withdraw consent to continued use of an intervention (as in our case),¹ but not to demand that any specific physician perform the withdrawal, nor to provide additional or alternative interventions.

Why would physicians feel moral distress? The “trolley train” and “footbridge” dilemmas⁴ show that once an increasing emotional valence weighs on a decision, most individuals become less pragmatic and lean to values associated with adherence to obligation.^{4,5} Thus, most clinicians would hesitate to extubate ventilator-dependent patients. If the extubation imposed on the physician’s moral principles, we would agree that doctors might pursue conscientious objection and thus protect their moral center.

Nina F. Schor, Rochester, NY: Dr. Pullicino is correct that the physician is free to—and probably should—establish a moral line over which he or she will not tread. It is then the obligation of that physician to make this judgment known to the patient.

Furthermore, the physician would then recuse himself or herself from the patient’s care when the wishes of the patient would require that the physician cross that line.

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CORRECTIONS

***SPG7* mutations are a common cause of undiagnosed ataxia**

In the Clinical/Scientific Note “*SPG7* mutations are a common cause of undiagnosed ataxia” by G. Pfeffer et al. (*Neurology*® 2015;84:1174–1176), there were omissions to the study funding, which should have included the following: “A.H.N. receives support from Action Medical Research and the Henry Smith Charity and the NIHR. J.M. receives support from Action Medical Research and the Henry Smith Charity. K.F. and D.S. are funded by the Medical Research Council (UK) Computational Genomics Analysis and Training programme (G1000902).” The authors regret the omissions.

Vigabatrin retinal toxicity in children with infantile spasms: An observational cohort study

In the article “Vigabatrin retinal toxicity in children with infantile spasms: An observational cohort study” by C.A. Westall et al. (*Neurology*® 2014;83:2262–2268), there is an error in the article processing charge (APC) note. The APC was not paid by Canadian Institutes of Health Research.

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