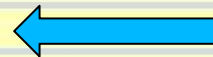
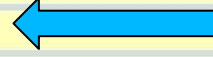
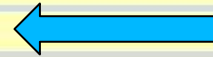
Physicians who care for hunger-striking detainees weigh autonomy and best interests; rarely must they consider security interests. Local authorities, however, do not have this prerogative. Whereas bioethicists are keen to uphold autonomy and avoid force-feeding, public officials are bound to maintain public order and prevent the deaths of detainees. Those responsibilities leave officials only two choices: forced or artificial feeding, or accommodation. Accommodation deserves first consideration because it may be a reasonable choice. Faced with hunger-striking Palestinian detainees in 2012–2013, for example, Israeli officials satisfied

some prisoners by improving prison conditions or modifying their prison terms. Similarly, the Turkish government met some hunger strikers' demands last year. In each case, the hunger strike ended. Strikers played their hands deftly, carefully choosing realistic aims and employing nonviolent protests to gain symbolic but important concessions. Local medical organizations also played a role: the Israeli Medical Association instructed its members to comply with WMA guidelines, thereby pushing public officials to earnestly explore accommodation.²

The situation at Guantanamo deserves similar creativity. The detainees' demands are not monolithic. Prisoners who are cleared for release require expedited repatriation, whereas others may be satisfied with customary legal proceedings, better prison con-

Dossier médical	Dossier infirmier	Dossier social	Diététique	Dossier admin
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07051	Hépatite C aiguë sans mention de coma hépatique				1	+	↑
07051	Hépatite C aiguë sans mention de coma hépatique				1	+	↑
2819	Anémie par carence, sans autre précision				1	+	↑
2819	Anémie par carence, sans autre précision				1	+	↑
30400	Dépendance d'opiacés, nature non précisée				1	+	↑
30401	Dépendance d'opiacés, continue				1	+	↑
30403	Dépendance d'opiacés, en rémission				1	+	↑
30403	Dépendance d'opiacés, en rémission				1	+	↑
30431	Dépendance de cannabis, continue				1	+	↑
3051	Abus de tabac, tabagisme				1	+	↑
30511	Abus de tabac, tabagisme, continu				1	+	↑
30583	Abus de médicament antidépresseur, en rémission				1	+	↑
311	Troubles dépressifs, non classés ailleurs				1	+	↑
311	Troubles dépressifs, non classés ailleurs				1	+	↑
49120	Bronchite chronique obstructive, sans exacerbation				1	+	↑
5070	Pneumonie par inhalation d'aliment ou de vomis ...				1	+	↑
57420	Lithiase vésiculaire, sans cholécystite, sans ...				1	+	↑
5758	Affection de la vésicule biliaire, autre				1	+	↑
64761	Grossesse et maladie virale, autre, accouchée, ...				1	+	↑
65551	Grossesse et intoxication médicamenteuse présumé ...				1	+	↑
78001	Coma				1	+	↑
8912	Plaie de genou, jambe et cheville, avec lésion ...				1	+	↑
9560	Traumatisme de nerf sciatique				1	+	↑
9670	Intoxication par barbiturique				1	+	↑
9670	Intoxication par barbiturique				1	+	↑
9670	Intoxication par barbiturique				1	+	↑
9679	Intoxication par sédatif et hypnotique, sans a ...				1	+	↑
9690	Intoxication par antidépresseur				1	+	↑
9694	Intoxication par tranquillisant à base de benz ...				1	+	↑
F9501	Tentative de suicide par barbiturique				1	+	↑



UK carers suffering due to lack of support

Carers Week 2013 10th – 16th June - Prepared to Care?

