CIOMS Guideline 14 states, "if there is already an approved and accepted drug for the condition that a candidate drug is designed to treat, placebo for controls usually cannot be justified" (*1*). That is a conditional statement rather than a total restriction on placebo-controlled trials, and the debate centers around under what conditions placebo trials, after the first vaccine trial, if any, can ethically be conducted. Because no vaccine for HIV has yet been "approved and accepted," and because prophylactic vaccines do not fall into the category of "best proven diagnostic or therapeutic method," it could be argued that there is little specific guidance with regard to the appropriate controls for trials of a new vaccine, if an existing vaccine of low efficacy did exist. It is my view that many vaccines with low protective efficacy would not meet the current standards of "best proven prophylactic" or "approved and accepted," and in such a circumstance placebo controlled trials may well be ethically conducted. But the issue should be resolved in the context of available data on specific vaccines, their safety and possible efficacy, after full public discussion.

Finally, I would like to propose that consideration be given to a specific modification of the Declaration of Helsinki and CIOMS guidelines, in which "the best proven diagnostic and therapeutic method" would be replaced with, "In any medical study, every patient—including those of a control group, if any—should be assured of the highest attainable standard of care." It was recently brought to my attention that this change would be consistent not only, as I had indicated, with the Preamble to the Charter of The World Health Organization, but with Article 12 of the International Covenant on Economic, Social, and Cultural Rights, which recognizes "the right of everyone to the highest attainable standard of physical and mental health" (*2*).

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References

1. *International Ethical Guidelines for Biomedical Research Involving Human Subjects* (CIOMS in collaboration with the World Health Organization, Geneva, 1993), pp. 37–43.
2. H. J. Steiner and P. Alston, *International Human Rights in Context: Law, Politics, Morals* (Clarendon, Oxford, UK, 1996), pp. 1175–1181.

Corrections and Clarifications

■ The Random Samples item "New promise for silicon" (22 May, p. 1199) should have identified Patrik Schmuki at the Swiss Federal Institute of Technology as the principal author of the research described. Lynden Erickson at National Research Council of Canada also participated in the research.

■ In the report "Budding yeast Cdc20: A target of the spindle checkpoint" by L. H. Hwang *et al.* (13 Feb., p. 1041), the labels in figure 1A (p. 1042) for the DNA-binding domain fusion and activation domain fusion were transposed. They should have indicated that the Mad1, Mad2, Mad3, and Snf1 genes were fused to the DNA binding domain and that the Cdc20 and Snf3 genes were fused to the activation domain.

Letters to the Editor

Letters may be submitted by e-mail (at science_letters@aaas.org), fax (202-789-4669), or regular mail (*Science*, 1200 New York Avenue, NW, Washington, DC 20005, USA). Letters are not routinely acknowledged. Full addresses, signatures, and daytime phone numbers should be included. Letters should be brief (300 words or less) and may be edited for reasons of clarity or space. They may appear in print and/or on the World Wide Web. Letter writers are not consulted before publication.