In Reply Both Ms Crosby and Dr Ravi take issue with the use of the term pimping in medical education. Whereas Ravi objects on the basis of the linguistic association of the word with exploitative and violent sex practices, Crosby focuses on the damage inflicted when future physicians are routinely humiliated. Writing as a teacher who is outside the medical profession, Crosby reacts to McCarthy and McEvoy’s definition of pimping, which was drawn from the 1989 article by Brancati, “The Art of Pimping.” But when Brancati extolled unanswerable questions and “ridding the intern of needless self-esteem,” his tongue was planted firmly in his cheek. Brancati used irony to critique, not endorse, this practice. More recent descriptions of such behavior might use the expression “malignant pimping,” which has become indefensible if not yet extinct. Medical education must show compassion and promote well-being in students, and educators must continue to improve in this regard.

Ravi’s call for expunging the term pimping from the medical education lexicon places her clearly on one side of a current linguistic debate. She might assert that “benign pimping” is oxymoronic and “malignant pimping” redundant. Others believe that supportive, education-oriented questioning can appropriately be described as “benign pimping.” The English language has a variety of homonyms with unrelated definitions—consider “date,” “foil,” “net,” “type,” “pump” and “frage (questions),” so that pimping is then the use of “pump questions.”

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CORRECTION

Incorrect Data: In the Original Investigation entitled “Assessment of Clinical Criteria for Sepsis: For the Third International Consensus Definitions for Sepsis and Septic Shock (Sepsis-3),” published in the February 23, 2016, issue of JAMA,1 data on page 769 were incorrectly reported. The third sentence in the first paragraph should have read “In comparison, only 64% (95% CI, 62%-67%) of decedents had 2 or more SIRS criteria, whereas 65% of survivors had less than 2 SIRS criteria (95% CI, 64%-65%) (eTable 3 in the Supplement).” This article was corrected online.


Incorrect Wording in Recommendations: In the JAMA Clinical Guidelines Synopsis entitled “Screening for Gonorrhea, Chlamydia, and Hepatitis B,” published in the March 22/29, 2016, issue of JAMA,1 the Major Recommendations section of the box on page 1278 contained incorrect wording. The first sentence under the hepatitis B recommendations should have read “All individuals at risk of hepatitis B infection should be screened with hepatitis B surface antigen, surface antibody, and core antibody.” This article was corrected online.


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