

imagined. Subsections (b) and (c) thus add nothing of value to subsection (a). Second, the best interests' checklist is incomplete and provides rather little guidance for the decision-maker. Third, the conceptual relationships between the position the Act takes on advance decisions and on best interests are inadequately clarified.

The first flaw is relatively benign although if subsections (b) and (c) are invoked it can mask what assumptions are being made in deciding best interests. The second can be addressed through developing the Code of Practice. We have suggested ways in which the checklist can be expanded, and cases that could be used for showing how it should be applied. With regard to the third issue, we have argued that the position that the Act takes with regard to advance decisions should impact on the concept of best interests within the Act. The practical effect of such impact, however, will remain slight until there is more clarity about how to decide when an advance decision is valid and applicable.

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## Correction

There was an error in an article published in the October issue of the journal (Cacic V. Smart drugs for cognitive enhancement: ethical and pragmatic considerations in the era of cosmetic neurology. *J Med Ethics* 2009;**35**:611–15). On p 613 under Performance-enhancing drugs are dangerous, it reads "Caffeine, for example, reliably increases performance in a range of sports including swimming, cycling and running at doses allowed by WADA. Yet despite being a form of "cheating" in the same vein as anabolic steroids, caffeine's use in sport is permitted because it is relatively harmless." It should read "Caffeine, for example, reliably increases performance in a range of sports including swimming, cycling and running. Yet despite being a form of "cheating" in the same vein as anabolic steroids, caffeine's use in sport is permitted by WADA because it is relatively harmless."

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