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In this era of evidence-based medicine, it is easy to imagine that we have become truly objective and that the evidence, once gathered, will speak for itself. Unfortunately, evidence accumulates slowly, and even when all the data are available, interpretations vary. The analogue of evidence-based medicine in the world of medical publishing is peer review, and the enthusiastic participation of a wide network of peer reviewers in determining what is published in medical journals may give people the false impression that editors never have to make tough choices. The reality is that physicians and medical editors alike have difficult decisions to make.

Clinical decision-making is especially difficult when the evidence is incomplete. The ongoing struggle to control the obesity epidemic is a case in point. Although we know that obesity-related diseases exact an overwhelming cost from the individual and society (page 483), studies evaluating the effectiveness of treatment and prevention continue to report insufficient evidence, as the Canadian Task Force on Preventive Health Care has found (page 513). To add to the practitioner's dilemma, the Canadian task force and the US National Institutes of Health have arrived at some different recommendations for the management of obesity. In his editorial, David Lau urges physicians and policy-makers to rise above the confusion and to actively pursue novel approaches to preventing obesity and assessing its health risks (page 503).

In the continuing debate on the merits of harm reduction and needle-exchange programs, John Millar suggests in our Letters section (page 477) that criminalizing drug abuse is

no less absurd than blaming obese, inactive people for their atherosclerosis. Millar is responding to a letter from Eric Voth of the International Drug Strategy Institute, who cites evidence to support his claim that needle-exchange programs are doomed not only to fail but also to increase rates of drug use and disease transmission. He calls for tough international policy to prevent drug use in the first place. Beyond the question of whether needle-exchange programs actually work are the issues of personal responsibility and blame, and the legitimacy of certain types of government intrusion into people's lives in the name of health improvement.

In the Left Atrium (page 537) Tanya Zakrisson takes us for a ride on the back of a flat-bed truck and invites us into a medical clinic in the Chiapas, Mexico's southernmost state. She reflects on a lesson learned from a place where terror and violence reign: the state of a nation's health is intimately linked to the state of the nation.

If self-determination is good for the health of a country, it is equally beneficial for the health of medical journals. On Jan. 15, George Lundberg, long-time editor-in-chief of *JAMA*, was fired by the American Medical Association over the publication of a controversial study. In this issue, we report what was known at press time about the events that have dismayed medical editors everywhere, and we offer our reflections on the meaning of politics, medical journalism and editorial freedom (page 507). And in the face of inadequate evidence and conflicting reports, we will continue to do our best to stimulate the healthy debate that medical journals