

Gross's *Bioethics and Armed Conflict* is a timely addition to the growing literature on military medical ethics.

Early in the book, Gross offers a description and comparison of fundamental moral principles in medicine and in war. He then uses these principles to analyze a variety of moral questions confronted by military physicians. For example, who should receive medical treatment in war? What health care rights should military personnel enjoy? Should military physicians be impartial in treating the wounded? Should medical personnel and facilities be granted immunity from attack? Should military physicians participate in torture as a means of gaining vital information? Should physicians assist in the development of new chemical and biologic weapons?

Physicians reading *Bioethics and Armed Conflict* are likely to find the author's answers to these questions highly provocative. Gross considers and almost completely rejects the standard guidelines for physicians in war that are contained in the Geneva Conventions and in policy statements of professional organizations such as the World Medical Association. The view articulated in those documents is that of the military physician as impartial and above the fray, basing decisions about medical treatment solely on medical criteria of need, strictly refraining from any complicity in torture or in the development of chemical or biologic weapons, and relying on the same bioethical principles to guide professional practice in wartime and in peacetime.

In sharp contrast to this traditional view, Gross argues that the demands of war require military physicians to embrace new moral priorities and responsibilities. He emphasizes the fact that wars often pose a grave threat to the existence and ethos of an entire nation. Gross argues that in response to this threat, nations and their citizens, including physicians, must shift their moral allegiance from the interests and rights of individuals to the interests and rights of the nation as a whole. This shift from individual to collective interests largely directs Gross's answers to the moral questions he asks. He argues, for example, that military physicians must give priority to their own soldiers over enemy soldiers and civilians, and to soldiers who can be returned quickly to combat over soldiers with more severe injuries. He justifies this order of priority in part by asserting that military personnel lose their right to

life. Gross concludes that physicians' participation in torture is permissible if the torture is necessary to prevent imminent harm. He also asserts that physicians may have a duty to participate in weapons development, stating that "doctors must sometimes help build bombs."

In *Bioethics and Armed Conflict*, Gross argues persuasively that the traditional guidelines for physicians in war are increasingly insupportable in today's world of unconventional wars and weapons of mass destruction. However, Gross's alternative, which subordinates the roles and responsibilities of military physicians to national interests, may swing too far in the opposite direction. It demands, at the least, a fuller description and defense of the moral authority of nation-states. Gross does acknowledge that the behavior of nations should conform to just-war principles and humanitarian law, but the role of these constraints remains unclear. The rules of the Geneva Conventions that protect the interests of noncombatants in wartime are certainly examples of humanitarian law, yet Gross contends that military physicians should not adhere to them. Despite these shortcomings, the arguments presented in this book pose a formidable challenge to physicians and scholars who would defend a more independent role for medicine in war.

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## CORRECTION

Glycemic Durability of Rosiglitazone, Metformin, or Glyburide Monotherapy (December 7, 2006;355:2427-43). Having discovered an error in their original reporting, the authors undertook a complete audit of all the data reported in the published article. The results of that audit change some of the published data, as follows. None of these changes materially affect the scientific findings, interpretation, or conclusions of the study. In the Methods section, the last sentence under Study Design (page 2428) should have read "Patients were followed until the termination of the study in June 2006, with a median treatment duration of 4.0 years (maximum, 6.1)," rather than "(maximum, 6.0)." In Table 1 (page 2430), in the "Time since diagnosis of diabetes" entry, the number of rosiglitazone patients should have been 651 for <1 year and 758 for 1-2 years. In the Results section, the first sentence under Secondary Outcomes (page 2433) should have read "The rate of progression to a confirmed fasting plasma glucose level of more than 140 mg per deciliter also differed significantly among the groups: 79 of 511 patients in the rosiglitazone group, as compared with 127 of 520 patients in the metformin group

(risk reduction, 36%; 95% CI, 15 to 52;  $P=0.002$ ),” rather than “risk reduction, 34%.” In Figure 3 (page 2434), the ranges should have been as follows: Age:  $\leq 50$  yr,  $>50-60$  yr,  $>60$  yr; BMI:  $\leq 30$ ,  $>30-35$ ,  $>35$ ; Weight:  $\leq 82.0$  kg,  $>82.0-97.3$  kg,  $>97.3$  kg; Waist circumference:  $\leq 99$  cm,  $>99-110$  cm,  $>110$  cm; and Baseline fasting plasma glucose:  $\leq 140$  mg/dl,  $>140$  mg/dl. The third sentence of the third paragraph under Secondary Outcomes (page 2434) should have read “From the longitudinal linear model, a mean glycated hemoglobin level of less than 7% was maintained until the visit at 57 months in the rosiglitazone group” rather than “60 months.” In Figure 4A (page 2436), the Treatment difference (95% CI) for rosiglitazone vs. metformin should have been  $-9.8$  ( $-12.6$  to  $-7.0$ ). In Figure 4G (page 2437), the Annualized slope (95% CI) should have been  $-0.12$  ( $-0.32$  to  $0.07$ ) for metformin and  $0.12$  ( $-0.10$  to  $0.34$ ) for glyburide. In Figure 4H (page 2437), the Annualized slope (95% CI) should have been  $0.0010$  ( $-0.0006$  to  $0.0026$ ) for metformin and  $0.0011$  ( $-0.0007$  to  $0.0029$ ) for glyburide. In the Discussion section, the third sentence of the second paragraph (page 2439) should have read “By comparing three drugs head to head, our study provides long-term evidence that progressive loss of glycemic control can be delayed and a mean level of glycated hemoglobin maintained at less than 7% for a longer period with rosiglitazone (57 months)” rather than “60 months.” The second sentence of the fifth paragraph in the same section (page 2440) should have read “The protocol specified that all patients be free of known CHF on entry into the study. However, a retrospective review of source documents revealed that 17 patients (5 in the rosiglitazone group, 6 in the metformin group, and 6 in the glyburide group) entered the study with a current diagnosis of CHF. Only one of these patients (randomized to metformin) contributed to the events of CHF that are detailed in Table 2” rather than “At study entry, all patients were free of known CHF.” The article has been corrected on the *Journal's* Web site at [www.nejm.org](http://www.nejm.org).

