

Summary points

The neuroanatomical system for pain can be considered complete by 26 weeks' gestation

A developed neuroanatomical system is necessary but not sufficient for pain experience

Pain experience requires development of the brain but also requires development of the mind to accommodate the subjectivity of pain

Development of the mind occurs outside the womb through the actions of the infant and mutual adjustment with primary caregivers

The absence of pain in the fetus does not resolve the morality of abortion but does argue against legal and clinical efforts to prevent such pain during an abortion

increased administration of fentanyl or diazepam to pregnant women, which increase risks to the women and costs to the health provider, undermine the interests of the women and are unnecessary for fetuses, who have not yet reached a developmental stage that would support the conscious experience of pain.

Conclusion

The neural circuitry for pain in fetuses is immature. More importantly, the developmental processes necessary for the mindful experience of pain are not yet developed. An absence of pain in the fetus does not resolve the question of whether abortion is morally acceptable or should be legal. Nevertheless, proposals to inform women seeking abortions of the potential for pain in fetuses are not supported by evidence. Legal or clinical mandates for interventions to prevent such pain are scientifically unsound and may expose women to inappropriate interventions, risks, and distress. Avoiding a discussion of fetal pain with women requesting abortions is not misguided paternalism²¹ but a sound policy based on good evidence that fetuses cannot experience pain.

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Corrections and clarifications

Treating refractory epilepsy in adults

We made some last minute page changes to this editorial by Edward Reynolds to keep the editorials section within the required number of pages that week (*BMJ* 2006;332:562-3, 11 Mar). Unfortunately, this led to some weakening of the author's arguments. The following sentence should be reinstated after the first sentence of the article: "Before the 1970s such patients were invariably treated with polytherapy, often with combined capsules of phenobarbital and phenytoin." A further sentence should be reinstated after the second sentence of the final paragraph: "The priority of industry is the marketing of new drugs by short term, placebo controlled trials that show efficacy without unacceptable toxicity to the satisfaction of regulatory and licensing authorities." And the final sentence of the article should have continued, "especially as the NICE guidelines suggest that claims that the newer drugs are associated with a better quality of life rest on weak or inadequate evidence."⁸⁸

Unrelated to the above editorial cuts, we also failed to publish the following competing interests statement that the author had already supplied to us: "I undertook clinical studies of monotherapy and polytherapy in newly diagnosed and refractory patients in the 1970s and 1980s for which I received funding from the Medical Research Council and several pharmaceutical companies."

Effect of combinations of drugs on all cause mortality in patients with ischaemic heart disease: nested case-control analysis

The authors of this article by Julia Hippisley-Cox and Carol Coupland, published last year, have advised us that a reference was wrong (*BMJ* 2005;330:1059-63, 7 May). Reference 16 should be:

PEACE Trial Investigators. Angiotensin-converting-enzyme inhibition in stable coronary artery disease. *N Engl J Med* 2004;351:2058-68.