5 Paun A, Acton L, Chan W-S. Fragile planet: scoring climate risks around the world. HSBC Global Research, 2018. https://www.sustainablefinance.hsbc.com/our-reports/fragile-planet (accessed Oct 18, 2018).
6 McIver L, Kim R, Woodward A, et al. Health impacts of climate change in Pacific Island countries: a regional assessment of vulnerabilities and adaptation priorities. *Environ Health Perspect* 2016; **124:** 1707–14.

Memory recall of traumatic events in refugees

Published **Online** September 20, 2018 http://dx.doi.org/10.1016/S0140-6736(18)32337-7

The migratory movement from sub-Saharan Africa, east Africa, and the Middle East towards North America and western Europe is ongoing, implicating more and more health-care professionals.[1] People who are migrating are more susceptible to physical or psychological disabilities, therefore seek increased assistance from health-care professionals, especially because of physical or psychological disabilities, or both.[2–4] These traumas and much of the susceptibility to their development might be sustained by the administrative and political process of obtaining asylum in itself.

Constantly reactivating the memories and experiences of migrants seeking political refugee status is a real ethical problem. Psychiatric therapeutic approaches for post-traumatic stress follow a slow and constructed strategy of degradation of memories, similar to the process of digestion. However, for administrative and sometimes legal reasons, migrants are often asked to recall very precise memories. Each migrant is therefore legally obliged not to forget any particularly abject, degrading, traumatic detail, to increase their chances of benefiting from political refugee status (and this process can be excessively long, up to several years). The expectation for memory precision probably contributes (beyond the problem of language barrier) to the silence or mutism that characterises many migrants, particularly the youngest. However, limited details or precision in recounting conditions of exit from a migrant's country of origin is a frequent argument for refusal of recognition of political refugee status, which appears to be profoundly unfair. The contradiction between the administrative logic and the psychological logic regarding the process of obtaining refugee status is great.

As a result of being asked to recount painful memories, each migrant is unable to heal on a psychopathological level. One solution that would help a patient cope with psychological traumas would be to ask the patient to recount the course of his or her memories in the form of a report (or video) as accurately as possible. Potential outside witnesses—including medical doctors—could be brought in, similar to the judicial system of experts, to increase the amount of information provided by the patient and help in the analysis of the patient report. However, we believe that migrants should no longer be asked to recount memories because this might prevent them from healing completely and fully rebuilding themselves. The question remains as to whether the system maintains and favours, without intending to do so, post-traumatic stress syndrome so frequently found in displaced populations.[5]

Medical professionals have a huge role to play in protecting displaced persons (particularly refugees), and in recognising their political, religious, economical, or environmental rights.

We declare no competing interests.

**Philippe Charlier, Philippe Duverger, Fabiola Bou Abdallah*
philippe.charlier@uvsq.fr

UFR of Health Sciences (Université de Versailles Saint-Quentin-en-Yvelines, EA4498 DANTE Laboratory), 78180 Montigny-Le-Bretonneux, France (PC); Centre d'accueil et de soins hospitaliers and l'Institut de la Précarité et de l'Exclusion Sociale Nanterre, France (PC); Museum of Quai Branly – Jacques Chirac, Paris, France (PC); Department of Psychiatry, University Hospital, Angers, France (PD); and Department of Forensic Medicine, Faculty of Medical Sciences, Lebanese University, Hadat, Lebanon (FBA)

1 Charlier P. Medical anthropology consultations for refugees: why are they necessary? *Ann Dermatol Venereol* 2017; **144:** 89–91.
2 Morgan J. Disability—a neglected issue in Greece's refugee camps. *Lancet* 2017; **389:** 896.
3 Naja WJ, Aoun MP, El Khoury EL, Bou Abdallah FJ, Haddad RS. Prevalence of depression in Syrian refugees and the influence of religiosity. *Compr Psychiatry* 2016; **68:** 78–85.
4 Soykoek S, Mall V, Nehring I, Henningsen P, Aberl S. Post-traumatic stress disorder in Syrian children of a German refugee camp. *Lancet* 2017; **389:** 903–04.
5 Bianucci R, Charlier P, Perciaccante A, Lippi D, Appenzeller O. The "Ulysses syndrome": an eponym identifies a psychosomatic disorder in modern migrants. *Eur J Intern Med* 2017; **41:** 30–32.

Published **Online** November 9, 2018 http://dx.doi.org/10.1016/S0140-6736(18)32833-2

Department of Error

Kruk ME, Gage AD, Joseph NT, Danaei G, García-Saisó S, Salomon JA. Mortality due to low-quality health systems in the universal health coverage era: a systematic analysis of amenable deaths in 137 countries Lancet *2018; https://doi.org/10.1016/S0140-6736(18)31668-4*—In figure 2 of this Article (published Online First on Sept 5, 2018), the y axis should read "deaths in 100 000s". The affiliation for Prof Salomon should read "Center for Health Policy and Center for Primary Care and Outcomes Research, Stanford University School of Medicine, Stanford, CA, USA". These corrections have been made to the online version as of Sept 20, 2018, and will be made to the printed Article.

Kappos L, Bar-Or A, Cree BAC, et al. Siponimod versus placebo in secondary progressive multiple sclerosis (EXPAND): a double-blind, randomised, phase 3 study. Lancet *2018;* **391:** *1263–73*—The appendix of this Article (published Online First on March 22, 2018) has been corrected as of Nov 15, 2018.

GBD 2017 Causes of Death Collaborators. Global, regional, and national age-sex-specific mortality for 282 causes of death in 195 countries and territories, 1980–2017: a systematic analysis for the Global Burden of Disease Study 2017. Lancet *2018;* **392:** *1736–88*—The bottom row in figure 7 was cut off. This correction has been made to the online version as of Nov 9, 2018, and has been made to the printed Article.

Arabena K, Armstrong F, Berry H, et al. Australian health professionals' statement on climate change and health. Lancet *2018;* **392:** 2169—In this Correspondence, Nicholas Talley's name has been corrected to "Nicholas J Talley", and his affiliation has been corrected to "University of Newcastle, Newcastle, NSW, Australia". These corrections have been made to the online version as of Nov 15, 2018, and have been made to the printed version.