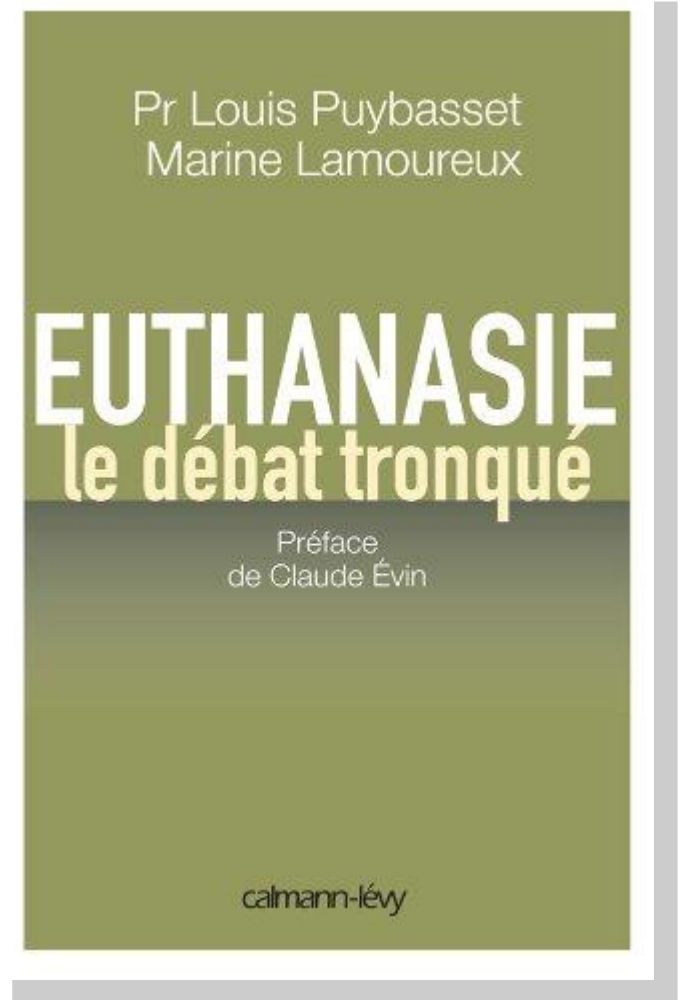
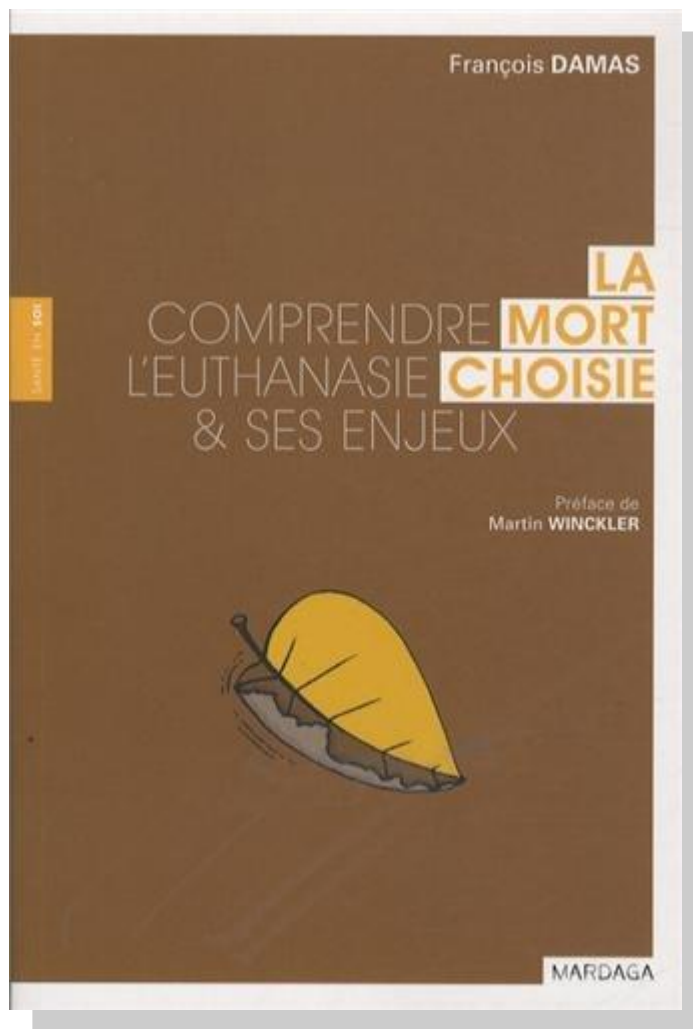
New research from Carers Week of over 2,100 carers has revealed that carers are being woefully let down by a lack of support when they first take on a caring role. The findings from the report, **Prepared to Care?** show that support is not being made available to new carers with often devastating consequences.

Released to coincide with the launch of Carers Week 2013, the findings show that **75% of carers were unprepared for all aspects of caring**. A further **81% of carers say they were not aware of the support available¹** and **35% believe they were given the wrong advice about the support on offer²**.

Impact of caring

The survey shows that carers often struggle to balance work and their caring responsibilities, with **45% of carers** saying they had to give up work.

