Child health, the refugees crisis, and economic recession in Greece

According to the UN Refugee Agency,[1] roughly 860 000 refugees and migrants without travel documents have entered Greece by sea since 2015, with the Greek islands becoming the main gateway to the European Union. Most refugees (45%) are men, 35% are children, and 20% are women, mostly from Syria, Afghanistan, and Iraq. More than 250 deaths and 149 missing people were recorded in Greek territorial waters in 2015, and almost half of those who have drowned trying to reach Greece were children. Journeys by sea in winter weather are particularly dangerous and children are often soaking wet and extremely cold when they are brought ashore, which leads to a high risk of hypothermia, and in many cases hospital treatment is needed. For refugees who finally reach a Greek island, living conditions are poor, especially for young children.

The authorities, non-governmental organisations, church charities, and local communities have made a great humanitarian effort to host newly arrived refugees, address their primary needs, and care for young children and pregnant women. Nevertheless, thousands of people continue to arrive each day, leading to a shortage of supplies. Roughly 1800 requests for child services for unaccompanied minors have been made since 2015. Children and adolescent refugees endure considerable physical and mental challenges before and during their journey and experience continued hardship after their arrival, such as exposure to violence, separation from their families, insecurity, inadequate housing, trafficking, and sexual exploitation.[2,3] Medical examinations and health care, psychosocial support, and housing are being offered free of charge by a network of public services and non-governmental organisations through the national child protection legislation.

Unfortunately, this extraordinary influx of migrants coincides with the disastrous Greek economic recession. Gross domestic product has fallen by 25% since 2010, the income and employment of both native residents and immigrants have decreased, and the public health sector and welfare sector have been affected by austerity measures.[4,5] Nevertheless, protection of the lives and integrity of child refugees remains a major concern not only for the state, but also for allied health professionals and local communities. Health professionals, in particular, should assess the complex, continuing challenges for the wellbeing of children and adolescents who are refugees, not only with the aim to support them and provide access to effective treatments, but also to act as advocates for refugee rights, anti-discriminatory policies, and social justice.

We declare no competing interests.

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Ketamine—the real perspective

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We would like to highlight the medicinal value of ketamine. In November, 2015, WHO's Expert Committee on Drug Dependence (ECDD) reviewed ketamine among drugs "with potential for dependence, abuse and harm to health", to make recommendations to the UN Commission on Narcotic Drugs (CND) on the need for their international control. The ECDD recommended unequivocally that ketamine should not be placed under international control as they concluded that ketamine abuse does not pose a global public health threat and that such control would limit access for those who most need it as a life-saving anaesthetic.[1] This month in March, the 59th CND will vote on this issue.

Some disagree with ECDD's opinion and consider that ketamine should be banned because of misuse as a recreational drug. However, there is widespread failure to appreciate that ketamine is an essential medicine—a remarkably safe anaesthetic that has been used worldwide for over 50 years. The drug does not depress respiration or the cardiovascular system, it can be used without electricity, oxygen, ventilators, and all the support systems required for other anaesthetics. Ketamine can be administered by trained non-physicians.

Ketamine is an essential anaesthetic in any situation with scarce facilities.[2] Therefore this drug is the only anaesthetic available for surgery in most low-income and middle-income countries (LMICs). Ketamine also has particular value as an emergency on-site anaesthetic for accidents, natural disasters, and war zones. In high-income countries, ketamine is increasingly used to treat depression and chronic pain.[3,4]

Ketamine also plays a crucial role in veterinary medicine.[5] The drug has been extensively used since the 1970s to provide anaesthesia and pain relief in animals and is now probably the most

widely used veterinary anaesthetic. As in human medicine, ketamine is essential in LMICs; in high-income countries, this drug is now virtually the only injectable anaesthetic used in horses and is widely used in small animal clinics for high-risk cases and exotic species.

The side-effects of bladder damage from chronic ketamine misuse are horrific, but this affects only a few who take very high doses; most recreational users have few ill effects. Recreational use of ketamine should not prevent millions of people from surgery under the only anaesthetic in LMICs, or its use in disaster and conflict trauma, and in veterinary medicine.

Let us support WHO's analysis that the medical benefits of ketamine far outweigh potential harm from recreational use.

We declare no competing interests.

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Barriers in palliative care in China

The 2015 Quality of Death Index[1] compiled by *The Economist* Intelligence Unit warned that ageing and booming populations would make palliative care a growing worldwide issue. The Index was based on extensive research and interviews with more than 120 palliative-care experts across the world. The rankings took into account hospitals and hospice environments, staffing numbers and skills, affordability of care, and quality of care. China ranked 71st of 80 countries, and was reported to be "facing difficulties from slow adoption of palliative care and a rapidly aging population".[1] In view of the size of the Chinese population, this finding is very worrying, and we recognise that some barriers do exist in the development of palliative care in China.

First, most Chinese people believe that only dying patients need palliative care. Affected by the traditional view that people with terminal illnesses have short life expectancies, patients and their families become desperate and find it difficult to accept palliative care emotionally. Until now, not many people are aware that palliative care can be helpful for patients diagnosed with cancer and that it also has an important role in some non-malignant diseases.[2]

Second, financial costs and the absence of national strategies and guidelines are major problems. Since palliative care is generally not supported through the national health insurance, palliative-care physicians have to seek other ways to generate an income, which can be a big distraction and compromise on professionalism.

Third, the shortage of professional palliative-care staff is severe. Because of insufficient training and educational resources, most doctors have not been trained to use opioid analgesics appropriately. A survey of 201 doctors in China showed that 66% of medical practitioners did not fully understand the dosage of morphine.[3] As a result, the consumption of morphine, the most widely used palliative painkiller worldwide, is very low in China.[3] Moreover, communication skills of most physicians regarding palliative care are poor, as a result of medical education being centred on curative treatment of physical illnesses, which also leads to physicians feeling incompetent in dealing with mental health issues such as depression and anorexia.[4]

As China has a growing ageing population, these barriers will create additional pressure in palliative care that already struggles to meet demand. China is trying to change the situation through policy development, increase in funding, and education.[5] To improve the quality of end of life and death in China, efforts from both the government and physicians are necessary, and the medical system also needs to become more centred on patients.

We declare no competing interests.

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Medical education and medical professionalism in China

In October, 2015, Youyou Tu, a Chinese medical researcher, won the Nobel Prize in Medicine or Physiology for her discovery of artemisinin as an anti-malarial therapy.[1] This announcement has