

Public health benefits of weight loss: in response to Dixon *et al.*

Sirs,

Madigan *et al.* (unpublished results) responded to our evaluation of weight loss from three commercial providers,¹ and proposed that it is more important to have a multiplicity of effective providers to broaden the reach and appeal of services rather than determining minor differences in effectiveness. They support the call for longer term follow-up but argue that research might be more usefully directed to increasing coverage and uptake by patients, rather than RCTs to characterize precise differences in effectiveness.

We welcome Madigan *et al.*'s response and agree that research to determine longer term follow-up is a priority. Of the three areas where we called for research, the most important two are long-term weight loss and cost-effectiveness. There may be value in providing a range of providers and this may be beneficial to accommodate preferences by socio-economic status, age or gender. However, commissioners of weight management services may have increased purchasing power when commissioning from one, rather than several, commercial providers. Therefore, research which provides differences in effectiveness, long-term weight loss and cost-effectiveness by providers would be beneficial to inform commissioners' decisions.

Reference

- 1 Dixon KJL, Shcherba S, Kipping RR. Weight loss from three commercial providers of NHS primary care slimming on referral in North Somerset: service evaluation. *J Public Health* 2012;**34**(4):555–61.

Karin Dixon
Health Improvement Specialist, NHS North Somerset, PO
Box 238, Castlewood, Tickenham Road, Clevedon BS21
9AX, UK

Sandra Shcherba
Public Health Researcher, NHS North Somerset, PO Box
238, Castlewood, Tickenham Road, Clevedon BS21 9AX,
UK

Ruth Kipping
Consultant in Public Health, NHS North Somerset, PO
Box 238, Castlewood, Tickenham Road, Clevedon BS21
9AX, UK

Address correspondence to D. Karin,
E-mail: karin.dixon@nsomerset-pct.nhs.uk
doi:10.1093/pubmed/fdt024
Advance Access Publication 26 March 2013

Beyond sanctions: a response to Sen *et al.*

Dear Editor,

The article of Sen *et al.*¹ published on 23 November 2012 entitled 'Syria: effects of conflict and sanctions on public health' presents a skewed analysis of threats to the health and wellbeing of Syrians. First, we acknowledge that many civilians are currently caught in the middle of two armed factions: the Syrian military and the armed Free Syrian Army opposition, and that sanctions may have had some effect on health and the economy especially at the beginning of crisis.^{1,2}

However, these two fighting factions cannot be put on equal terms because the militarization of the opposition came after months of peaceful demonstrations that were met with government violence and international inaction.^{3,4} In addition, even after almost 2 years of the conflict the Syrian military continues to be the only side that possesses and routinely uses heavy artillery, tanks and air strikes against civilian areas leading to indiscriminate death^{5,6}; and to the destruction of deepest fabric of the Syrian society. So in a situation of all-out civil war that has disrupted every sphere of life and economic activity, Sen *et al.*¹ single out economic sanctions as the main culprit for the devaluation of Syrian currency, the interruption of power supplies and the restricted availability of essential medicines.

Sen *et al.* did not mention that one of the hallmarks of the Syrian government's response to the popular uprising has been the targeting of healthcare facilities and health workers.^{7,8} International non-governmental organizations such as Physicians for Human Rights, Amnesty International and Medecins Sans Frontiers have reported the deliberate targeting of medical facilities, health workers and their patients by government forces.⁹ Medical staff, ambulances and volunteer health workers who offer help to wounded demonstrators were targeted and killed in several instances.¹⁰ Moreover, there are credible reports of pro-government doctors and health workers denying care to conflict victims, and delivering them to regime forces to be tortured and killed.^{10–12} This has led to the emergence of underground and makeshift field clinics with primitive equipment and few trained staff in order to care for conflict victims and civilians.⁹

Sen *et al.* omit any mention of the explicit role of the Syrian government in the suffering of their own population, despite an overwhelming evidence base generated by UN agencies, credible media outlets and the international community.

References

- 1 Sen K, Al-Faisal W, Alsaleh Y. Syria: effects of conflict and sanctions on public health. *J Public Health (Oxf)* 2012 [Epub ahead of print].
- 2 World Health Organization. Health situation in Syria and WHO response (2012). http://www.who.int/hac/crises/syr/Syria_WCOreport_27Nov2012.pdf (11 December 2012, date last accessed).