## NOTICES

*Notices submitted for publication should contain a mailing address and telephone number of a contact person or department. We regret that we are unable to publish all notices received. Notices also appear on the Journal's Web site ([www.nejm.org/meetings](http://www.nejm.org/meetings)). The listings can be viewed in their entirety or searched by location, month, or key word.*

### MEDICAL EDUCATION WEEK 2007

The following workshops will be held in Singapore: “Workshop 1: On the Art of Listening” (April 23) and “Workshop 2: On the Skill of Mentoring” (April 24 and 25).

Contact Medical Education Week 2007, SGH Postgraduate Medical Institute, Singapore General Hospital, Block 6, Level 1, Outram Rd., Singapore 169608; or call (65) 6326 5284; or fax (65) 6223 9789; or see <http://www.pgmi.com.sg>; or e-mail [chang.jing.yun@sgh.com.sg](mailto:chang.jing.yun@sgh.com.sg).

### 12TH CONGRESS OF THE EUROPEAN HEMATOLOGY ASSOCIATION

The congress will be held in Vienna, June 7–10. Deadline for early registration is May 10.

Contact European Hematology Association Executive Office, Westblaak 71, 3012 KE Rotterdam, the Netherlands; or call (31) 10 436 17 60; or fax (31) 10 436 18 17; or e-mail [info@ehaweb.org](mailto:info@ehaweb.org); or see <http://www.ehaweb.org>.

### ULTRASONOGRAPHY: COMPETENCE IN THE ICU

The course will be offered in Orlando, FL, April 27–29.

Contact American College of Chest Physicians, 3300 Dundee Rd., Northbrook, IL 60062; or call (800) 343-2227; or e-mail [accp@chestnet.org](mailto:accp@chestnet.org); or see <http://www.chestnet.org/education/calendar.php>

### STEM CELLS AND CNS REGENERATION

The symposium will be held in Boston, May 31 and June 1. Deadline for submission of abstracts is April 30.

Contact Biosymposia, 1099 Hingham St., Rockland, MA 02370; or see <http://www.biosymposia.org>.

### SCIENTIFIC ADVANTAGE ANNUAL MSL LEADERSHIP SUMMIT

The pre-meeting workshops and summit will be held in Bridgewater, NJ, on May 1 and 2, respectively.

Contact Arlene Vasquez, Scientific Advantage, 80 Morris-town Rd., #388, Bernardsville, NJ 07924; or call (908) 204-0995; or e-mail [arlene.vasquez@scientificadvantage.com](mailto:arlene.vasquez@scientificadvantage.com); or see <http://www.scientificadvantage.com>.

### AMERICAN SOCIETY OF BREAST SURGEONS

The “8th Annual Meeting” will be held in Phoenix, AZ, May 2–6.

Contact the American Society of Breast Surgeons, 5950 Symphony Woods Rd., Suite 212, Columbia, MD 21044; or call (410) 992-5470; or fax (410) 992-5472; or e-mail [meetings@breastsurgeons.org](mailto:meetings@breastsurgeons.org); or see <http://www.breastsurgeons.org>.

### HIV MANAGEMENT 2007: THE NEW YORK COURSE

The course will be offered in New York, May 4 and 5.

Contact The New York Course, 430 Franklin Village Dr., Suite 105, Franklin, MA 02038; or call (888) 391-3996; or fax (508) 528-7880; or e-mail [info@newyorkcourse.com](mailto:info@newyorkcourse.com); or see <http://www.newyorkcourse.com>.

### AMERICAN OCCUPATIONAL HEALTH CONFERENCE

The conference will be held in New Orleans, May 5–8.

Contact American College of Occupational and Environmental Medicine, 25 Northwest Point Blvd., Suite 700, Elk Grove Village, IL 60007-1030; or call (847) 818-1800, extension 374; or fax (847) 818-9265; or see <http://www.ocoem.org>.

### NORTH CAROLINA OCCUPATIONAL SAFETY AND HEALTH EDUCATION & RESEARCH CENTER

The following courses will be offered in Chapel Hill, NC: “Building Inspection and Management Planning for Asbestos” (refresher course, April 3); “Designing Asbestos Abatement Projects” (refresher course, April 4); “Certified Safety Professional (CSP) Review Course” (April 23–27); “Supervising Asbestos Abatement Projects” (April 30–May 4; refresher course, April 2); “COHN/Safety Management Certification Review Course” (May 7–10); and “Certified Hazardous Materials Manager (CHMM) Review” (June 18–21).

Contact Occupational Safety and Health Education & Research Center, University of North Carolina, 3300 Hwy. 54 W., Chapel Hill, NC 27516-8264; or call (888) 235-3320 (national) or (919) 962-2101 (NC); or fax (919) 966-7579; or see <http://www.sph.unc.edu/osherc/>; or e-mail [oshercww@sph.unc.edu](mailto:oshercww@sph.unc.edu).

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