

## Letter to the Editor

Dear Madam: I would like to begin by thanking Drs. Mann, Djulbegovic, and Gold for taking the time to respond to my recent article and for their comments and critique (Letter to the Editor, *JLME*, Spring 2003). However, I find that they misunderstand my article (“Evidence, Belief, and Action: The Failure of Equipoise to Resolve the Ethical Tension in the Randomized Clinical Trial,” *JLME*, Fall 2002) in two important respects. In order to correct any misimpressions left by either my article or their letter addressing it, let me respond here.

First, I claim that the equipoise standard relates to what one has reason to *believe* and thus cannot resolve the ethical question inherent in the randomized clinical trial because a patient considering entering a trial is concerned not about what she should believe but about what she should do. Because the criteria for reasonable belief and for reasonable action are different, there is a mismatch between the ethical problem and the offered resolution. However, to

say that the criteria for belief and for action are different is not to say that one is irrelevant to the other. Mann, Djulbegovic, and Gold rightly note that “[a] patient is surely interested in the reasoned beliefs of physicians in her condition.” But when they write that “[t]he notion that clinical equipoise is *irrelevant* to an action decision is puzzling,” they confuse the claim that belief is not *sufficient* for an action decision (which I argue) with the claim that belief is irrelevant to action (a position that is obviously untrue).

Second, Mann, Djulbegovic, and Gold misconceive the type of argument presented in my article. In response to my claim that the randomized trial compromises individual patient interests for the benefit of the acquisition of knowledge that will benefit the community as a whole, they claim that this “is a statement of belief unsupported by evidence.” But my article offers an ethical, not an empirical, argument for the position it advances. It purports to at-

tack the equipoise justification at its core by arguing that a standard that relates to what one has reason to believe cannot dissolve the ethical tension in the randomized clinical trial because the patient is concerned with more than what she should believe. As such, my argument doesn’t depend on evidence about how often new therapies are better than conventional therapies. The interest of the patient that I have in mind is her interest in the physician seeing the situation through her eyes. Her eyes are focused on action. Since belief is relevant, but not sufficient, to answer a question about action, an ethical standard that focuses on belief will not fully respect her interests. If it turns out that in the aggregate, new therapies are not better than old, this surely doesn’t undermine my argument. Rather, this information, like other information, ought to be considered by the patient in consultation with her doctor when deciding what therapy is likely to be best for her.

Deborah Hellman  
University of Maryland School of Law