co-immunoprecipitation (Fig.). To control for variability in the immunoprecipitation procedure and to normalize calcineurin levels, we also probed the same blot with calmodulin antibody. Calcineurin is activated by an average of $400 \pm 19\%$ in the failed left ventricular samples, compared with an average of $100 \pm 18\%$ in the non-failed samples ($P < 0.0001$). Separate GAPDH (Fig.) and calmodulin (not shown) western blots demonstrated similar integrities for each of the protein extracts and equal levels of endogenous calmodulin protein (Fig.). The data were quantified on a PhosphorImager (Molecular Dynamics, Sunnyvale, California) by detecting fluorescence emission generated with the ECF western blot kit (Amersham).

One variable that might affect the observed profile of activated calcineurin in this study is drug treatment regimen. Each heart failure patient was

on some combination of diuretics, angiotensin converting enzyme (ACE) inhibitors, inotropic agonists or anti-arrhythmia agents (Table). However, although three of the five normal ventricular samples were obtained from patients receiving either a diuretic or inotropic agonist (Table, patients 1–3), calcineurin was not substantially activated in these samples compared with the samples from patients with heart failure. Other variables such as age or sex of the patients did not seem to affect the levels of activated calcineurin substantially. These data indicate that calcineurin may play a critical part in the progressive nature of human heart failure, consistent with the known profile of altered calcium handling during heart failure.

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Chinese genetics and ethics

To the editor—As the principal investigator of the 37-nation survey of ethics and genetics discussed in your News section in October 1998 (*Nature Medicine* **4**, 1096; 1998), I would like to correct some misperceptions in your report on the ethical views of Chinese geneticists.

Your report states that 93% of Chinese geneticists agreed that people who are carriers of genetic disorders “should be required to undergo prenatal diagnosis.” The survey never used the word “required,” which implies legal coercion. Instead, the question

read: “People at high risk for serious disorders should not have children unless they use prenatal diagnosis and selective abortion.” This implies an ethical duty, not a legal requirement.

Your report also said that only 5% of Chinese respondents thought that “a blind couple should be free to decide whether or not to give birth to a blind child,” once again implying some sort of legal restraint against free decisions. The question actually presented a case vignette of a blind couple, both of whom have the same autosomal recessive

disorder such that any child of their own would be blind from birth, who have rejected adoption of a sighted child or use of donor gametes. Geneticists were asked whether they would tell this couple that they would “support whatever decision they would make.” (Supporting clients’ decisions, even if you disagree, is a tenet of nondirective counseling in English-speaking countries.) It is hardly surprising that few Chinese geneticists, in contrast to most Australian geneticists, would support a possible decision to have a blind child. This does not mean, however, that the Chinese believed that ‘there ought to be a law’ against free decisions.

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Filing a complaint

To the editor—In your January 1999 letter from Nancy Olivieri, I am mentioned as “an Apotex-paid research fellow.”

I wouldn't mind being a research fellow again, if only nature could give me back the 15 years that have elapsed. However, I suspect this is against nature. Needless to say, I never tried to gain access to Olivieri's files. I hardly have time for my own files. I do not believe she intended to say so either, but the typographical error that transformed me into a trainee made it sound like that.

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LETTERS TO THE EDITOR

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