

Letters to the Editor

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Please include your complete address, e-mail address, telephone number, and fax number. Letters should be fewer than 400 words and limited to six references, one table or figure, and three authors.

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Strategy for Facilitating Advance Directive Completion Among Patients

Original Article: Implementing Advance Directives in Office Practice

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TO THE EDITOR: I am a member of the Ethics Committee of Wausau Aspirus Hospital in Wausau, Wis. For several years, the committee has designated the first Thursday of the month as "Thoughtful Thursday" to serve anyone in the area who wishes to complete an advance directive. Thirty-minute appointments are available from noon to 4 p.m. on those days. The appointments are staffed by two committee members, or other knowledgeable volunteers, to help community members discuss or complete their documents. We provide copies as needed for them. These services are all provided by the hospital at no charge.

Our approach eliminates the need for the physician to spend time in the office completing advance directive documents. Copies of the documents are regularly sent to physicians' offices, and include referral information about Thoughtful Thursday to give to patients. Local physicians are aware of this service and use it extensively. We publicize the service in hospital and patient literature and through local news outlets, as well as in mailings to other health care professionals in the community (e.g., visiting nurse associations, psychologists, social workers, outpatient therapy offices).

This system gives community members the opportunity to spend as much time as needed to review or complete advance directives. It also frees up the physician from lengthy discussions during busy office hours.

THOMAS H. PETERSON, MD
Wausau, Wis.

Author disclosure: No relevant financial affiliations to disclose.

Corrections

In the editorial "School-Based Management of Food Allergies in Children" (July 1, 2012, page 16), the second to last sentence in the first paragraph (page 16) contained an error regarding the incidence of fatal food allergy anaphylaxis in children. The sentence should have read: "Although there are no specific data on fatalities in school settings, the estimated incidence of fatal food-induced anaphylaxis is one episode per 800,000 children per year." The online version of this editorial has been corrected.

In the article "Prevention of Perinatal Group B Streptococcal Disease: Updated CDC Guideline" (July 1, 2012, page 59), the third to last sentence of the abstract (page 59) incorrectly stated that clindamycin is recommended in persons at serious risk of anaphylaxis if susceptibility is unknown. However, vancomycin, not clindamycin, is recommended in these persons. The sentence should have read: "For those at serious risk of anaphylaxis, clindamycin is recommended if the organism is susceptible, and vancomycin is recommended if there is clindamycin resistance or if susceptibility is unknown." The online version of this article has been corrected. ■