routine pelvic examinations "could ... have a negative and unexpected effect on physician competence—and, by extension, on women's health."[2]

A pelvic examination takes time, causes embarrassment and discomfort, and worst of all initiates the diagnostic cascade: if the doctor finds something, he or she feels compelled to order more tests, including biopsy. The likelihood that 2 pathologists will agree on the interpretation of a slide is 80%.[3-7] This means that if a woman is diagnosed with ovarian cancer, there is a 20% chance that another pathologist would say that the patient does not have cancer.

Recently, a 65-year-old woman asked if I would consider helping her die. She has chronic pain from multiple vertebral fractures due to severe osteoporosis. When she was 26 years old she was found to have an ovarian cyst. The first 2 pathologists who studied the tissue were not sure what to call the pattern. The third pathologist said, "It's cancer." The patient had bilateral oophorectomy.

I agree with the recommendation of the Canadian Task Force on Preventive Health Care that we should not do pelvic examinations on asymptomatic women. If a doctor wants to maintain competence in a skill, the doctor should take a course in which the human participants know they are being used for training.

—Robert W. Shepherd MD CCFP
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Acknowledgment
I thank **Cliff Cornish** and **Valerie Dupuis** of the library service of the Island Health Authority for finding the articles about the interobserver variability among pathologists.

Competing interests
None declared

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Correction

In the "Family Medicine Forum Research Proceedings 2015" supplement to the February issue of *Canadian Family Physician*, an author was inadvertently omitted from the abstract "'How is it for you?' Residents' and faculty experience with a new family medicine competency-based curriculum."[1] The byline should have appeared as follows:

Maria Palacios DDS MSc PhD **Keith Wycliffe-Jones** MB ChB CCFP
Vishal Bhella MD CCFP **Sonya Lee** MD CCFP FCFP

Canadian Family Physician apologizes for this error and any embarrassment it might have caused.

Reference

1. Palacios M, Wycliffe-Jones K, Bhella V, Lee S. "How is it for you?" Residents' and faculty experience with a new family medicine competency-based curriculum [abstract]. *Can Fam Physician* 2016;62(Suppl 1):S59.

Correction

In the article "Fetal outcomes following emergency department point-of-care ultrasound for vaginal bleeding in early pregnancy"[1] in the July issue of *Canadian Family Physician*, an error was inadvertently introduced in the order of authorship. The byline should have appeared as follows:

Catherine Varner MD MSc CCFP(EM) **Dahlia Balaban** MD MSc CCFP
Shelley McLeod MSc **Sally Carver**
Bjug Borgundvaag PhD MD CCFP(EM)

Canadian Family Physician apologizes for this error and any embarrassment it might have caused.

Reference

1. Varner C, Balaban D, Borgundvaag B, McLeod S, Carver S. Fetal outcomes following emergency department point-of-care ultrasound for vaginal bleeding in early pregnancy. *Can Fam Physician* 2016;62:572-8.

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