In Reply In response to our recent Viewpoint1 about diagnostic excellence, Dr Lockshin raises the important consideration of uncertainty in diagnosis, which may express itself as degrees of confidence in possible diagnoses or in the inability to reach a definitive or highly confident diagnosis. Whether the absence of a diagnosis constitutes an error depends on whether the absence stems from the limits of medical knowledge and technology, and therefore reflects a gap in medical science, or whether it represents a failure relative to prevailing knowledge and standards of clinical care. Either as a limit of knowledge or as a failing of clinical action or judgment, uncertainty often accompanies the diagnostic process.

Coping with uncertainty will be the subject of a future Viewpoint in JAMA’s Diagnostic Excellence series.

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Conflict of Interest Disclosures: None reported.


CORRECTION

Incorrect Author Name: In the Original Contribution titled “Treatment of Irritable Bowel Syndrome With Chinese Herbal Medicine: A Randomized Controlled Trial,” published in the November 11, 1998, issue of JAMA,1 an author name was incorrect. The fourth author’s name should have been Ross Menzies (instead of Robert). This article was corrected online.


Incorrect Definition: In the JAMA Guide to Statistics and Methods article titled “Randomization in Clinical Trials: Permuted Blocks and Stratification,”1 published in the June 5, 2018, issue of JAMA, incorrect language was used to define the meaning of the term restricted randomization. How to balance the process of treatment and assignment by strata was also clarified. This article was corrected online.


Guidelines for Letters

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