

tion believes those interested in advancing patient safety would have a greater impact if they worked to improve adverse-event quality review processes rather than diverting attention by advocating for no-fault compensation.

Much more can and should be done to improve patient safety, starting with ensuring that quality-improvement processes are in place and adhered to in all jurisdictions. The Canadian Medical Protective Association hopes that discussion of these important issues rather than of no-fault compensation will occupy the attention of physicians and other care providers.

William S. Tucker, MD
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Competing interests: None declared.

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2. Silversides A. Fault/no fault part 2: uneasy bedfellows. *CMAJ* 2008;179:407-9.
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4. Disclosure Working Group. *Canadian disclosure guidelines*. Edmonton (AB): Canadian Patient Safety Institute; 2008.
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Accuracy in images

I am concerned about the scary picture on the cover of the Sept. 9 issue of *CMAJ*, which highlights articles about the human papillomavirus (HPV) vaccine. Although the articles did a good job of accurately conveying the low risks associated with use of the vaccine,^{1,3} the blue gloves in the picture gave the reader a sense that

the vaccine was some type of biohazard. Gloving is not a routine precaution when giving intramuscular or subcutaneous injections or immunizations.

Upon further inspection of the photograph, I noted several other inaccuracies. The HPV vaccine is an intramuscular vaccine requiring a 1-inch needle, not the 5/8-inch needle pictured. The patient has a smallpox vaccination scar on her arm and thus she would be at least in her mid-thirties (in Canada we stopped vaccinating the general population against smallpox in 1972), whereas the current maximum age for vaccination against HPV is 26 years. Finally, the HPV vaccine currently available in Canada is supplied with a spring-loaded safety syringe that covers the needle with a plastic sleeve after injection, which protects the health care provider from a needle-stick injury.

It is important for us to be as accurate with our pictures in a peer-reviewed scientific journal as with our words. Stock photographs will not do, especially on the front cover.

Albert Schumacher MD
Family physician, Windsor, Ont.

Competing interests: Albert Schumacher serves on an Ontario Health Policy Advisory Committee for Merck Frosst. He is a consultant for Glaxo-SmithKline in the development of continuing medical education programs about vaccines. He has received speakers fees from Merck Frosst Canada, Pfizer Canada and AstraZeneca.

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2. Brotherton JML, Gold MS, Kemp AS, et al. Anaphylaxis following quadrivalent human papillomavirus vaccination. *CMAJ* 2008;179:525-33.
3. Halsey NA. The human papillomavirus vaccine and risk of anaphylaxis. *CMAJ* 2008;179:509-10.

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The Executive Editor responds

Thank you, Dr. Schumacher, for your astute observations about the image on our cover of September 9, 2008. We agree that we need to be accurate with everything we publish in the journal. The image we used was a generic image of a person getting an injection and not a specific type of injection. We did discuss using an image of a person getting a human papillomavirus vaccine injection but in the end decided that we should not picture a branded product.

Rajendra Kale MD
Executive Editor, *CMAJ*

Competing interests: None declared.

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Corrections

A picture in the News briefs¹ section of the October 21 issue should have been identified as the Confederation Building in St. John's, Newfoundland.

REFERENCE

1. Kondro W. Briefly. *CMAJ* 2008;179:890.

DOI:10.1503/cmaj.081812

In a research article¹ in the Nov. 18 issue, Nimisha Purohit should have been acknowledged in print for her contribution as a study coordinator.

REFERENCE

1. Aaron SD, Vandemheen KL, Boulet LP, et al. Overdiagnosis of asthma in obese and nonobese adults. *CMAJ* 2008;179:1121-31.

DOI:10.1503/cmaj.081825