We will consider for publication only letters submitted by mail or courier (not fax) in duplicate, printed in letter-quality type without proportional spacing and not exceeding 450 words. Letters must not duplicate material being submitted elsewhere or already published. We routinely correspond only with authors of accepted letters. Rejected letters are destroyed. Accepted letters are subject to editing and abridgement.

Seules peuvent être retenues pour publication les lettres reçues par la poste ou par messager (non pas par télécopieur) en double dont la longueur n'excède pas 450 mots. Elles doivent être mécanographiées en qualité «lettre» sans espacement proportionnel. Les lettres ne doivent rien contenir qui ait été présenté ailleurs pour publication ou déjà paru. En principe, la rédaction correspond uniquement avec les auteurs des lettres retenues pour publication. Les lettres refusées sont détruites. Les lettres retenues peuvent être abrégées ou faire l'objet de modifications d'ordre rédactionnel.

Sentence: education in ethics

I agree with Ian R. McWhinney, MD, in his letter (*Can Med Assoc J* 1993; 149: 1772) on the sentence given Stanley Bain, MD, by the Discipline Committee of the College of Physicians and Surgeons of Ontario for failing to notify a patient of possible exposure to HIV and for failing to report the possible infection to the Medical Officer of Health.

We probably all need an update on basic ethics or at least an ability to demonstrate competence in ethical decision making. Like McWhinney, I consider Bain's sentence humiliating. Clearly, any penalty given by a judiciary has a punitive component, but this can go too far. Because our democratic system of justice is considered the cornerstone of society, judiciary decisions must be seen to be fair.

The response by Françoise Baylis, PhD, and Jocelyn Downie, that "McWhinney has no concern for this woman," is difficult to understand. McWhinney does not direct his letter to or address the unfortunate circumstances of the couple involved. Baylis and Downie have misread his letter or have not read it objectively.

As well, Baylis and Downie ask Why does the loss of life raise less concern among some medical professionals than the humiliation of one physician? Every physician feels the loss of any life at any time under any circumstances, particularly if the death could have been prevented. To add humiliation to this may not be the most appropriate way to deal with the issue.

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[The authors respond:]

Many penalties for misconduct involve humiliation as a side effect: for example, a jail sentence given to a banker for embezzlement, an order for a school teacher to perform community service for drunk driving and a suspension of a student from school for smoking on school property. Yet imprisonment, community service and suspension are common and widely accepted responses to misconduct.

In assessing the appropriateness of a penalty we must ask whether the penalty serves the main goals of punishment — rehabilitation, deterrence and the protection of society. We might then ask whether these goals can be achieved without humiliating the accused. However, if the penalty serves these goals and humiliation cannot be avoided, we conclude that the goals must be served despite the humiliation, as long as the level of humiliation is not inappropriately high.

Dr. Bain's penalty is inadequate because it does not serve the goals of punishment, specifically rehabilitation: it does not ensure that Bain will undergo appropriate retraining (he does not have to take the biomedical ethics course, and the course objectives, content, context, instructor and method of evaluation are not specified). The penalty also lacks a sufficient deterrent and protective force: an unspecified course in bioethics is too mild a response to a serious breach of the physician–patient relation.

However, even if the penalty served the goals of punishment and there was no other way to achieve them, Bain's possible humiliation would not, in our minds, be an argument against imposing the penalty. Such humiliation is a lesser evil than further violation of the physician–patient relationship and the preventable loss of more lives.

Françoise Baylis, PhD
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Jocelyn Downie, M Litt, LLB
Ottawa, Ont.

Extrapolating from MDs' thoughts about euthanasia

The excellent article "What do Canadian MDs think about euthanasia? An update following the CMA annual meeting" (*Can Med Assoc J* 1994; 150: 395–397), by Douglas M. Sawyer, MD, leaves me with an uneasy feeling about what would happen if we used majority opinion to establish policy on other issues.

Imagine debating the appropri-

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