

THE EDITORIALIST REPLIES: Although we may one day use HPV testing for primary screening, we are not ready to do so at this time. Before we can accept HPV testing for primary screening, we will need to develop a rapid, simple, accurate, and affordable HPV DNA test. New algorithms, including a triage for HPV DNA tests, will need to be developed and tested. The duration of protection afforded by a negative HPV DNA test will require further long-term follow-up of studies like the one reported by Mayrand and colleagues.

As noted in my editorial, the ultimate goal of cervical screening has to be to reduce the incidence of and mortality from invasive cervical cancer worldwide with the use of a cost-effective and readily available test. The optimal approach will depend on the prevalence of disease, access to screening, and available resources. We are not there yet.

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Patients' Competence to Consent to Treatment

TO THE EDITOR: In his Clinical Practice article on the assessment of patients' competence to consent to treatment (Nov. 1 issue),¹ Appelbaum invokes the ability to reason as a central criterion for capacity. I consider this ethically troublesome. The criterion that can replace reasoning, with fewer unintended consequences, is consistency over time.² Capacity has more to do with acting characteristically than with acting reasonably.

Appelbaum concludes, for the case presented, that "psychiatric consultation should be considered" because of the possible presence of early dementia or depression, despite acknowledging that neither condition rules out capacity. Capacity is presumed for all adults, like the presumption of innocence in a criminal trial. When in doubt, capacity should be assessed by those who best know the patient. Hence, the primary care physician is usually better able to assess capacity than is a psychiatric consultant. When additional input is needed, a more patient-centered alternative to psychiatric consultation is available at most teaching hospitals — namely, an ethics consultation.

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1. Appelbaum PS. Assessment of patient's competence to consent to treatment. *N Engl J Med* 2007;357:1834-40.

2. Spike JP. Assessment of decision-making capacity. In: Aronson C, Brummel-Smith K, eds. *Reichel's care of the elderly*. 6th ed. New York: Cambridge University Press (in press).

THE AUTHOR REPLIES: As I state in the article with regard to psychiatric consultation, "treating physicians may have the advantage of greater familiarity with the patient and with available treatment options. Psychiatric consultation may be helpful in particularly complex cases or when mental illness is present." That ethics committees sometimes play helpful roles offers no reason to alter that judgment.

Although Spike would favor application of a consistency standard rather than reasoning, this is not generally accepted¹ — for good reason. Consistency with past behavior is a difficult determination,² especially for unprecedented decisions (e.g., amputation); moreover, a consistency standard risks denying patients the right to choose differently today than they have in the past.

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1. Berg JW, Appelbaum PS, Grisso T. Constructing competence: formulating standards of legal competence to make medical decisions. *Rutgers Law Rev* 1996;48:345-71.

2. Gutheil TG, Appelbaum PS. Substituted judgment: best interests in disguise. *Hastings Cent Rep* 1983;13(3):8-11.