

Mechanisms of illness are not interventions that can be tested in clinical trials. All human work exploring disease pathogenesis is observational in nature and generally takes many years of surveillance. Although there is animal research that has established the generation of SRI by exposure of experimental animals to dangerous toxicants, clinical trials using humans are not possible for obvious ethical reasons.

Classical measures of QE are being challenged by the results from the human genome project and the expanding field of epigenetics. The recognition of individual dissimilarity in biochemistry, marked variation in the human biome, and individual differences in detoxification indices as a result of genomic variation, polymorphisms, and environmental factors, for example, have raised concerns about important determinants and confounders not appreciated in customary research methods.

The format of a traditional integrated review was chosen for the MWS paper because such reviews play a pivotal role in professional practice in medical issues with limited primary study and uncharted clinical territory. Accordingly, no mention of QE was provided in the paper but I confirm that observational data were the primary sources of information.

Conclusion. It was the objective of both papers on the topic of multimorbidity found in the June issue of *Canadian Family Physician* to introduce the topics of MWS and SRI to clinicians and to begin a discussion about how to move forward to address this expanding concern.^{1,2} I thank Dr Leduc for facilitating further dialogue on this health challenge.

With the detailed and referenced material in the literature on this topic as cited in the paper, and the confirmatory observations of many physicians who have observed this SRI phenomenon since it was initially described in the literature by public health physician Claudia Miller in the 1990s, I respectfully suggest that

the article does not represent a hypothesis; it is a review of an emerging and important field of medicine.

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Competing interests

None declared

References

1. Genuis SJ, Tymchak MG. Approach to patients with unexplained multimorbidity with sensitivities. *Can Fam Physician* 2014;60:533-8.
2. Genuis SJ. Pandemic of idiopathic multimorbidity. *Can Fam Physician* 2014;60:511-4 (Eng), e290-3 (Fr).

Correction

In the article "Physician assessments of the value of therapeutic information delivered via e-mail,"¹ which appeared in the May 2014 issue of *Canadian Family Physician*, an author was inadvertently excluded from the article. The correct list of authors is as follows:

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At the time this article was written, Mr Moscovici was a graduate student in the Department of Mathematics and Statistics at McGill University in Montreal, Que.

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

Reference

1. Grad R, Pluye P, Repchinsky C, Jovaisas B, Marlow B, Marques Ricarte IL, et al. Physician assessments of the value of therapeutic information delivered via e-mail. *Can Fam Physician* 2014;60:e258-62. Available from: www.cfp.ca/content/60/5/e258.full.pdf+html. Accessed 2014 Jun 20.

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