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Corrections and clarifications

Rectal bleeding and colorectal cancer in general practice: diagnostic study
Two errors persisted to final publication in this paper by Hans Wauters and colleagues (21 October, pp 998-9). The sixth paragraph of the subjects, methods, and results section should start: "We calculated sensitivity and positive predictive [not prospective] values . . ." In the next paragraph the reference to the table is wrong—the data in that paragraph are not shown in the table.

Minerva
Minerva, that wise old owl, obviously had her head turned right around when she converted pounds to kilograms (13 January, p 118). Two pounds is equivalent to 0.9 kg, not 4.4 kg as stated in the opening item.

Results of genetic testing: when confidentiality conflicts with a duty to warn relatives
In the first article, by Wai-Ching Leung, in this Ethical Debate (9 December, pp 1464-6) the references unfortunately deleted themselves electronically somewhere in the publication process. They have now been reunited with the article (which can be found at www.bmj.com/cgi/content/full/321/7274/1464).

All in the family of medicine

Mr A to Mr B: "I am puzzled. You always make nice comments about Mr C. On the other hand, Mr C always says bad things about you. Why?"

Mr B to Mr A: "Perhaps because we are both liars."

Recently, a close friend told me that another friend, a gastroenterologist, had told him that I "wasted my talent" by becoming a family doctor, who was "a gatekeeper and nothing else." My feelings were hurt, but I was not surprised. When I chose family medicine, one of my mentors had expressed genuine shock and told me that I was "shortchanging" myself.

It is a tradition in the family of medicine to disparage specialties other than our own. Internists wonder out loud if a surgeon is capable of grappling with complex cognitive problems. To them, a surgeon is just a technician. A surgeon may look down on everyone else, and sometimes there is even condescension within the specialty—the vascular surgeon looking down on the orthopaedic surgeon as if he or she were mentally challenged.

Family doctors think that they are special because they care for the whole family. All the specialties look down on psychiatry, while the psychiatrists wonder why anyone would become a pathologist or radiologist and have so little contact with patients. The basic scientists boast that clinical medicine depends on them, while clinicians feel sorry for the basic scientists, who can't take care of sick people.

Then, there is the great divide between medicine and its poor cousin, public health, ignored and unacknowledged until an epidemic strikes. Public health professionals, already at the bottom of the status barrel, question their identity and long for a better relationship with medicine, which never really happens. Overtly and covertly, we pass on these prejudices to our medical students, residents and house officers. Attending physicians, classroom teachers, and clinicians perpetuate the negativity for the next generations.

If the energy now invested in disparaging our colleagues were reinvested in positive support, wouldn't it feel better to be a member of the family of medicine? How about placing a moratorium on negative comments about other specialties? Such a movement could be launched by our professional organisations. Alternatively, a norm of "no specialty slamming" could be espoused and supported in residencies and medical schools.

For the health and wellbeing of the family of medicine, it is time to embrace the diversity of talents, personalities, and specialties that we represent. Perhaps Mr A could have told Mr C: "If you can't say something nice, don't say anything at all."

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