sion, stated that "the standard of care identified in this article has not been imposed by a court of law. It is the standard of care developed by geneticists and physicians. Debate as to its 'reasonableness' will have to be resolved by the medical genetics community" (Sharpe 1994*a*).

NEIL F. SHARPE
Genetic Testing Research Group
Hamilton
Ontario

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Address for correspondence and reprints: Neil F. Sharpe, 117 Inchbury Street, Hamilton, Ontario, Canada, L8R 3B7. E-mail: medgen@ican.net

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Reply to Sharpe

To the Editor:
Mr. Sharpe correctly notes that in our article (Fitzpatrick et al. 1999) he was credited for considering the existence of a physician's duty of care toward patients (Sharpe 1994). His comments in this regard were indeed made in the context of Huntington disease, but, as we did not attribute to him *any* opinion on the duty to recontact, his position on this subject was not misrepresented, but simply omitted, from our discussion. We apologize to Mr. Sharpe and thank him for clarifying his position. The intention of our article was to report and discuss original research findings and not to present a detailed analysis of medical principles and legal obligations associated with a theoretical duty to recontact. It was our hope that our article would stimulate such a discourse, and we thank Mr. Sharpe for his insightful comments.

JENNIFER L. FITZPATRICK AND MARLENE J. HUGGINS
Department of Obstetrics and Gynecology
Hamilton Health Sciences Corporation
Hamilton, Ontario

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Address for correspondence and reprints: Marlene J. Huggins, M.Sc., Room 4D7, McMaster Hospital, Hamilton Health, Sciences Corporation, 1200 Main Street West, Hamilton, Ontario L8N 3Z5, Canada. E-mail: hugginsm@exchange1.cmh.on.ca

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The Choice to Have a Disabled Child

To the Editor:
What are the purposes of genetic testing, what are the principles guiding its use, and who should decide what tests should be available for what purposes? These familiar questions are raised in an unfamiliar context by a study reported recently in this journal (Middleton et al. 1998). Attitudes toward genetic testing were assessed among deaf people attending a conference in the United