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The authors reply:

Perhaps the most telling aspect of van Saene and colleagues' letter is the passage, "To impress the reader, Kallet and Quinn make a mountain out of the second argument" (increased microbial resistance). Of course, the complete expression is "*making a mountain out of a mole hill.*"—clearly, a statement meant to dismiss valid concerns over what the established medical and scientific communities consider an impending crisis.[1–3] SDD is based upon the theories that impaired colonization resistance and the gastropulmonary route are important factors in the development of VAP. Contrary to the impression conveyed by van Saene and colleagues (and as we pointed-out in our paper), neither theory has been proven beyond question, and in fact plausible alternative explanations exist.[4]

It is particularly noteworthy that other participants in the conference on VAP elucidated several problems and concerns regarding SDD, such as (1) the important role of oral decontamination; (2) that some of the efficacy of SDD is predicated upon the concomitant use of parental antibiotics; (3) the effectiveness of concomitant, stringent, ancillary infection-control practices on microbial resistance at Dutch hospitals that routinely use SDD; (4) SDD requires prolonged antibiotic therapy, and increased microbial resistance is intimately related to the *duration* of antibiotic use; and (5) a small subgroup of severely debilitated patients may benefit from SDD, but the overall medical value of the therapy is diminished by misapplying antibiotic prophylaxis to patients who do not need it.[4]

The relationship between SDD and the selection for resistant Gram-positive microorganisms is unclear and requires extensive research. van Saene suggests that we should endorse SDD *because of* our concerns about antimicrobial resistance, not *in spite* of these concerns. We respectfully point out that none of the randomized trials used the emergence of antimicrobial resistance as a primary outcome measure. To date, no sufficiently large, temporally-appropriate, prospective, randomized clinical trials clarifying this issue exist. Just because currently there is a higher level of evidence supporting SDD (compared to that which links SDD to promoting drug-resistant microorganisms) does not, by itself, constitute an unambiguous recommendation for *general clinical use*. Evidence-based medicine is not an epistemological game whereby a particular viewpoint is argued regardless of the larger context in which that evidence exists. Increased microbial resistance has profound ecological consequences, not all of which can be predicted.[5] The very real specter of a post-antibiotic world is hardly a "mole hill," and our recommendations for widespread prophylactic antibiotic use should reflect that concern.

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