Summary points

Opportunistic disease prevention and health promotion are regarded as part of good primary health care

The number of relevant preventive measures has increased greatly over the past two decades

Decisions about preventive measures need proper discussion about both benefits and harms, which takes time

An extensive preventive agenda may divert the dialogue between patient and doctor away from important social and relational issues relevant to the patient's health

Routine opportunistic preventive initiatives may no longer be ethically justifiable in contemporary Western medicine

Future consultations

Clinical inertia in implementation of preventive medical guidelines should not necessarily be taken as a sign of low quality care. It is time to reconsider the extent to which specific, opportunistic initiatives to prevent disease among asymptomatic individuals should remain a core element of everyday consultations in Western medicine. It is certainly good medical practice to identify, emphasise, and support health promoting resources,[27] skills, and activities that have a logical link to the patient's reason for coming to see the doctor. Other opportunistic initiatives may also seem appropriate. Doctors could increase patient autonomy by inviting the patient to introduce a topic rather than using a computerised reminding system. An open ended invitation may be one way to proceed. For example, "It could be that you have been considering other things that might be good for your health? If there is something you would like to discuss, you are welcome."

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Corrections and clarifications

Why do children have chronic abdominal pain, and what happens to them when they grow up? Population based cohort study
An error we made five years ago has just surfaced. In this article by Matthew Hotopf and colleagues (*BMJ* 1998;316:1196-2000), we got a number wrong in the Results section. The final sentence of the first paragraph should start: "Of the risk set, 52 [not 32] were followed up to the age of 36 years."

Sexual health
We muddled the start of the "services" section of the summary box in this editorial by Michael Adler (12 July, pp 62-3). The first two bullet points should have been combined and have read: "Urgent review of staffing requirements and an increase in the number of consultant posts."

Rhabdomyolysis
In converting to *BMJ* style the widely used term "9/11" in this editorial by Russell Lane and Malcolm Phillips (19 July, pp 115-6), we inadvertently referred to the attacks on the World Trade Center in New York as taking place on 9 September 2001. The attacks took place, as we all know, on 11 September.