ommended by most experts[3,5-7] for the first 6 months of life.

If we want families to make informed decisions about their infant feeding methods, it is important that physicians understand (and communicate) that breast-feeding for only 6 months is not recommended.

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[One of the authors responds:]

We are fully aware of the breast-feeding recommendations presented by the CPS and the AAP. In fact, these recommendations provided in large measure the impetus for our breast-feeding peer support trial.[1] Clearly, exclusive breast-feeding is preferred over formula feeding for the initial 6 months postpartum.

Notwithstanding our agreement on this point, the sentence referenced was intended to express the equally important point that in North America we are not even close to achieving these breast-feeding recommendations: most Canadian and American mothers do not breast-feed at 6 months postpartum, much less exclusively. Furthermore, practising physicians should understand that most mothers discontinue breast-feeding prematurely because of practical difficulties, not because they choose to do so based on recommendations for optimal breast-feeding duration.[2] We hope that by conducting a methodologically rigorous trial we have aided physicians in their ability to provide evidence-based care. We also hope they will counsel their patients about options for overcoming breast-feeding difficulties to achieve infant-feeding goals, goals which are often developed before the mother becomes pregnant and enters the formal health care system.[2]

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Apology

Canadians may well have 2 national sports: hockey and debating health care issues. In hockey, it is often better to play the body, not the puck. But, in debate, a guiding principle of our editorial processes at *CMAJ* is that discourse should be conducted fairly and impersonally. Our intention is to referee the exchange of opinion in a way that allows ideas to stand or fall on their own merit, without recourse to *ad hominem* arguments or the imputation of motive.

We recently published a commentary[1] in which a passing remark from an article published 5 years ago is cited unfairly and out of context. Until we reviewed the replays, we didn't notice that one colleague had thrown an elbow at another. Our oversight was substandard in this instance. We apologize to Dr. C. David Naylor.

John Hoey
Anne Marie Todkill
CMAJ

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From the penalty box

One of the saddest things that can occur, in science as well as sport, is to unintentionally hurt a teammate and friend through carelessness. In writing my commentary[1] I just plain and simply didn't do a good enough job to distinguish my criticism of the unnamed "experts" from my reporting of what David Naylor wrote he was telling his patients in 1997. By singling out a colleague who has himself been a proponent of a more evidence-based and cautious approach to clinical preventive medicine and who later coauthored a study identifying new side effects of hormone replacement therapy in postmenopausal women,[2] I made a dumb mistake. So let me make it clear: I hold David Naylor in the highest regard, never intended my criticism of the experts to apply to him and regret any misinterpretation to the contrary.

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