Letters to the Editor

‘Salicylic acid deficiency’ has important public health implications

Aspirin (acetylsalicylic acid) is inexpensive and widely used to treat numerous common conditions. As with all medicines, aspirin has undesirable effects, most notably gastrointestinal irritation and bleeding. In rare cases, these undesirable effects can be serious but the majority of aspirin users take it without any problems. There is good evidence that the consumption of aspirin reduces the risks associated with cardiovascular disease, and could make a substantial beneficial contribution to disease control programmes. Because of its public health potential, a call has been made for an international scientific meeting on aspirin to be convened as soon as possible.

Salicylic acid is the active metabolite of aspirin. Given the chronic disease risk reduction properties of aspirin, a certain level of salicylic acid in the human body appears salutary to health. Humans naturally consume it in their diet, predominantly through fruits and vegetables. However, many individuals in European and other ‘Western’ countries may have ‘salicylic acid deficiency’ due to diets that are low in fruit and vegetable intake and high in fat. In individuals with ‘salicylic acid deficiency’, who are refractory to lifestyle change, the consumption of aspirin could be considered in order to reduce their risk of chronic disease.

‘Salicylic acid deficiency’ has important public health implications. This paper highlights the need for further debate and research on this important topic.

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References

Postscript, Commentary Ministerial challenges: post-conflict, post-election issues in Kosovo’s health sector

Events in Kosovo’s health sector are rapidly changing. In February 2003, after an exhaustive process aligned to the new recruitment procedures for civil service employees, Dr. Pleurat Sejdiu, the respected former Co-Head of the Department of Health, was appointed as the Permanent Secretary to the Ministry of Health. In March 2003, further to a series of public statements challenging the FS appointment, and less than one year after his appointment as the Minister of Health, Dr. Numan Balic has been dismissed from his post by the Prime Minister. Dr. Balic is appealing the decision to the Supreme Court of Kosovo citing the Prime Minister as breaching the Constitutional Framework. In the interim, the Prime Minister has appointed Resmiye Mumxhiu as acting Minister of Health and in a strange twist, for reasons cited by some observers as of a political nature, the Special Representative of the UN Secretary General, Mr. Michael Steiner, has evoked his UNMIK authority to suspend the Permanent Secretary pending the Supreme Court hearing.

The current casualties of the reform process suggest the originally cited challenges to address health status and health systems transformation are increasingly apparent. The internal strife, testing authority, leadership and the independent, impartial nature of the civil service reform adds to the unequivocal complexity of the situation. Many of these issues are not unique and are faced in other post-conflict societies. A key challenge is to accommodate the wide range of different professional and political perspectives while retaining direction and a coherent strategy. Recent debate has highlighted the extent to which planning and policy making needs to be led by indigenous actors or can be based on prior experience from elsewhere. Typical responses to post-conflict challenges are often to place emphasis on infrastructure replacement, on rehabilitation of people and systems, and on reform of the health system. While all of these are necessary, striking the right balance between them poses significant challenges.

Post-war Iraq highlights the significant ongoing challenges in such unstable environments. Most important is addressing three key needs: a) restoring peace and security, b) restoring lives and livelihoods by resuscitating the economy, and c) ensuring that services are re-established and provided to the population. A disturbing feature of post-war Iraq in 2003 is the limited lesson-learning from prior post-conflict settings elsewhere. The US military, the de facto governing body in the immediate post-war period, has had less experience of managing post-conflict system development and seems to have had unrealistic expectations regarding what may be possible, within what timeframes, and how to achieve these objectives. Engagement with local actors appeared at an early stage to have been limited.

Disturbing features were apparent with massive looting across the country, hospitals being plundered, and Shia health workers demanded positions in hospitals that were previously dominated by Sunni Muslims. Lessons from Bosnia, Kosovo and other post-conflict countries will be of value in determining how to move ahead in Iraq. Building trust in shattered communities is one of the most significant challenges facing the future.2

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