

only intends to be an opportunity to think about this issue on a concrete basis. Rather, we expected Hanewinkel *et al* to use more convincing arguments and challenge the central points of our criticisms, namely that the evidence for the efficacy of the smokefree class competition is not established beyond the short term, and that this approach raises serious ethical issues. The Cochrane review summarises the situation when it concludes that: "incentives and competitions do not appear to enhance long term cessation rates, with early success tending to dissipate when the rewards are no longer offered."<sup>2</sup> We can understand that this conclusion is difficult to accept for the stakeholders of this programme. Hanewinkel *et al* do not reject our assertion that the central principle of this competition is to apply negative peer pressure on smokers. Rather, they cite two studies, from Switzerland and Wales, suggesting that bullying and violence were not higher in participating classes than in control classes. However, the Swiss study compared classes that chose to participate with classes that chose not to. Thus it is not clear whether these results are attributable to the competition itself or to selection bias. No reference is given for the study in Wales, which apparently is not a randomised trial either.

For a programme of this importance (600 000 participants and millions of euros every year), conducted for so many years, the absence of an in-depth evaluation of its potential adverse effects is a serious shortcoming—in particular because negative peer pressure is applied on youthful smokers, who represent a more psychologically vulnerable group than non-smokers. As for the other points, non-voluntary cotinine tests were conducted in Switzerland until 2004, and we maintain that this competition lacks a sound basis in behaviour theory. Our hope is that this interesting exchange will raise renewed interest in the psychosocial and ethical issues in school prevention, and stimulate a commitment to seriously evaluate the positive and negative effects of the smokefree class competition.

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## References

- 1 Etter JF, Bouvier P. Some doubts about one of the largest smoking prevention programmes in Europe, the smokefree class competition. *J Epidemiol Community Health* 2006;**60**:757–9.
- 2 Hey K, Perera R. Competitions and incentives for smoking cessation. *Cochrane Database Syst Rev* 2005;**2**:CD004307.

## BOOK REVIEW

### Social injustice and public health

Edited by Barry S Levy, Victor W Sidel. Published by Oxford University Press, Oxford, 2006, £35.99 (hardback), pp 529. ISBN 0-19-517185-3

This edited collection is divided into four parts. Part I, consisting of only one chapter authored by the editors, provides a useful and necessary summary of the nature of social injustice and public health. This includes relevant definitions and useful reference material—for example, a copy of the Universal Declaration of Human Rights. Part II outlines the ways in which the health of specific population groups is affected by social injustice. The chapters in this section focus on both well-described populations—for example, those from lower socioeconomic groups, ethnic minorities and women—and more marginalised groups who generally receive less attention. The inclusion of chapters focusing on incarcerated people, homeless people and forced migrant populations from a public health perspective makes for a refreshing change.

Part III considers the process by which social injustice can affect health. Chapters focus on medical care, infectious diseases and occupational safety, among other issues. A real strength of the book comes in part IV, in which several perspectives on "what needs to be done" are outlined. This series of chapters attempts to make explicit links, obviously based on particular political viewpoints, between explanatory models of social injustice and health, to public health practice. This is the

element that is often missing within the inequalities literature.

The collection of chapters fits together very well despite the large number of authors involved and the wide range of topics covered. A real strength of the book is that the chapters can be used as stand-alone texts, the understanding of which does not depend on having read previous sections. Generally, the chapters are well written, using good examples and a wide range of presentation styles (eg, graphs, tables and figures) to keep the reader engaged. The chapters provide good summary overviews of the topics under discussion and provide a good start for further reading. One potential criticism is the strong American focus; although most chapters do make attempts to draw upon international examples, the strong use of Americanised definitions and data is apparent. The book offers itself to several audiences, including both practitioners and students over a wide range of disciplines, including medicine, nursing, social services and law. This is perhaps the case, but more so in the US than for an international audience.

Joy Adamson

## CORRECTIONS

doi: 10.1136/jech.2006.054346corr1

M S Kaplan, N Hugué, B H McFarland, *et al*. Suicide among male veterans: a prospective population-based study (*J Epidemiol Community Health* 2007;**61**:619–24). In the second sentence of the Results section of the Abstract of this paper "(adjusted hazard ratio 2.04, 95% CI 1.10 to 3.80)" should be "(adjusted hazard ratio 2.13, 95% CI 1.14 to 3.99)".

doi: 10.1136/jech.2006.052670corr1

K Harkonmäki, K Korkeila, J Vahtera, *et al*. Childhood adversities as a predictor of disability retirement (*J Epidemiol Community Health* 2007;**61**:479–84). The author affiliation of Markku Koskenvuo was published incorrectly; it is actually University of Helsinki. We apologise for this error.

## Webcast: International Forum on Quality and Safety in Health Care

Plenary sessions at this year's International Forum on Quality and Safety in Health Care were filmed and broadcast live over the internet. The sessions are still available to view free, on demand and at your own convenience at <http://barcelona.bmj.com>. Each session is accompanied by a panel discussion.

The webcast includes the following, in either English or Spanish translation:

- **Donald M Berwick**: Can health care ever be safe?
- **Richard Smith**: What the quality movement can learn from other social movements
- **Lucian Leape and Linda Kenney**: When things go wrong: communicating about adverse events
- **John Prooi and Harry Molendijk**: Partnering for patient safety