

Savulescu's article [1] came like a blast of fresh air to a foggy room so it was disturbing to find him attacked on spurious grounds of violating "the standards of argument based ethics" [2], attacking the "usual suspects of Christians and Americans" [3], and misunderstanding the ethical dilemma of a doctor facing infectious disease [4]. Whatever may be said against him or for these critics, there is no doubt that Savulescu is perfectly correct on one point, that it is and should be contrary to law for a doctor to withhold information from patients in such manner as to prevent competent individuals from taking fully informed decisions about their future medical treatment. A criminal offence for an individual doctor to decline to do any given procedure? - surely not - but to obstruct legally permissible treatment or conceal knowledge against the known or knowable wishes of the individual patient - clearly wrong.

Murray and de Zulueta [4] condemn Savulescu for saying what he did not say, a common enough debating tactic. It is of course ethically permitted, indeed required, for any doctor dealing with infection to preserve his or her own health as far as possible, for the greater good, just as the diving buddy must first make sure that his own oxygen supply is maintained (more familiar perhaps over emergency oxygen in passenger airplanes). Smith [3] is wrong if he thinks that only Christians and Americans oppose and obstruct abortion, though they may be the only ones in recent times to murder abortionists. Savulescu doesn't use either word. Also, there is no justification to compare someone who proceeds in accordance with a patient's wishes (over say euthanasia or abortion) to another person altogether who participates in state-directed murder or human experimentation. They are opposites: the first is a liberal, the second a fascist. Chervenak and McCullough [2] ask for a different kind of argument to those Savulescu has provided: that doesn't make his conclusions wrong. Self-evidently it is true that some doctors, a very few, ought to disqualify themselves from practice or certain kinds of practice by reason of disability arising from religious or quasi-religious belief.

Nearly all doctors, mercifully, including nearly all Catholic doctors of my acquaintance, do exactly as Savulescu wishes them to. When they cannot or will not carry through some procedure themselves, they facilitate their patient's access to another practitioner. They are all too likely to sacrifice their own lives in caring for sick people (that includes my own students), and are deeply reluctant to cause death merely by inaction. They certainly don't spend time worrying about theoretical ethics when it is a matter of acting quickly to preserve a life or a family. So the only thing he got wrong is in thinking that his ethic need be externally determined and imposed by some kind of busybody or other, if not Church then the State. In reality it already is at the core of our profession.

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1] Savulescu, J. Conscientious objection in medicine. *BMJ* 2006;332:294-7 (4 February)

2] Chervenak, F.A., McCullough, L.B. Author did not meet standards of argument based ethics. *BMJ* 2006;332:425 (18 February)

3] Smith, V.P. Doctors' freedom of conscience. *BMJ* 2006;332:425 (18 February)

4] Murray, E., de Zulueta, P. The ethics of responding to bird flu. *BMJ* 2006;332;425 (18 February)

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