results of prospective trials regarding the use of corticosteroids to treat poison ivy dermatitis.

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Reference

[The authors respond:]

Like most bioethicists, we reject sex selection except to prevent serious sex-linked medical disorders. Our primary ethical guide remains unchanged: assisted reproduction creates new relationships and must always be understood in that context.

Choosing which child to have is very different from choosing whether to have children at all. The US President’s Commission observed that sex selection “seems incompatible with the attitude of virtually unconditional acceptance that developmental psychologists have found to be essential to successful parenting.”

All children deserve respect regardless of their sex. Children must never be treated as custom-ordered commodities to satisfy our personal or social preferences.

Effects on third parties matter enormously. How do existing children perceive their parents’ desire for the “right” (opposite) sex of child? Sex ratio imbalances are already causing social disturbances in parts of India and China where young men cannot find partners. Because sex selection most often prevents the birth of female children, the practice devalues women as a group.

For a medical procedure to be considered as ethical, the benefits must outweigh the risks. Subjecting fertile women to in vitro fertilization with preimplantation genetic diagnosis to choose the baby’s sex is bad medicine, both clinically and ethically. In vitro fertilization carries potentially life-threatening risks of ovarian hyperstimulation syndrome, deep vein thrombophlebitis and surgical complications. There is no evidence that “balanced” families are better families, or that “family completion” requires children of the opposite sex. Using physicians for preferential sex selection — even by less invasive sperm sorting techniques — misdirects scarce medical resources and, in our view, demeans the medical profession.

Ethics is never one-sided; the interests of everyone affected must be considered. We hope that pending Canadian legislation will discourage the provision of medical procedures for selecting nondisease traits such as sex. The medical risks of in vitro fertilization with preimplantation genetic diagnosis, and especially the social risks of eroding respect for children and women, must not be underestimated.

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Reference

Mandatory vaccination of health care workers

In a commentary on mandatory vaccination of health care workers, Elizabeth Rea and Ross Upshur state that the burden involved for health care workers to accept vaccination “can be eased by providing free vaccine, [and] compensation for vaccine-related adverse