

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
Victoria, BC

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

References

1. Jones DS, Grady C, Lederer SE. “Ethics and clinical research”—the 50th anniversary of Beecher’s bombshell. *N Engl J Med* 2016;374(24):2393-8.
2. Ladouceur R. Recommendations for the routine screening pelvic examination. Could they have a negative effect on physician competence? *Can Fam Physician* 2016;62:460 (Eng), 461 (Fr).
3. Baak JP, Lindeman J, Overdiep SH, Langley FA. Disagreement of histopathological diagnosis of different pathologists in ovarian tumors—with some theoretical considerations. *Eur J Obstet Gynecol Reprod Biol* 1982;13(1):51-5.
4. Eriksson H, Frohm-Nilsson M, Hedblad MA, Hellborg H, Kanter-Lewensohn L, Krawiec K, et al. Interobserver variability of histopathological prognostic parameters in cutaneous melanoma: impact on patient management. *Acta Derm Venereol* 2013;93(4):411-6.
5. Farmer ER, Gonin R, Hanna MP. Discordance in the histopathologic diagnosis of melanoma and melanocytic nevi between expert pathologists. *Hum Pathol* 1996;27(6):528-31.

6. Paech DC, Weston AR, Pavlakis N, Gill A, Rajan N, Barraclough H, et al. A systematic review of the interobserver variability for histology in the differentiation between squamous and nonsquamous non-small cell lung cancer. *J Thorac Oncol* 2011;6(1):55-63.
7. Present CA, Russell WO, Alexander RW, Fu YS. Soft-tissue and bone sarcoma histopathology peer review: the frequency of disagreement in diagnosis and the need for second pathology opinions. The Southeastern Cancer Study Group experience. *J Clin Oncol* 1986;4(11):1658-61.

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 MBChB 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.

Make your views known!

To comment on a particular article, open the article at www.cfp.ca and click on the Rapid Responses link on the right-hand side of the page. Rapid Responses are usually published online within 1 to 3 days and might be selected for publication in the next print edition of the journal. To submit a letter not related to a specific article published in the journal, please e-mail letters.editor@cfpc.ca.

Faites-vous entendre!

Pour exprimer vos commentaires sur un article en particulier, ouvrez l'article à www.cfp.ca et cliquez sur le lien Rapid Responses à droite de la page. Les réponses rapides sont habituellement publiées en ligne dans un délai de 1 à 3 jours et elles peuvent être choisies pour publication dans le prochain numéro imprimé de la revue. Si vous souhaitez donner une opinion qui ne concerne pas spécifiquement un article de la revue, veuillez envoyer un courriel à letters.editor@cfpc.ca.