



used to a legal system that is out of touch with common sense. However, I would have presumed that a physician who is also an ethicist would stay in touch with reality.

All of my teachers at medical school and beyond have instilled in me the notion that pregnancy involves 2 patients. This has also been my intuitive learning as a husband and father. I am afraid that I will never be able to ignore the needs of babies as yet unborn, even if this renders me unethical.

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I confess to a longstanding suspicion that "ethicists" are simply individuals with strongly held opinions concerning right or wrong, an impression confirmed by this article. The article included the following among its lines of reasoning:

- The law says you must do something and therefore it is ethical.
- There cannot be opposition between the interests of the fetus-mother dyad but there can be opposition between the interests of the newborn-mother dyad.
- State intervention to protect someone is hypocritical unless all societal evils are addressed at the same time.

I strongly support abortion rights for women but am still undecided on the issues surrounding fetal-maternal rights. This article simply stated one side of that debate. There is no doubt that this article is an opinion piece. It should have been published as an editorial, not within your Education section.

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[One of the authors responds:]

These letters illustrate the complexity of the ethical dilemmas that arise in the care of pregnant women. The topic taps into many layers of personal and professional beliefs. The assigned length and structure of articles in this series limited the discussion. However, careful reading of the paper will reveal a firm commitment to consider — not ignore — fetal interests within the framework of respect for the autonomy of the competent pregnant woman. The cases presented clearly relate to situations in which the pregnant woman is deemed competent. Decision-making for incompetent patients (whether pregnant or not) is more fully discussed in "Bioethics for clinicians: 5. Substitute decision-making" (*Can Med Assoc J* 1996;155 [10]:1435-7), by Dr. Neil M. Lazar and associates.

There is a difference between rights (guaranteed under law) and interests (not guaranteed under law but deserving of consideration by those responsible). To pursue this issue further, readers are directed to the references in our article. The question is to determine who is most appropriate to speak for the interests of the fetus — at any point during the pregnancy.

State intervention in health care decisions is a serious infringement on personal liberty and requires intense scrutiny of the associated harms and benefits. This includes critical analysis of similar situations in society. Where is the line to be drawn before forcing treatment of individuals for the benefit of others? Should the nicotine-addicted heavy cigarette smoker be incarcerated for treatment of his addiction because of the impact secondhand smoke has on his pregnant wife and their asthmatic children?

We agree that this important topic needs continued discussion and better understanding, which necessarily entails consideration of the broader so-

cial and political context. Clear and compassionate thinking about these issues is essential in the development of policies such as those concerning treatment and prevention of substance abuse. The language of that debate is vital for consistency and clarity.

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Cutting immunization aid: Penny wise, pound foolish?

Some of the things we take for granted in Canada can make the difference between life and death in other countries. Immunization is one example. After evaluating the impact of immunization programs in my country, Senegal, I concluded that the termination of Canada's International Immunization Program, as recently announced by the Canadian International Development Agency (CIDA), would be regrettable.

Children in developing countries are often victims of a vicious cycle of malnutrition and infectious disease. Although some of them face more elaborate forms of injustice, such as displacements caused by armed conflict, we would be shamefully guilty if we did not at least continue to fight battles already being waged, principally in the areas of maternal and child health, malnutrition and vaccination.

Every year infectious disease kills 2 million children under age 5. The ailments that kill them are not exotic, but rather diseases such as measles, mumps, diphtheria, neonatal tetanus and tuberculosis. In spite of this terrible toll, global vaccination programs, which Canada has supported until now, currently save more than 3 million lives per year. The Canadian contribution has been about \$6 million per year, which is less than 0.3% of the CIDA budget. An evaluation



by the Canadian Public Health Association showed that these projects have not only efficiently accomplished immunization goals but also trained local primary care providers.

Can we really afford more foreign aid? For the North, financing the eradication of polio, neonatal tetanus and measles can be considered an investment, not aid. After these diseases are eradicated, costly annual domestic immunization programs will no longer be needed. The eradication of smallpox alone has saved millions around the world.

It is estimated that polio, which continues to cripple more than 80 000 children per year, could be eradicated forever by spending \$180 million per year for 5 years. The US currently spends \$380 million a year to immunize American children against polio, which would be unnecessary if the disease was eradicated.

Canada and other Western countries waste proportionately similar amounts each year. It is not surprising that the US has recently increased spending on international immunization programs.

Cancelling Canada's international immunization program is a bad idea, and I can't watch it go without voicing a note of protest.

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Death notice for Dr. Carl D. Duerksen [correction]

Because of incorrect information forwarded to *CMAJ*, we erroneously reported the death of Dr. Carl D. Duerksen of Morden, Man.,

in a recent issue (1997;157[6]:851). We apologize to Dr. Duerksen and his family for this error. — Ed.

FPs have vital role in ensuring success of breast cancer screening programs [correction]

The article "FPs have vital role in ensuring success of breast cancer screening programs," by Lynne Cohen (*Can Med Assoc J* 1997;157[4]:442-4), stated incorrectly that the Canadian Breast Cancer Research Initiative is operated by the Medical Research Council of Canada (MRC). In fact, this program is administered by the National Cancer Institute of Canada on behalf of 3 partners: the MRC, Health Canada and the Canadian Cancer Society. We apologize for this error. — Ed.

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