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How far would you go?

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BORDER CROSSING **Tessa Richards**

Olympic challenges

Will moves to improve air quality in Beijing push the climate change agenda?

January is the month for making, and by now often breaking, New Year resolutions. For those of us whose pledges extend only to flaky self improvement such as taking more exercise, their breaking is of little import. But we expect better of others. As the days lengthen, hope triumphs over experience. Maybe Gordon Brown's new enthusiasm for preventive health will pay some dividend. Maybe the recent deal in Bali will accelerate the global response to climate change.

On the exercise front, we can be sure that there is one cohort who will have kept their resolutions. For aspiring participants in this year's Olympic Games in Beijing it is now only six months before years of hard training are put to the test. Whether new world records will be set is under debate—for reasons that underline the link between climate change and health.

Among the already extensive media coverage of the games, comment about Beijing's poor air quality has been as prominent as the tongue in cheek admiration for the new, games related architectural "behemoths" that have been put up. An article in *Der Spiegel* in July entitled "Pollution Dangers Cast Shadow over 2008 Olympics" (www.spiegel.de/international/world/0,1518,491184,00.html) expresses what seems to be a widely held view that smog in Beijing may impair the performance of some athletes, particularly distance runners and cyclists. It calls for greater openness about the harm caused by air pollution, and it questions whether short term measures, such as moving factories and restricting the number of cars driving into the city, will be effective.

Concern about the impact of poor air quality on athletes competing in the Olympic Games is not new. The issue was raised in Athens in 2004 and Los Angeles in 1984, where Steve Ovett collapsed after the 800 metres and subsequently blamed pollution for it. One can sympathise with the athletes, but they can fly in and out of Beijing. This is not an option for the 11 million or so people who live there permanently, nor the hundreds of millions who live in the world's top 20 polluted cities.

The need to document and promote public understanding of the adverse and inequitable impact of environmental pollution is underlined in this issue by Tony McMichael and colleagues (p 191). In fairness, China has made some progress on this front, although a recent landmark study commissioned by the Chinese government was mired in controversy.

Cost of Pollution in China: Economic Estimates of Physical Damages (http://tinyurl.com/2vomm5) encapsulates the findings of a three year collaborative research effort between Chinese and international research institutes and the World Bank. The report makes sober reading, for it charts worrying levels of air and water pollution. Data on pollution and health status in many different cities and regions throughout the country are used to calculate the health costs of pollution. The methods used are interesting and innovative. In the first calculation the economic cost of pollution is based on lost earnings and reduced productivity due to premature death and disease. The figure comes out at 362 billion yuan, or 2.7% of gross domestic product. In the second calculation the costs are based on what people said they were willing to pay to avoid the excess health risks associated with pollution. In this scenario the figure rises to 781 billion yuan or 5.8% of GDP.

The information contained in the report should inform the new policies that China is drawing up to tackle its environmental problems. It should also further the important debate on the economic costs of poor health. It is therefore regrettable that the publicity the report generated was for what was left out rather than what it contained. The final report, which was circulated only briefly before being put on the web, was appreciably thinner than the original draft. By way of explanation, the executive summary states that "certain physical impact estimations . . . have been left . . . due to [still] some uncertainties about calculation methods." The media reported that the information which was left out included the statistic that each year 750 000 people in China die prematurely from air pollution, and that it was removed because of government fears that it might provoke "social unrest" (http://tinyurl.com/yo3hkz).

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Public unrest is the last thing the organisers of the Beijing Olympics want as they relentlessly pursue their quest to make the games a high profile success. The *Financial Times*'s Asian correspondent commented on 28 December that it is "tempting to see 2008—the year of China's 'coming out' party [the Beijing Olympics] as a turning point in world affairs." Along with India, he predicts that this year China will succeed in putting Asia back into its pre-industrial revolution position of global economic dominance. One equally safe prediction is that it will take a struggle of Olympian proportions to counter the environmental impact of the continent's economic success.

But to recapture some New Year optimism: there are signs that China is beginning to confront its environmental problems. Meanwhile, if public concern about the health of our elite athletes helps spur countries to implement effective policies to tackle climate change, those athletes will doubly deserve their medals.

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ETHICS MAN **Daniel K Sokol**

How far would you go?

