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THE AUTHORS REPLY: Mirakaj et al. raise the interesting question of whether VASP may also participate in the cross-talk mediating constitutive preservation of the vascular wall. VASP appears to be a key regulator of dynamic actin structures¹ and mediates adhesive forces across adherens junctions.² Experiments in gene-knockout mice show no evidence of a hemorrhagic or petechial phenotype but do show evidence of increased platelet activation.³ Under steady-state physiologic conditions, it is unlikely that the VASP pathway plays a significant role in preserving the structural and functional integrity of the endothelial zipper. However, in ischemic diseases, elevated expression of hypoxia-inducible factor 1 α leads to decreased VASP expression with enhanced platelet activation and

endothelial dysfunction.⁴ Similarly, in inflammatory states, VASP may regulate neutrophil migration across vascular beds through effects on the adherens junction.⁵

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Military Medical Ethics

TO THE EDITOR: Regarding the Perspective articles by Annas¹ and by Marks and Bloche² (Sept. 11 issue) describing interrogation training of physicians by the military, participation in interrogations violates the duty of the physician to be a healer and undermines the public's trust that the physician will act in the best interest of his or her patients. It is for these reasons that the American Psychiatric Association and the American Medical Association oppose the participation of physicians in interrogations. Before adopting those official positions, we consulted with the Department of Defense and arrived at an agreement that physicians would not be called on by the military to take any role in interrogations. We are in the process of writing to Secretary of Defense Robert M. Gates to protest the involvement of physicians in any program that would violate their professional ethics.

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TO THE EDITOR: The practice of medicine is rooted in trust, even in times of war. The Code of Medical Ethics of the American Medical Association (AMA) clearly states that as members of the medical profession, physicians must neither conduct nor directly participate in interrogation.¹ By authorizing military psychiatrists to directly participate in interrogation, the U.S. military undermines the physician's role as a healer and places at risk the public's trust in the individual physician and the profession.

U.S. military policy on psychiatrists' participation in interrogation also deviates from professional ethics when it differentiates between treating and nontreating physicians, a distinction not recognized in AMA policy. Physicians must never use their medical skills to intentionally harm others. This ethical principle applies even when a physician practices under the authority of third

persons. When physicians act primarily to serve the interests of third parties, especially in activities that may be physically and mentally coercive, they violate the fundamental obligations of medicine.

The AMA calls on the U.S. military to revise its policy to conform to the ethical standards established by the medical profession.

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Amyloid and Transplanted Islets

TO THE EDITOR: In their letter to the editor, Westermark and colleagues (Aug. 28 issue)¹ report on their identification of amyloid in 43% of intrahepatically transplanted islets on postmortem examination of a recipient with type 1 diabetes. Amyloid is composed of amylin (islet amyloid polypeptide [IAPP]) that is cosecreted from the beta cell with insulin but normally is inhibited from forming amyloid by appropriate proportions of insulin and other factors in the beta cell.^{2,3} Proportions of insulin and amylin within the beta cell are best estimated *in vivo* following secretion after acute stimulation.⁴ To determine whether insulin and amylin are secreted in appropriate proportions after human islet transplantation, we measured plasma concentrations of both hormones before and after arginine stimulation under fasting and hyperglycemic-clamp conditions in four insulin-independent islet recipients and matched controls; the characteristics and C-peptide data of the subjects were reported previously.⁵ Insulin responses to arginine were relatively more reduced during the hyperglycemic clamps than were amylin responses, resulting in markedly lower ratios between insulin and amylin (Fig. 1, next page). These data indicate that during hyperglycemia, intrahepatically transplanted islets secrete disproportionately more amylin than normal, suggesting that hyperglycemia in the islet recipient may have contributed to the observed amyloid deposition.

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THE AUTHORS REPLY: The findings of Rickels et al. are important, since they indicate a disturbed regulation of IAPP (also called amylin) and insulin in human islets transplanted to the liver. It is known from experiments with transgenic mice that increased production of IAPP in such animals does not induce amyloid formation, since even very high expression of human IAPP does not lead to islet amyloidosis unless additional risk factors are present.¹ When normal human islets are cultured *in vitro* or transplanted into nude mice, islet amyloid develops quickly. The explanation for this phenomenon is not clear. Amyloid, sometimes found within islet beta cells, contains in addition to mature IAPP its precursor, proIAPP.² Incomplete processing of proIAPP may trigger the first amyloid formation.³ During beta-cell stress, an increased release of proinsulin and the processing intermediate des-31,32-split-proin-