"weight loss" is not synonymous with "thin." Unfortunately, the authors used the term "bone loss" to group subjects classified as having osteopenia or osteoporosis by a single dual-energy x-ray absorptiometry (DXA) scan. Similarly, they equated normal DXA scores with "no bone loss." Thus, they implicitly attributed a change vector to the DXA absorptiometry results.

A patient with osteoporosis or osteopenia is not necessarily losing any more bone than her counterparts with normal bone mass.[2] But if this patient is told she has a DXA score that represents "bone loss" she might very reasonably misinterpret this to mean that the DXA scan reveals a recent trend for bone loss, and this might influence her choice of therapy. Thus, as physicians, we must be very cautious not to use language that may mislead the patient about our technology's ability to interpret the state of their bone mineral metabolism.

Please do not interpret this as a criticism of the excellent work of Fitt and colleagues. We agree entirely that patients and doctors must understand DXA results,[3] as they must the results of any medical investigation,[4] and thus it is important that physicians use accurate terminology when they report results to patients.

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The error of our ways

A recent *CMAJ* article suggested that physicians should disclose errors in medical practice to patients.[1] Notwithstanding the legal decisions discussed in the article, which suggest that the law expects physicians to disclose medical error, it is utter foolishness for a physician to openly state that he has made a significant mistake unless there is a dramatic change in how our society deals with such errors. The provincial colleges still prosecute physicians for making honest mistakes and the litigation climate in Canada is as bad as, or worse than, it ever has been.

Pragmatic considerations aside, there is a more fundamental reason why expecting or requiring physicians to reveal error is wrong. In a free country all individuals are guaranteed the right to be secure in their own person. The recognition of this right leads to the recognition of other rights, including the right of the individual not to incriminate himself and to be presumed innocent. If physicians are to be obliged to reveal error, they will be obliged to give up these rights, serving themselves up on a platter for immolation by the state through its regulatory agencies, such the colleges, or through civil and possibly criminal litigation. This would be a flagrant violation of a physician's right to the security of his person and cannot be supported.

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[The authors respond:]

We are not entirely surprised by Michael Aubrey's rather strong reaction to our article.[1] Indeed, we believe his views may be shared by other physicians. Aubrey's main concern is not, however, an ethical one, but rather one arising out of legal prudence. This caution is based on the feared ill consequences of disclosure for the *physician* — that revelation of error might increase the risks for successful malpractice actions against him or her. Experience, reason and, perhaps most importantly, current research should allow the practice of medicine to move beyond this fear.

Research suggests that honesty with patients and their relatives about medical error tends to strengthen the physician–patient relationship and so reduces the likelihood of lawsuits and professional misconduct hearings. Disclosure that is thorough and timely prevents the feelings of dissatisfaction and discontent that are often the real trigger for complaints against physicians. Thus, even seen from a narrow "prudential" approach, honesty with patients about error is generally the best policy. Such disclosure need not, and indeed should not, imply negligence or malpractice by anyone.

Currently, when medical error results in harm and, in turn, creates financial hardship for a patient (such as loss of employment), the patient has only one way to seek compensation for his or her losses: through the legal system. Is Aubrey suggesting that patients who have suffered serious injury owing to medical error be prevented, by lack of honesty about what caused the injury, from exercising their right to seek needed compensation? Such dishonesty would compound the harm suffered by the patient and be a breach of professionalism.

True professionals admit their errors, seek to understand them and prevent them for recurring, and move on. Candidly disclosing harmful errors to patients simply closes the loop of learning, compassion and trust that is the foundation of the practice of medicine.