

from all 50 US states and District of Columbia in the future, we would be happy to include it with its respective case definition in our analyses.

We declare no competing interests.

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- 1 GBD 2019 Police Violence US Subnational Collaborators. Fatal police violence by race and state in the USA, 1990–2019: a network meta-regression. *Lancet* 2021; **398**: 1239–55.
- 2 Centers for Disease Control and Prevention. National Violent Death Reporting System. 2021. <https://www.cdc.gov/injury/wisqars/nvdrs.html> (accessed Jan 24, 2022).

## Advancing the greater good: a question of wills

In their Viewpoint, Victor J Dzau and colleagues<sup>1</sup> recommend ways academic health sciences systems (AHSS) can attend to important health-care needs. One recommendation in particular caught our attention: “AHSS across the world must come together to address global societal issues and advance the greater good.”<sup>1</sup>

What Dzau and colleagues neglect to mention is that many clinicians and educators in AHSS already know how to accomplish this task, principally by supporting robust primary care practices, especially in medically underserved areas;<sup>2</sup> transforming health professional education, following socially accountable principles;<sup>3</sup> and embracing universal health care.<sup>4</sup>

What is needed to tackle these actions is will (a special combination of consciousness, inclination, desire, motivation, and resolve) across several dimensions: institutional will, prioritising the health-care needs of people living on the margins of society; professional will, inculcating social responsibility as a key principle of medical education and practice; personal will, nurturing social

responsibility as a key value in work; economic will, resisting the medical-industrial model that prioritises profit over compassionate health care; moral will, acknowledging local and global interdependency as a force for systemic change; imaginative will, adopting a person-centred, community-embedded, bio-psycho-eco-social-existential understanding of medicine; and political will, advocating for a collective response to communal needs.

To date, AHSS have focused on educating scientists and clinicians in isolation of societal needs. It is time that AHSS act on the above wills to fulfil their social contract,<sup>5</sup> work towards a better society, and realise the greater good to which Dzau and colleagues aspire.

We declare no competing interests.

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- 1 Dzau VJ, Balatbat CA, Ellaissi WF. Revisiting academic health sciences systems a decade later: discovery to health to population to society. *Lancet* 2021; **398**: 2300–04.
- 2 Phillips RL Jr, Bazemore AW. Primary care and why it matters for U.S. health system reform. *Health Aff* 2010; **29**: 806–10.
- 3 Reeve C, Woolley T, Ross SJ, et al. The impact of socially-accountable health professional education: a systematic review of the literature. *Med Teach* 2017; **39**: 67–73.
- 4 Bloom DE, Khoury A, Subbaraman R. The promise and peril of universal health care. *Science* 2018; **361**: eaat9644.
- 5 Schroeder SA, Zones JS, Showstack JA. Academic medicine as a public trust. *JAMA* 1989; **262**: 803–12.

## Academic health sciences

Victor J Dzau and colleagues<sup>1</sup> Viewpoint provides an important perspective about the future of academic health sciences. Their summary of “bench to bedside to population to society”<sup>1</sup> deserves widespread analysis but is incomplete. Both population and society are impersonal constructs,

whereas health care exists for individual patients. Any overarching model should be modified to include the personal element of health care. In the future, patients (ie, as people with fears and feelings) will continue to interact with doctors and health professionals at the front line of health systems when receiving advice and care. An important role for academic health sciences is to support primary care.

I am an international member of the US National Academy of Medicine, where Victor J Dzau is president.

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- 1 Dzau VJ, Balatbat CA, Ellaissi WF. Revisiting academic health sciences systems a decade later: discovery to health to population to society. *Lancet* 2021; **398**: 2300–04.

## Department of Error

Han X, Li J, Chen Y, Li Y, Xu Y, Ying B, Shang H. SARS-CoV-2 nucleic acid testing is China's key pillar of COVID-19 containment. *Lancet* 2022; published online April 7. [https://doi.org/10.1016/S0140-6736\(22\)00577-3](https://doi.org/10.1016/S0140-6736(22)00577-3)—In this Correspondence, the authors' competing interests statement should have declared that HS is director of the National Clinical Research Center for Laboratory Medicine, which provides technical support for the national strategy of COVID-19 testing, and that all other authors declare no competing interests. The appendix has also been corrected. These corrections have been made to the online version as of April 13, and will be made to the printed version.