The results also highlight how carers' physical, emotional and mental wellbeing can suffer. **61% of carers** have experienced depression and **nearly all carers surveyed (92%)** say they feel more stressed because of their caring role



Richard
L. BRANDT

AMAZON



Les secrets
de la réussite de
Jeff Bezos

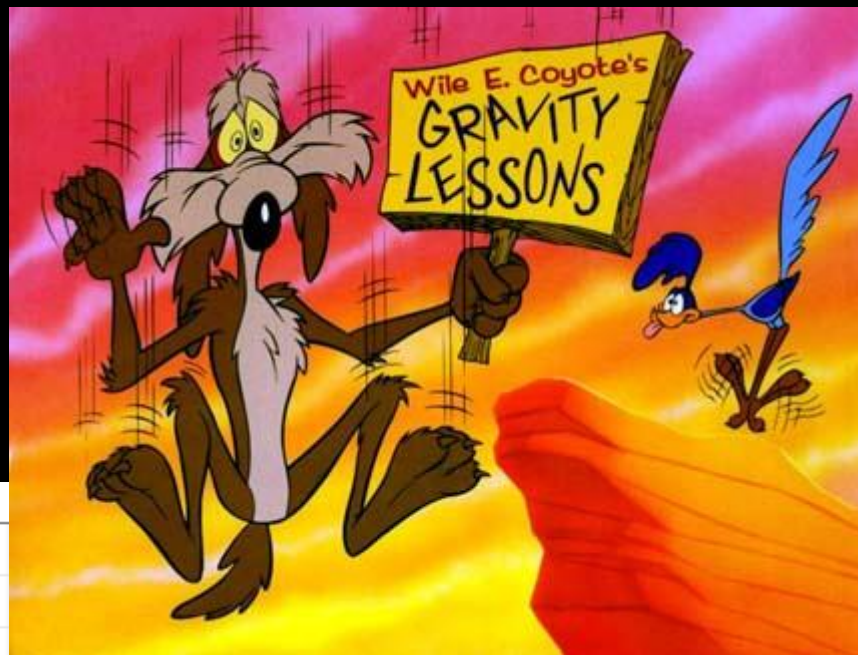
Préface de Stéphane Distinguin

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Préface de Stéphane Distinguin

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Rechercher

- Mana Joao Pires - Mozart: ...
- Jean Ferrat - Ferrat Chant...
- Orquesta Tipica Victor - Ta...
- Trevor Pinnock - Bach: Bra...
- Schubert: Late Piano Sonatas
- Handel Keyboard Suites, Vo...
- Carlos Gardel - Silencio
- Anibal Troilo par Hartmut Le...
- Classical par Nick Kyndt 3
- Clásica par Alejandro ... 12
- Beethoven: Complete Piano...
- Bach: The Complete Orches...
- Musiques de films
- Tango lento
- Ambiance
- Variétés françaises
- Slows
- Yves Couvreur Classi...**
- Sélection par Bernard Vand...
- Tango vals
- Music for a milonga
- Colette
- Slows
- Variétés
- Variétés Sélection
- Tango milonga
- Rock pop
- Tango tango



Yves Couvreur Classics

par vous

Avec: Wolfgang Amadeus Mozart, Alexander Stevenson, Daniel Barenboim, Ian Hobson, Johann Sebastian Bach, Various Artists, Franz Schubert, Murray Perahia

21 Abonnés

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Disponible hors connexion 1,524 Titres (176h)

