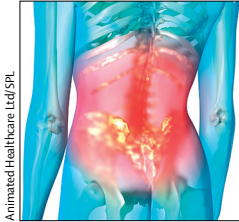


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Low back pain: a major global challenge



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Low back pain is a major problem throughout the world and it is getting worse—largely because of the ageing and increasing world population.¹ It affects all age groups and is generally associated with sedentary occupations, smoking, obesity, and low socioeconomic status.² Years lived with disability caused by low back pain have increased by more than 50% since 1990, especially in low-income and middle-income countries (LMICs).^{1,2} Disability related to low back pain is projected to increase most in LMICs where resources are limited, access to quality health care is generally poor, and lifestyle changes and shifts towards more sedentary work for some mean the risks will only increase.

These are some of the issues highlighted in a *Lancet* Series of two papers^{2,3} and a Viewpoint⁴ on low back pain by an international group of authors, led by Rachelle Buchbinder from Monash University, Melbourne, VIC, Australia. In the first paper, Jan Hartvigsen, Mark Hancock, and their colleagues² draw our attention to the complexity of the condition and the contributors to it, such as psychological, social, and biophysical factors, and especially to the problems in LMICs where health systems are not equipped to cope with the growing burden of low back pain. They discuss the challenges and causes of low back pain and make suggestions for the way forward in research.

In the second paper, Nadine Foster and colleagues³ outline recommendations for treatment and the scarcity of research into prevention of low back pain. The evidence they discuss comes almost exclusively

from high-income countries, and whether guidelines based on this evidence would be suitable for LMICs is not known. They propose solutions to inappropriate treatment, such as the use of opioids, but admit that the evidence base for them is inadequate.

The last paper is a call for action by Buchbinder and colleagues⁴ who argue that persistence of disability associated with low back pain needs to be recognised and that it cannot be separated from social and economic factors and personal and cultural beliefs about back pain. They urge global organisations such as WHO to take action to try to reduce the increasing and costly effects of disabling low back pain. A major challenge will be to stop the use of harmful practices while ensuring access to effective and affordable health care for people with low back pain.

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Disagreement, mediation, arbitration: resolving disputes about medical treatment

On April 28, 2018, the legal case about treatment for 23-month-old Alfie Evans ended when the infant died, 5 days after withdrawal of ventilation against his parents' wishes.¹ The legal battle was traumatic for his family and distressing for health professionals.

This was the third such case in the UK to have reached public attention in 18 months.^{2,3}

In the wake of these damaging disputes, it is important to look forwards. This will not be the last case of disagreement about treatment for a