not arise from obesity itself, but from the chronic diseases associated with it.[5-7] As such, making the argument for prevention means not solely arguing for primary prevention of obesity but, more important, recognizing the important role obesity treatment has in the primary and secondary prevention of chronic disease outcomes.

Further, we know that the prevention of obesity is an incredibly complex phenomenon, requiring the interplay of different sectors, from government to industry to primary care providers. Based on existing evidence, the United States Preventive Services Task Force recommends screening for obesity and intensive counseling as a preventive service.[8] Treatment of obesity by health care providers surely represents one important piece to solving this puzzle.

Then, there is the critical issue of childhood obesity.[9] The arguments put forward by both discussants do not address this growing epidemic.[1,10] While our research base continues to develop, it stands to reason that obese children become obese adults. We know that this is a generation that could potentially see a lower life expectancy than that of its parents.[11] For many of these children, it is too late for primary prevention. However, that does not condemn them to a lifetime of obesity and resultant chronic disease. Treatment of obesity as a risk factor must be a mainstay of chronic disease prevention throughout their life course.

There is unfortunately a non sequitur in negating the need to treat obesity with an argument for the importance of prevention. The two simply cannot be separated: any argument for obesity and chronic disease prevention must consider counseling, education, and treatment opportunities. Otherwise, our chronic disease prevention efforts will indeed be doomed to futility.

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Competing interests
None declared

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Response

I thank Dr Loh for his comments. I agree on the importance of prevention of obesity and on the complex nature of that prevention.[1] The importance of problems secondary to obesity is unquestionable. But do not misunderstand me, please! It is not that I do not want to treat obesity, or not want to encourage others to do so, but after many years in practice I have to conclude that success is very limited. There are determined and courageous persons who succeed, but they are few. I reiterate: the treatment of obesity is generally a failure. Also, I am appalled by the multibillion-dollar business surrounding the issue of weight management that exploits people with weight problems. I would very much like to learn how to achieve lasting weight loss for my obese patients, most of whom have associated problems. If anyone knows the answer, he or she should share it with others.

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Competing interests
None declared

Reference

1. Havrankova J. Is the treatment of obesity futile? Yes [Debates]. *Can Fam Physician* 2012;58:508, 510 (Eng), 512, 514 (Fr).

Correction

In the research article "Natural procreative technology for infertility and recurrent miscarriage. Outcomes in a Canadian family practice,"[1] which appeared in the May 2012 issue, fetal age rather than gestational age was mistakenly reported in **Table 5.** The number of births at less than 32 weeks' gestational age was 3 (7%), the number between 32 and 37 weeks' gestational age was 8 (20%), and the number at 37 weeks' gestational age or later was 30 (73%).

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