

- 4 Ya W. Hospitals to beef up security. *Global Times*, Oct 24, 2013. http://www.globaltimes.cn/content/819897.shtml#_Um_OK41jMn8 (accessed Oct 30, 2013).
- 5 Jie L. New generations of Chinese doctors face crisis. *Lancet* 2012; **379**: 1878.

health policies, budget cuts amid crisis, geopolitics changes, and immigration policy—all depending on policy-makers' decisions in France and in other countries. More comprehensive international analyses and policies are needed to tackle health inequalities.

We declare that we have no conflicts of interest.

*Florence Tapié de Celeyran,
Yannick Girardeau, Sylvie Khan,
Frédéric Morinet,
*Claire Georges-Tarragano
claire.georges@sls.aphp.fr*

Health-care Access Department (PASS), Saint-Louis Hospital, 75 010 Paris, France (FTdC, YG, SK, CG-T); and Virology Department, Saint-Louis Hospital, Paris, France (FM)

- 1 WHO. The European Health Report 2012: charting the way to well-being. http://www.euro.who.int/__data/assets/pdf_file/0003/184161/The-European-Health-Report-2012,-FULL-REPORT-w-cover.pdf (accessed Sept 19, 2013).
- 2 Kleinert S, Horton R. Health in Europe – successes, failures, and new challenges. *Lancet* 2013; **381**: 1073–74.
- 3 Haut Conseil de la Santé Publique. La santé en France et en Europe : convergences et contrastes. 2012 (in French). http://www.hcsp.fr/docs/pdf/avisrapports/hcsp20120301_santeFranceEurope.pdf (accessed Sept 19, 2013).
- 4 Eurostat. The social situation in the European Union 2009. http://epp.eurostat.ec.europa.eu/cache/ITY_OFFPUB/KE-AG-10-001/EN/KE-AG-10-001-EN.PDF (accessed Sept 19, 2013).

Don't steal the body

He was an 11-month-old peaceful little baby with blue eyes and a disarming smile. His paediatrician father found him dead in his bed on a winter morning. The ambulance arrived. The doctor proposed to take him to the hospital. The parents refused. Instead, they kept him in their arms all day through. The body of this beloved son changed with time, becoming colder, stiffer, the colour of his eyes slowly disappearing. A few hours later came the moment when the parents finally felt the need to cut off from his decayed body.

Modern societies sometimes lose contact with basic human instincts. When facing death, especially those unexpected, doctors often want to organise, lead, analyse, and reassure

the relatives in a safe and prepared environment. There are good reasons for this attitude to be the standard. However, there is also sometimes a need for time to understand the unforeseen. Sometimes, there is a need to face the sad and the painful. Sometimes, there is a need to fall down deep to recover. And always, there is a need to let people decide what they think the good is for them.

There is obviously no miracle solution to face traumatic loss. Each of us needs to continuously find our own, when possible. These parents are just telling us that keeping their breastfed child has been constructive for their bereavement. It helped them to enter into their cruel new reality and, later on, move toward their renewed life. The process of going through a period of mourning includes looking back trying to understand what happened. Unprepared doctors might sometimes underestimate how difficult it is to simply face the reality and restart from there. In both hospital and community settings, taking away a body might happen under many circumstances and under the cover of relatively obvious or fairly hypocritical reasons. Questions such as the acceptable delay for necropsy and the post-mortem samples that need to be taken immediately should be clarified and handled according to evidence-based priorities. Meanwhile, the next time you accompany the relatives of your deceased patient, these parents would be very grateful if you could sincerely ask yourself if you are not stealing the body in any way.

I declare that I have no conflicts of interest.

*Pierre R Smeesters
psmeeste@ulb.ac.be*

Université Libre de Bruxelles, Gosselies, Hainaut 6041, Belgium; and Murdoch Childrens Research Institute, Melbourne, Victoria 3052, Australia

Health-care access for migrants in France

Health inequities are a major concern in Europe as recently emphasised by WHO's European Health Report.¹ The diversity of European health systems provides a "natural laboratory for health policies".^{2,3}

In France, PASS (Permanences d'Accès aux Soins de Santé) health-care access departments are an important observatory. Created in 1998, PASS departments are mostly intrahospital structures providing primary care to vulnerable patients.

In the PASS department of Saint-Louis University Hospital in Paris, our experience with migrants from more than 90 countries led us to provide a global and integrative approach for very complex situations, analysing medical, psychological, social, cultural, and living conditions. Complex cases are submitted to a group including medical doctors (general practitioners and specialists), nurses, social workers, psychologists, and non-medical partners to share complementary skills and views, respect patients' interests, and take into account health globally. The aim of these structures is to give the most appropriate solutions to each patient.

However, as global and innovative as our approach can be, it is only a partial response. Indeed, many of our patients are vulnerable migrants who accumulate barriers such as comprehension difficulties, transportation, nutrition, and housing issues.⁴ It then makes any treatment much more hazardous. For these individuals, equality and access to wellbeing remains an illusion.

Our approach is only a local response. Our service depends on national



Owen Franken/Corbis