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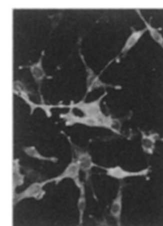

Cover: A normal human gene attached to control regions of an animal tumor virus has made these mouse cells capable of causing tumors. The fluorescent stain shows the human gene's protein product. Recent research has shown that the genetic difference between normal and malignant cells can be as small as a single mutation. (Micrograph courtesy of Mark Furth, NCI)

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Letters

The suicide tally

I would like to make a slight correction regarding the suicides from the Golden Gate bridge ("Quality suicide" SN: 10/2/82, p. 216). It is true, as stated in your summary, that there were 672 suicides. However, this figure included only those cases through 1979 when my research concluded. In the subsequent 3 years there has been a continuing pattern of suicides from the Golden Gate bridge, so that the figure at present is closer to 750 deaths from this self-destruction landmark, which is now the number 1 location for suicides in the entire world.

Richard H. Seiden, Ph.D., MPH
University of California
Berkeley, Calif.

Death with dignity

"A Question of Life or Death" (SN: 10/9/82, p. 232) ignores the main issue: money! "Death with dignity" isn't just moral, it's also cheaper. Often the pain of enormous bills exceeds the physical torture. In a vacuum, the arguments presented sound fine. In the real world, each dollar spent keeping a patient alive needlessly could, alternatively, be spent elsewhere. Can anyone deny the Quinlans paid dearly in dollars for their ordeal? Can't everyone imagine better uses for those medical and legal fees? The big picture is "how do we allocate limited funds?" If doctors can't grasp the concept of limited funds, perhaps it's time their personal funds were limited!

Larry Langdon
Cottage Grove, Ore.

The problem came home to me last year when my father contracted pneumonia after a long battle with myelofibrosis.

While medical people need to prepare for hard choices, ethics committees alarm me when they include religious as well as medical and community leaders.

Religion speaks in multiple and conflicting voices. Committed religious people take every side of the abortion controversy, for example. The search for an ethical view of dignified death could lose ground in religious confusion.

And religion after all does not speak for ethics but for God whose interests, it seems, differ from ours. For that reason millions of Americans choose to rest their ethical choice on human experience rather than religious tradition. It would be cruel to force an ethically pointless death on these people out of respect for religious scruples they don't share.

The best medical ethics should come from mixing the harsh necessity to decide with a solid command of medical realities and human consequences. The medical and community leaders on an ethics committee should have those ingredients themselves without asking religion for a quick fix.

William T. Ingersoll
Burlingame, Calif.

The article entitled "Nipponese Know-How" (SN: 11/6/82, p. 296) was written by policy/technology editor Janet Raloff. The byline was inadvertently dropped in most issues during the printing of the magazine.

Correction: The story "FDA OK's new insulin" (SN: 11/6/82, p. 294) refers to a handful of diabetics who are allergic to human insulin. This should have read animal insulin.

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