might show that lack of a convenient mode of transport is a significant obstacle in appointment keeping.

Our patient sample does not reflect the general population and is a limitation of the present study. Participants were highly educated and reported relatively high family incomes, which may account for the slightly lower rate of non-attendance at this clinic, as compared with the rates seen in previous studies which have focused mainly on low socioeconomic status populations. It is possible that factors other than those we have evaluated, or that we have found negative in our sample, may contribute to non-attendance rates in patients with a lower educational and socioeconomic status. Nevertheless, our results support some findings of previous studies which included low socioeconomic status populations.[3 4 10] Moreover, the fact that our non-attendance rate was consistent with those reported by genetics clinics across Canada suggests that these rates reflect an accurate portrayal of the problem in the context of genetics health care in Canada.

Other limitations of this study include the limited generalisability of results to the United States health care system, as well as the telephone interview methodology. For non-attendees in particular, the latter approach may have restricted the degree of candour in participants' survey responses; future studies may benefit from the use of a more anonymous data collection format. Finally, approximately half of the surveyed genetics clinics provided estimated as opposed to actual rates of non-attendance. Estimation may not accurately reflect no show rates; however, a comparison of means indicated that the actual and estimated numbers were similar.

Results of this study suggest a number of potential targets for improving attendance rates at genetics and other outpatient medical clinics. Better education of patients about their medical condition, the nature and purpose of specific options available to them, and the costs and benefits associated with such options, is clearly indicated. To be maximally effective, such education should come from a variety of sources, including the mass media, pamphlets distributed to pharmacies and medical clinics of all types, and, most importantly, open and detailed communication between patients and physicians. Some clinics could also attempt to extend or modify their hours of operation and on site child care initiatives could be explored. These larger scale approaches, in combination with more traditional methods such as telephone and mailed appointment reminders, may help to replace lengthy waiting lists and wasted physician time with more efficient and far reaching health care services.

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L HUMPHREYS*
A G W HUNTER†
A ZIMAK†
A O'BRIEN*
Y KORNELUK*
M CAPPELLI*

**Mental Health Program, Children's Hospital of Eastern Ontario, 401 Smyth Road, Ottawa, Ontario, Canada K1H 8L1*
†*Genetics Program, Children's Hospital of Eastern Ontario, Ottawa, Ontario, Canada*

Correspondence to: Dr Cappelli, cappelli@cheo.on.ca

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CORRECTION

In the April 2000 issue of the journal, in the paper by Mortier *et al* on "Report of five novel and one recurrent *COL2A1* mutations with analysis of genotype-phenotype correlation in patients with a lethal type II collagen disorder", the mutation T1191N should have been T1190N throughout.