is the value of statistical life (VSL)? To consider issues within a cost–benefit framework, one has to assign a value to a human life. Christian Friis Bach, spokesperson for the Youth Forum that ran concomitantly with the Copenhagen conference, speaks to this issue:

> We already price human beings differently, when we carry out heart surgery in rich countries (which is extremely costly) but fail to save children in Africa who die of malaria (although the cost of doing so is cheap). The evidence presented during the week in Copenhagen showed that it really pays to invest in poor people in poor countries. Thus, the price of a life in Africa, Asia or Latin America went up. This is perhaps the most important outcome of the Copenhagen Consensus conference.

Four proposals are ranked by the panel of economists as potentially very good investments. The double opportunity to bring HIV/AIDS and malaria under control is assigned a high priority. Trade liberalization (not to be mistaken for free trade) receives a high ranking as one response to the crisis of subsidies and trade. With regard to confronting malnutrition and hunger, the economists see a greater opportunity in the provision of micronutrients to people than in the development of new agricultural technologies (rated "good"), or improving infant and child nutrition (rated "fair").

There is a danger in reading books like *Global Crises*, *Global Solutions* that they may fuel a sense of complacency about our situation at home and a feeling of futility about trying to work for change abroad. Assigning priorities personally, professionally and globally seems inherently to be a good idea. But what if action is not forthcoming? Jacques van der Gaag, in his perspective on communicable diseases, asks a more trenchant question: "Why, when resources are available, technology exists and national and international awareness is high, is so little done in the light of so much human suffering and potential economic loss?"

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Dyspnea

It's very late in the NICU. I push on the resuscitation room door, so weary I can barely open it. I look inside the room, and then I gasp. My fatigue is gone, replaced by anxiety and euphoria. There she is.

I'm in love with a respiratory therapist.

We're waiting for a 28-weeker in the middle of the night. We chat about nothing much. She's funny, her humour dry and brainy, but when I try to laugh there's just this nervous wheeze.

The baby is delivered and does well at first, but soon needs more oxygen.

"What do you want to do?" the neonatologist says to me. I'm surprised to hear him speak. I've forgotten about him, forgotten that he's even in the room. "Do you want to give surfactant?"

Glancing at the monitor, I see a falling oxygen saturation. Then I look at the RT. She nods slightly. At least I think she nods. That's good enough for me.

"Okay, let's give surfactant," I say, and then I ask for the meds that the baby will need before being intubated. While everything is being prepared, she asks me to go through the equipment I'll need to intubate. I get it right, and she gives me a smile that somehow causes a partial obstruction of my trachea.

The baby is given some drugs and then I ventilate with a bag and mask for a while. I pick up the laryngoscope and have a look. There's mucus everywhere, even after I suction. Dammit! Flushing red with tachypnea, I look up at her as I start bagging again.

I try again with the laryngoscope, and I think I see the cords. But when I put the tube in, the baby gags. The tube's in the esophagus. And the drugs are wearing off. Oh, for Christ's sake! I put the mask back on, looking at the baby the whole time. I'm too embarrassed to show her my face, blue from apnea.

"Try one more time," says the neonatologist.

By now, the baby is putting up a fight. Although it's tricky getting the laryngoscope in, I manage it. But I can't see anything.

"Maybe you should pull back a little," she says, her voice slightly deep and vastly calm. I withdraw the blade; a tiny epiglottis and tiny vocal cords pop into view. The tube goes in, and the baby gets some surfactant. Hooray! I step out of the way so she can set up the ventilator.

I watch her work. She's quick and precise. I'm in awe of her grace. I realize that I'm staring, so I walk away to write some orders.

She finds me a few minutes later. "Good job with that intubation," she says. "It looked like a tough one." She just complimented me! Stuporous from hypoxia, I barely manage to thank her.

Later, the family comes in, and I show them around their baby. I explain what the ventilator and the warmer are for. I discuss the numbers on the monitor. I talk about what they should expect for the next little while. I assure them that their baby, for being so premature and so little, is doing well.

I'm about to go back to my call room when she says, "You know, you've got a really good bedside manner."

A compliment! Another one! Anoxia strikes some important parts of my brain, and I can't even attempt speech. Grinning mutely and foolishly, I excuse myself.

Back in my call room, I collapse. In the morning I'll realize that I've just successfully intubated a neonate for the first time. But for now I can only wait for my lungs to inflate so that I can fall asleep and dream of her quiet breath.

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