

found that vegetables labeled as indulgent were rated as significantly tastier than vegetables labeled as healthy (manuscript forthcoming).

Because we cannot be completely sure, future studies should aim to use clever ways to measure selection, consumption, and taste on each day of a long-term intervention. Future studies should also explore the interaction between changes in labeling and food preparation. What is clear and consistent among the work by Cohen and colleagues,³ as well as ours^{1,2} and others,⁶ is that traditional efforts to improve healthy eating by emphasizing restriction and touting health benefits are outdated and ineffective and that making the experience of eating healthy foods more indulgent and delicious is a worthwhile but challenging goal that warrants multiple methods and strategies. We look forward to further discourse and discovery as we continue to devise novel strategies to improve the selection, consumption and experience of healthy foods.

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Conflict of Interest Disclosures: None reported.

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CORRECTION

Incorrect Author Affiliation: In the article titled "Distribution of Medical Education Debt by Specialty, 2010-2016,"¹ the affiliation for Ari B. Friedman, MD, PhD, was incorrect. Dr Friedman's correct affiliation is the Department of Emergency Medicine, Beth Israel Deaconess Medical Center, Boston, Massachusetts. This article was corrected online.

1. Grischkan J, George BP, Chaiyachati K, Friedman AB, Dorsey ER, Asch DA. Distribution of medical education debt by specialty, 2010-2016 [published online September 5, 2017]. *JAMA Intern Med.* doi:10.1001/jamainternmed.2017.4023