A little exaggeration or white lie on a job application form is OK, isn't it? Absolutely not

When I shake someone's hand, I look at their watch to determine if I could remove it undetected. When I play cards, I consider all the ways a card sharp could cheat, from the easiest to the most daring. As a semi-professional magician, I have an unhealthy obsession with deception.

At certain times of the year, I receive a flurry of emails and phone calls from anxious junior doctor friends asking for help with their job applications. They are particularly worried about questions featuring words such as "reflect," "professionalism," and "communication skills." When reading their forms, I am occasionally surprised that they too enjoy a spot of deception.

Across the United Kingdom, thousands of junior doctors are nervously filling in application forms for specialty training posts. The Department of Health predicts that competition for jobs in 2008 will be even fiercer than in 2007, with an average of three applicants for every job and much higher ratios in more popular specialties.

No doubt some applicants, aware of the competition, the high stakes, and the low risks of detection, are considering manipulating information on their applications. A childhood ambition to become an ophthalmologist is created, an imaginary audit is ongoing, a fictitious or long rejected paper is submitted or under review. Indeed, some applicants may be gritting their teeth as they read this, wondering if they should include that ill defined undergraduate prize or the dramatic but non-existent cardiac arrest in the middle of the night that so tested their composure.

Lying on a job application is a clear case of professional misconduct. In *Duties of a Doctor* the General Medical Council states that doctors should "be honest and act with integrity." This should apply to interactions with patients, but also to dealings with colleagues and, not least, oneself. If Smith and Jones are equally suitable for a job, it is grossly unfair if deceitful Smith obtains a job at the expense of honest Jones. A fictitious award or research project might mean the difference between appearing on the shortlist and rejection. The immediate victims of this deception are fellow doctors. The rationalisation that "everybody else is doing it" is a weak moral justification. Not only is the truth of the statement doubtful, but lots of moral wrongs do not make a moral right.

Of course, there are degrees of moral badness. Stealing is wrong, but stealing an old lady's purse is morally worse than stealing a paperclip from work. Exaggerations and omissions are generally considered less serious than complete fabrications, although boundaries between categories of deception are blurry. If I say 100 people attended my lecture when only 50 did, am I lying, exaggerating, or both? Whatever the answer, most will agree that it is morally less blameworthy than claiming the delivery of a lecture that never took place.

As the punishment should fit the crime, deciding what to do with cheaters should be a case by case affair, relying on the wise judgment of some responsible people. The review process itself must be fair. For the most serious transgressions—intentional deceptions about matters of importance, such as qualifications and examination results—the GMC's fitness to practise panel may be well suited to the task, given their experience with plagiarism cases. Although permanent erasure from the register is perhaps too harsh a punishment, it may be appropriate to suspend more serious offenders from applying for posts in the UK for a period of time, perhaps a year or so.

"If Smith and Jones are equally suitable for a job, it is grossly unfair if deceitful Smith obtains a job at the expense of honest Jones"

How to detect cheating is an age old problem. In a 1980 survey of over 400 American students, 58% reported cheating in medical school. No doubt a minuscule fraction were caught. The sheer number of submissions for specialty training posts makes individual checks too labour intensive. For this reason, only the most obvious and poorly executed deceptions are likely to be detected. One idea is to replace the single paragraph on plagiarism at the end of the current application form with a separate plagiarism sheet, detailing the professional duty of honesty and the consequences of plagiarism. It would loom larger in the minds of players tempted to slip an illegitimate ace into their hand.

There is no evidence that doctors who lie on their job applications perform clinical tasks less nimbly or efficiently than their honest counterparts, but being a doctor is about more than forms and procedures. It is about working with people: patients, relatives, colleagues, and other staff. Selfishness and dishonesty are not desirable qualities in a profession so reliant on teamwork and trust. The strongest motivation for honest behaviour should not be the risk of detection and the fear of punishment, or the guilt of working in a job deceitfully obtained or truly belonging to another. It should not even be the desire to uphold the reputation of the medical profession or to be a good doctor abiding by high standards of professionalism. Applicants should be truthful because it is what a morally decent person would do, doctor or otherwise. It is a matter of self respect. Even magicians tell the truth on job applications.

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