



France may be back, but the old ways persist for INSERM



Benoit Testier/Reuters

On June 12, the term of the Chief Executive Officer (CEO) of the French National Institute of Health and Medical Research (INSERM) ends. The office of the current CEO, Yves Lévy, came under heavy criticism after the appointment of the minister of health, Agnès Buzyn, in May, 2017. Lévy is Buzyn's husband, an obvious potential conflict of interest for the head of an institute that is run under the dual auspices of the Ministries of Health and Research. This discrepancy was seemingly rectified, on May 29, 2017, by a decree stating that acts relating to INSERM would be carried out by the French prime minister, not Buzyn.

The identity of the candidates and the nomination process for a new director remain shrouded in uncertainty. Only two of the eight candidates running are known publicly: Philippe Froguel and Jessica Zucman-Rossi. It is anticipated that Lévy will be running for a second term, although he has not answered requests from *The Lancet* to confirm this. According to the text of a law relating to the organisation and the functioning of INSERM, the

CEO should be chosen by decree on the proposal of the Ministers of Health and Research, advised by a review committee. Whether Buzyn's role in this election will follow the May, 2017, decree is not certain; however, she told *Le Journal du Dimanche* on June 10 that she does not know the candidates for the INSERM presidency and that "the topic has never been mentioned to the President or the Prime Minister". The final nomination will take place on June 21, *The Lancet* was told.

The reputation of French science has been damaged by this episode, both on the national and the international stage. President Emmanuel Macron ran a campaign based on transparency; the onus now falls on him to help restore confidence in a system that is tarnished by this opacity. Macron has the power to effect a change in research culture in France—and signal that covert practices belong in the past—by supporting an open and transparent nomination process, encouraging the release of the candidates' and committee members' names, and asking for the deliberations to be made public. ■ *The Lancet*

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Living and dying with dementia



John Cole/Science Photo Library

Given that an effective new medication to halt, improve or cure dementia seems as remote as ever, *Care needed: Improving the lives of people with dementia* (June 12) from the OECD instead prioritises living with dementia. Most patients, provided the proper support, prefer and are able to live at home long after a diagnosis. But only eight of 21 OECD countries can estimate the proportion of people with dementia living in the community and only Australia and Canada consistently measure their quality of life.

Innovative residential models to reduce the stigma of living with dementia and promote independence remain fragmented, without a strong evidence base and available only to a few. In Germany, *Mehrgenerationenhauser*, or multi-generational housing, provides units where people of all ages can cohabit and create support systems. In the Netherlands, USA, and Finland, care facilities that accommodate older populations (including those living with dementia) offer reduced rent for young people in exchange for spending time with older residents. Governments are only now putting in place guidelines for dementia-friendly design. In the Netherlands, the

dementia village model gives people with dementia an unparalleled degree of autonomy by designing an entire community around their needs and ensuring built environments are safe, accessible, and familiar.

Dying with dementia is a difficult topic, bordering on taboo. Across all OECD countries, access to palliative care is inadequate with nine countries reporting it to be absent or difficult to access for people with dementia. Although advanced directives for dementia are recommended in most countries as part of a post-diagnosis package, uptake is thought to be low. The *Lancet* Commission on Dementia gives guidance to clinicians on end-of-life care, aiming for patient-centred support. But no countries have developed national frameworks for delivering palliative care to people with dementia, resulting in patients receiving less pain relief in the last months of life and being prescribed inappropriate antipsychotic medication to stave off behavioural challenges. Too often dementia is seen as a boundary, beyond which life is somehow less. Attention must be concentrated on the essence of living (and dying) well with dementia. ■ *The Lancet*

For *Care needed: Improving the lives of people with dementia* see <http://www.oecd.org/publications/care-needed-9789264085107-en.htm>
For more on dementia friendly design <http://dementia.stir.ac.uk/blogs/dementia-centred/2015-11-17/dementia-friendly-design-dementia-friendly-community>
For the *Lancet* Commission on Dementia see *The Lancet* **Commissions** 2017; **390**: 2673–734