	Titre	Artiste	Durée	Album	Ajouté	Par
★	Grande Messe en Ut Mineur, K. 427: II. Gloria. Qui T...	Wolfgang Amadeus M...	6:22	Mozart: Grande Messe e...	2013-04-07	Yves Couvreur
★	Grande Messe en ut mineur, K. 427 : Et incarnatus est	Alexander Stevenson, B.	8:43	Mozart : Grande Messe ...	2013-04-07	Yves Couvreur
★	Brahms : Ein deutsches Requiem Op.45 : II Denn all...	Daniel Barenboim	16:49	Brahms : Symphonies N...	2013-04-07	Yves Couvreur
★	Variations On A Theme By Robert Schumann In F-S...	Ian Hobson	16:19	Brahms: The Complete ...	2013-04-07	Yves Couvreur
★	The Well-Tempered Clavier, Book 2: Prelude and Fu...	Johann Sebastian Bach,	3:17	Bach: Das Wohltemperi...	2013-04-07	Yves Couvreur
★	The Well-Tempered Clavier, Book 2, BWV 870 - 893...	Various Artists	2:48	Bach to Work - Classica...	2013-04-07	Yves Couvreur
★	Schubert: Die schöne Müllerin, D.795 - 3. Halt!	Franz Schubert	1:34	Schubert: Lieder; Die sc...	2013-04-07	Yves Couvreur
★	Schubert: Die schöne Müllerin, D.795 - 5. Am Feiera...	Franz Schubert	2:37	Schubert: Lieder; Die sc...	2013-04-07	Yves Couvreur
★	Sonata for Piano in G minor, Op. 22: I. So rasch wie...	Murray Perahia	6:30	Schubert: Sonata in A ...	2013-04-07	Yves Couvreur
★	No.1 Chorus I/II: "Kommt, ihr Töchter, helft mir klag...	Johann Sebastian Bach,	9:53	Bach: Matthäus-Passion	2013-04-07	Yves Couvreur
★	Partita No. 2 in D Minor for Solo Violin, BWV 1004: ...	Johann Sebastian Bach,	15:55	100 Pieces of Classical ...	2013-04-07	Yves Couvreur
★	He Shall Feed His Flock - Air	Adrian Boult, Orchestr...	5:56	Haendel: Messiah	2013-04-07	Yves Couvreur
★	Clarinet Quintet in A K581: I. Allegro	Andrew Marriner, Chilli...	9:15	Mozart Clarinet Concert...	2013-04-07	Yves Couvreur
★	Piano Concerto No. 3, Bb 127: I. Allegretto	Bela Bartok, Budapest...	7:34	Bartók: Piano Concertos...	2013-04-07	Yves Couvreur
★	W.A. Mozart: Don Giovanni "Madamina..." (Leoprell) - ...	Wolfgang Amadeus M...	6:25	Arias and Songs for Bari...	2013-04-07	Yves Couvreur
★	Die Zauberflöte, K.620, Act II: Alles fühlt der Liebe ...	Heinz Zednik, Sympho...	1:15	Mozart - Die Zauberflöte	2013-04-07	Yves Couvreur
★	Fantasy in C Minor, KV 396: III. Finale. Allegretto	Edwin Fischer	7:44	Mozart: Piano Concert ...	2013-04-07	Yves Couvreur
★	Er, Der Herrlichste Von Allen	Kathleen Ferrier, John...	3:16	Schumann: Frauenliebe ...	2013-04-07	Yves Couvreur
★	Fantasia In C Minor/C Moll, KV 475	Dubravka Tomsic	13:24	Mozart: Piano Sonatas I...	2013-04-07	Yves Couvreur
★	Hallelujah Chorus! For the Lord God Omnipotent Rei	Handel's Messiah	3:51	Hendel's Messiah	2013-04-07	Yves Couvreur
★	String Quintet in C major, Op. 163, D. 956: I. Allegro...	Schubert-Quintett	19:42	Boccherini, L.: String Q...	2013-04-07	Yves Couvreur
★	Berlioz: Symphonie funèbre et triomphale, Op.15 - 1...	Berlioz Hector, Londo...	17:20	Berlioz: Requiem; Symp...	2013-04-07	Yves Couvreur
★	Piano Concerto No. 2 In G Minor, Op. 22: I. Andant...	Camille Saint-Saens, P...	12:27	Saint-saens: Symphony ...	2013-04-07	Yves Couvreur
★	Images Set 1, No. 1: Reflections In The Water	Claude Debussy	6:02	Claude Debussy Plays Hi...	2013-04-07	Yves Couvreur
★	Requiem: Requiem aeternam	Adriana Kucerova, Var...	3:11	Cimrosa: Requiem	2013-04-07	Yves Couvreur
★	Piano Sonata No. 32 in C minor, Op. 111: I. Maestros	Ludwig Arau	8:40	Beethoven: Piano Son...	2013-04-07	Yves Couvreur



J. Strauss I: Radetzky-Marsch Johann Strauss, Herbert von K

Activité

Suggestions Ferme

Peter Forret
55 abonnés
+ Suivre

Les playlists : Papparazzo Relaxes, Clemence, Tango teaching,...

Charly Choi a écouté
Piano Concerto No...
Gothenburg Symphon...

Charly Choi a écouté
Transcriptions of O...
Antonio Pomba-Baldi

Charly Choi a écouté
Song Of The Seasons
Nicola Conte

Charly Choi a écouté
Substream
Kyoto Jazz Ma **Charly Choi**

Charly Choi a écouté
Le Depart
Nicola Conte

Charly Choi a écouté
Carmen-Quadrille, ...
Mariss Jansons, Mariss...

Nelly Mentor a mis à jour **Sex Therapy**
Sugar
Wanderhouse
4:25

veejay2 a écouté
Serenade No. 13 in ...
London Philharmonic O...