physicians who responded to the survey, 15 said that if they had advanced ALS themselves' they would choose home ventilation if a cure for ALS were imminent, if they had minimal limb involvement, if they had a special project to finish, if they still enjoyed living, and if their children were still young and needed to be raised. While the communication system described above is not a cure for ALS or other locked-in conditions, it profoundly alters the devastation that the disease wreaks by "unlocking" these patients from their paralyzed and mute bodies. Thus, it must affect present decisions on the care and management of locked-in patients. Even today, then, the ethical dilemma of deciding how to care for these patients remains.

Philip R. Kennedy, MD, PhD
Atlanta, GA

Reply from the Author: The Academy's position on the management of profoundly paralyzed patients who remain competent (eg, patients with the locked-in syndrome) is simply to permit patients to choose the level of medical treatment that they wish their physicians to provide. The perfection of a communication-enhancing device, such as that described by Dr. Kennedy, will be a marvelous and humane achievement in medical treatment. I fully agree that such a device, by permitting these patients to more effectively communicate their needs and feelings, will immeasurably improve the quality of their lives.

But I am puzzled about why Dr. Kennedy believes that the development of such a device would render groundless the basis of the Academy's opinion. The relevant portion of the Academy position is stated in paragraphs five and six: "physicians should make reasonable attempts to enhance the ability of these severely disabled patients to communicate their feelings, needs, and values. . . . physicians have the obligation to follow the health care decisions competently made by their patients."¹

Contrary to Dr. Kennedy's prediction, the development of such a device will further the Academy's policy. The device will permit these patients to communicate more effectively with their physicians and thereby enable them to more clearly explain their treatment goals. As a result, neurologists will be able to understand more clearly which therapies the patients do wish to have provided and which therapies they do not.

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Correction

In "Sensory neuropathy associated with Dursban (chlorpyrifos) exposure" by Kaplan et al, which appeared in the November 1993 issue (*Neurology* 1993;43:2193-2196), there is an error in table 1. Near the top of the first column in the table, the line "SNAP in mV" should have read "SNAP in μ V."

Correction

In "Practice parameter for electrodiagnostic studies in carpal tunnel syndrome (Summary statement)," which appeared in the November 1993 issue (*Neurology* 1993;43:2404-2405), the name of Dennis E. Wilkins, MD, should have been listed as a member of the American Association of Electrodiagnostic Medicine Quality Assurance (AAEM QA) Committee. Also, Faren H. Williams, MD, a member of the AAEM QA Committee, was incorrectly listed as Faren H. Williams, MS.

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Neurology 1994;44:367-367-b
DOI 10.1212/WNL.44.2.367-b

This information is current as of February 1, 1994

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