

actupny.org/reports/silencedeath.html [accessed 29 Apr 2013].

2. Shaw M, Tomlinson D, Higginson I. Survey of HIV patients' views on confidentiality and nondiscrimination policies in general practice. *BMJ* 1996; **312**(7044): 1463–1464.
3. Madge S, Mocroft A, Olaita A, Johnson M. Do women with HIV infection consult with their GPs? *Br J Gen Pract* 1998; **48**(431): 1329–1330.
4. Moss TR, Goy L, Hawkswell J, Brar H. Comment: do women with HIV infection consult with their GPs? *Br J Gen Pract* 1998; **48**(433): 1525–1526.
5. Casserly SM, Scott GR, MacDougall M. General practitioner involvement and patient outcomes in HIV management. *Int J STD AIDS* 2009; **20**(7): 503–505.
6. Evans HE, Mercer CH, Rait G, *et al*. Trends in HIV testing and recording of HIV status in the UK primary care setting: a retrospective cohort study 1995–2005. *Sex Transm Infect* 2009; **85**(7): 520–526.
7. Desai M, Field N, Crompton J, Ruf M. Information for action: a method to inform HIV shared care planning in primary care at the PCT level. *Sex Transm Infect* 2011; **87**(4): 295.
8. Knapper C, Drayton R, Browning M, Lomax N. *Confidentiality: a continuing barrier to disclosure of HIV status to GPs? The experience and concerns of HIV patients in a Welsh HIV clinic*. Birmingham: BHIVA Conference, 2012. <http://www.bhiva.org/documents/Conferences/2012Birmingham/Presentations/Posters/Management-Issues-in-HIV/P229.pdf> [accessed 29 Apr 2013].
9. Benn PD, Miller RF, Evans L, *et al*. Devolving of statin prescribing to general practitioners for HIV-infected patients receiving antiretroviral therapy. *Int J STD AIDS* 2009; **20**(3): 202–204.

DOI: 10.3399/bjgp13X668113

GP nomenclature

I am a newly qualified GP, and would be interested in readers' thoughts about the nomenclature used by GPs in the UK to describe their role. It is of course important to accurately describe this both to colleagues, and provide a transparent description of this to the public. Looking through various social media and employment websites, I see other UK GPs describing themselves as primary care physicians, family physicians, medical practitioners, and variously as portfolio/locum/freelance/independent/

private GPs. These are in addition to the more traditional terms of salaried/partner/principal/non-principal GPs. I feel rather mundane describing myself as a 'general practitioner', but is there any guidance from the College about this area? Also, do certain titles give an over-commercial label to GPs, such as, 'freelance GPs', and although an accurate description, how do these affect the public's view of our specialty and role?

I think my ideal name would remain general practitioner without an additional descriptive term, because this is in common usage with both patients and healthcare professionals.

No doubt a few of my freelance private locum friends will disagree!

Liam Piggott,

E-mail: liam.piggott@doctors.org.uk

DOI: 10.3399/bjgp13X668122

Euthyphro dilemma

I was interested to read your article on the Euthyphro dilemma. In stressing the common stance of moral realism between conflicting views, the author seeks to assert that we have a sufficient basis for 'campaigning for a better world' whatever our particular viewpoint.¹ While generally true, I do not think the meta-ethical question can be avoided forever, especially when deep tensions between views obtain. For example, I as a theist feel a moral duty to raise my children to know God, whereas a well-known atheist would consider this tantamount to child abuse.

Whose 'better world'?

In these discussions it is all too easy to confuse moral ontology (its' ultimate grounding) with moral epistemology (how we come to know moral values). Do you need to believe in God to live a moral life? Of course not, the Bible says as much (Romans 2:14–15). There are many ways to become aware of morality that don't involve

religion. Rather, what you actually need is a transcendent ground of morality to have any objective values whether you believe in God or not. And please, please note that the Euthyphro dilemma won't help you as a disproof of a theistic God as the ground of objective morality. It isn't a true dilemma for a start as the theist has recourse to a third option, namely that God IS the good, it is His nature, and thus neither decided arbitrarily by his will nor external to him.

Daniel Mounce,

Sunnybank Medical Centre, Towngate,
Wyke, Bradford, BD12 9NG.

E-mail: danielmounce@doctors.org.uk

REFERENCE

1. Misselbrook D. An A–Z of medical philosophy: The Euthyphro dilemma. *Br J Gen Pract* 2013; **63**(610): 263.

DOI: 10.3399/bjgp13X668131

Correction

The authors' affiliations were incorrectly published in an article from the May 2013 issue of the journal: Shaw EJ, Sutcliffe D, Lacey T, Stokes T. Assessing depression severity using the UK Quality and Outcomes Framework depression indicators: a systematic review. *Br J Gen Pract* 2013; DOI: 10.3399/bjgp13X667169. The correct affiliation is Health and Social Care Directorate, National Institute for Health and Care Excellence (NICE), Manchester. The address for correspondence is Tim Stokes, Primary Care Clinical Sciences, School of Health and Population Sciences, University of Birmingham, Edgbaston, Birmingham, B15 2TT. We apologise for this error.

DOI: 10.3399/bjgp13X668140