"Reconciliation is not an Aboriginal problem—it is a Canadian problem. It involves all of us."[6]

—*Daniel McKennitt MD CCFP MPH*
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Competing interests
None declared

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Time off work

I disagree with Dr Karazivan admonishing the resident for not giving the patient the 3 weeks off work that the patient requested in the May Cover Story, "Thinking like a rebel."[1] Refusing a patient's request for time off from work has nothing to do with systemic power, inequities, or capitalism, as Dr Karazivan suggests. In fact, refusing a request for time off from work, in the absence of evidence to support the need for time off, is practising good medicine.

The Choosing Wisely Canada occupational medicine recommendation 1 is "Don't endorse clinically unnecessary absence from work."[2] The rationale for the recommendation includes the "substantial evidence to support the positive link between work and health (physical, mental and social health)."[2] Absence from work slows recovery and prolongs disability. Rather than giving time off the work, the physician should give restrictions that are "objective, specific, and listed only when absolutely medically indicated."[2]

Dr Karazivan asks who is winning by not granting a patient 3 weeks off work if that's what he or she is asking for. He concludes that the patient's boss is winning. In fact, by not granting 3 weeks off from work, the patient is winning.

—*Jordyn Lerner MD*
Winnipeg, Man

Competing interests
None declared

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Correction

In the article "Community-associated methicillin-resistant *Staphylococcus aureus* infection," which appeared in the July issue of *Canadian Family Physician,*[1] an error was inadvertently introduced in **Table 2**. The correct version of the table appears below.

Table 2. Treatment of outpatient SSTI in the era of CA-MRSA

SSTI	TREATMENT
Simple cutaneous abscess (in a low-risk patient not involving face, hands, or genitalia)	Incision and drainage alone; obtain culture
Purulent cellulitis (without abscess): treat for CA-MRSA if risk factors present	Tetracycline, trimethoprim-sulfamethoxazole, or clindamycin
Nonpurulent cellulitis (no exudate): treat for β-hemolytic streptococcus	β-Lactam antibiotic (cloxacillin or first-generation cephalosporin)

CA-MRSA—community-associated methicillin-resistant *Staphylococcus aureus*, SSTI—skin and soft tissue infection.
*A detailed management algorithm is available within the Infectious Diseases Society of America guidelines 2014 update on SSTIs.[74] All recommendations are level II evidence, adapted from the Infectious Diseases Society of America 2011 guidelines.[65]

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

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