

example, it is clearly objectionable to provide a referral for female genital mutilation. Analogously, if one finds PAD similarly unethical, providing a referral for PAD is highly objectionable and undermines one's moral integrity.

Fifth, respect for conscientious objection upholds the moral integrity of physicians,^{8,9} the foundation for society's confidence in the profession. Disregarding conscientious objection prioritizes moral conformity over moral integrity, undermining the trustworthiness of the profession. Prioritizing moral integrity by respecting conscientious objection can foster quality medical care and enhance patient safety.¹⁰

Ewan C. Goligher MD PhD

Lorenzo Del Sorbo MD

Interdepartmental Division of Critical Care Medicine, University of Toronto, Toronto, Ont.

Angela M. Cheung MD PhD

Shabbir M.H. Alibhai MD MSc

Department of Medicine, University Health Network, Toronto, Ont.

Lester Liao MD MTS

Department of Pediatrics, University of Alberta, Edmonton, Alta.

Alexandra Easson MD MSc

Department of Surgery, Mount Sinai Hospital, Toronto, Ont.

Janice Halpern MD

Department of Psychiatry, University of Toronto, Toronto, Ont.

E. Wesley Ely MD MPH

Division of Allergy, Pulmonary, and Critical Care Medicine, Department of Medicine, Vanderbilt University School of Medicine, Nashville, Tenn.

Daniel P. Sulmasy MD PhD

Department of Medicine, University of Chicago, Chicago, Ill.

Stephen W. Hwang MD MPH

Li Ka Shing Knowledge Institute, St. Michael's Hospital, Toronto, Ont.

References

1. Fletcher J. Right to die in Canada: respecting the wishes of physician conscientious objectors. *CMAJ* 2015;187:1339.
2. Downar J, Warner M, Sibbald R. Mandate to obtain consent for withholding nonbeneficial cardiopulmonary resuscitation is misguided. *CMAJ* 2016;188:245-6.
3. Schüklenk U, van Delden JJ, Downie J, et al. End-of-life decision-making in Canada: the report by the Royal Society of Canada expert panel on end-of-life decision-making. *Bioethics* 2011;25(suppl 1):1-73.
4. Kortenkamp KV, Moore CF. Ethics under uncertainty: the morality and appropriateness of utilitarianism when outcomes are uncertain. *Am J Psychol* 2014;127:367-82.
5. Goligher EC, Ely EW, Sulmasy DP, et al. Physician-assisted suicide and euthanasia in the intensive care unit: a dialogue on core ethical issues. *Crit Care Med*. In press.

6. Crawshaw R, Rogers DE, Pellegrino ED, et al. Patient-physician covenant. *JAMA* 1995;273:1553.
7. Magelssen M. When should conscientious objection be accepted? *J Med Ethics* 2012;38:18-21.
8. Sulmasy DP. What is conscience and why is respect for it so important? *Theor Med Bioeth* 2008;29:135-49.
9. Lewis-Newby M, Wicclair M, Pope T, et al. An official American Thoracic Society policy statement: managing conscientious objections in intensive care medicine. *Am J Respir Crit Care Med* 2015;191:219-27.
10. White DB, Brody B. Would accommodating some conscientious objections by physicians promote quality in medical care? *JAMA* 2011;305:1804-5.

CMAJ 2016. DOI:10.1503/cmaj.1150113

Are we consistent?

It is interesting that the issue of abortion for sex selection in Canada is raised again in *CMAJ* in a commentary¹ and research study² in June 2016.

Attempts to arrive at solutions for this problem were suggested variously in the form of laws, education and further research. Do we not as a society and a medical community preach that reproductive health is between a doctor and the patient? Do we not offer abortion selective for Down syndrome (and for other nonlethal anomalies)? Have we not said that other cultures and their values

are welcome in Canada and that none is superior to another in our multicultural society? On what basis do we think that abortion for sex selection (as opposed to any other elective abortive procedure) is inappropriate? We have even gone to great lengths to make sure that emergency contraceptive pills are freely available without a prescription. All of this is under the umbrella of "choice."

An immigrant population is exercising its "choice." Is not the solution a rethinking of the issue of a society eliminating its offspring, perhaps for convenience? Abortion for sex selection is a natural progeny of the philosophy of "choice," and it appears inconsistent to question another person's right to "choice" in one room and promote it in another.

John Loge MD

Stettler, Alta.

References

1. Yasseen AS, Lacaze-Masmonteil T. Male-biased infant sex ratios and patterns of induced abortion. *CMAJ* 2016;188:640-1.
2. Urquia ML, Moineddin R, Jha P, et al. Sex ratios at birth after induced abortion. *CMAJ* 2016;188: E181-90.

CMAJ 2016. DOI:10.1503/cmaj.1150112

CORRECTION

CIHR hikes grants

CMAJ would like to correct and clarify aspects of the article, "CIHR hikes grants to young researchers," by Paul Webster, published online May 16, 2016.

Paragraph 3 states: "The CIHR [Canadian Institutes of Health Research] rejects both ideas, said Peggy Borbey, director general of CIHR's Investigator-Initiated Research Branch." In fact, the journalist was paraphrasing Michel Perron, CIHR vice-president external affairs and business development. Regarding the call for a national summit, CIHR President Dr. Alain Beaudet is on the record as stating that CIHR would be "pleased to participate in such an event as appropriate." On the matter of the call for an independent, international review, Perron said there is not yet enough evidence after only one round of grants for such a review, and that these reviews are routinely done by CIHR every five years (next one in 2019/2020). However, Beaudet recently announced that an international, external review of the peer review process is being fast-tracked to late 2017.

Paragraph 5 states: "'We received a troubling signal about the future of research and we want to address it,' Borbey added." In fact, Perron made the statement, not Borbey. It was also a paraphrase, rather than a direct quote.

The second part of this quote states: "We now expect that ECIs [early-career investigators] will do very well in the next round." It is attributed to Borbey, which is correct, but is in fact a paraphrase, not a direct quote.

CMAJ sincerely apologizes for these errors.

Reference

1. Webster P. CIHR hikes grants to young researchers. *CMAJ* 2016;188:647.

CMAJ 2016. DOI:10.1503/cmaj.1150110