their sexual relationships and also prevent transmission. Concern about infecting a partner is common among those diagnosed, although relationship issues and not infection control seem to be the main cause for this.1

The chosen ethical principles for guidance should be intellectually and emotionally acceptable in the affected society, in our case primarily patients at an STD clinic, their partners, the clinic staff, and policy officials. We do not know whether this is the case, and more information is needed from social science research.

In our opinion, justice as solidarity (see bmj.com) should be paired with autonomy in ethical deliberations of preventive health interventions. If the goal is solidarity rather than conformity, patients must be free to decide what they think is right, because that is what moral responsibility is all about. Without professional truthfulness—the basic tenet of patient involvement in clinical decisions—solidarity could never be accepted as an argument by itself. Patients must understand and feel comfortable with the messages from health institutions. They must also be convinced that reasonable societal support will be available and affordable for those infected with HSV-2 as well as for their partners.

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Contributors and sources: IK is a specialist in infectious diseases and professor in epidemiology and public health with an interest in the ethics of public health. G-RL, IK, and BMA are part of a herpes research network in western Sweden. TN is professor in medical ethics. IK and TN had the idea for this paper, and IK wrote the first draft. All authors contributed to the final version from their special fields of competence. The article is based on sources from the Pub Med and medical ethics research literature. They are all guarantors.

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