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Erratum: Correction of the Text in the Article "Table": Discordance between Physician and the General Public Perceptions of Prognostic Disclosure to Children with Serious Illness: a Korean Nationwide Study

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> ▸ This corrects the article "Discordance between Physician and the General Public Perceptions of Prognostic Disclosure to Children with Serious Illness: a Korean Nationwide Study" in volume 33, number 49, e327.

In the December 2018 edition of the *Journal of Korean Medical Science* (volume 33, issue 49, e327), we published an article entitled "**Discordance between physician and the general public perceptions of prognostic disclosure to children with serious illness: a Korean nationwide study.**" While recently extending that research, however, we discovered that 236 members of the general population were mistakenly to be duplicated by the investigating agency (Word Research) and 1,241 were reported rather than 1,005. Here we present corrections and discuss the relevant data.

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In the **abstract**, the results paragraph (page 1/10) should be corrected to the following:

A total of 928 physicians and 1,005 members of the general public in Korea completed the questionnaire. Whereas 92.8% of physicians said that children should be informed of their incurable illness, only 50.7% of the general population agreed.

In the general population, gender, religion, comorbidity, and caregiver experience were related to attitude toward poor prognosis disclosure to children.

In the **methods** of the paper, the last paragraph (page 2/10) should be corrected to the following:

For the general population, we sampled 1,005 locally distributed respondents who were 20–70 years of age using the probability-proportional-to-size technique[14] and administered the structured questionnaire.

Our original **Table 1** (page 4/10), should be corrected to the following:

Table 1. Characteristics of the general population and physicians before and after propensity score adjustment

Category	General population (n = 1,005)	Physicians (n = 928)	Wald F[a]	P value	General population[b]	Physicians[c]	Wald F[a] adjusted for propensity score[d]	P value
Gender			26.797	< 0.001			1.713	0.191
Men	494 (49.2)	565 (60.9)			54.3	56.4		
Women	511 (50.8)	363 (39.1)			45.7	43.6		
Age, yr			168.322	< 0.001			0.248	0.619
< 40	366 (36.4)	612 (65.9)			50.4	51.2		
≥ 40	639 (63.6)	316 (34.1)			49.6	48.8		
Education (not stated, n = 4)			711.442	< 0.001	-	-	-	-
Did not complete college	549 (54.8)	0 (0)						
Completed college	452 (45.2)	928 (100)						
Job status (not stated, n = 95)			383.117	< 0.001	-	-	-	-
No	316 (34.2)	0 (0)						
Yes	607 (65.8)	928 (100)						
Monthly income, 1,000 KRW			776.480	< 0.001	-	-	-	-
< 4,000	582 (58.4)	0 (0)						
≥ 4,000	415 (41.6)	928 (100)						
Religion			53.273	< 0.001			0.030	0.863
No	585 (58.2)	386 (41.6)			51.2	50.9		
Yes	420 (41.8)	542 (58.4)			48.8	49.1		
Comorbidity			11.007	< 0.001			0.460	0.498
No	974 (96.9)	870 (93.8)			95.8	95.3		
Yes	31 (3.1)	58 (6.3)			4.2	4.7		
Caregiver experience			171.915	< 0.001			0.166	0.684
No	779 (77.5)	453 (48.8)			64.1	63.5		
Yes	226 (22.5)	475 (51.2)			35.9	36.5		
Experience caring for a seriously ill patient in last 1 year			-	-			-	-
No	-	403 (43.4)			-	42.6		
Yes	-	525 (56.6)			-	57.4		

Values are presented as number (%).

[a]F statistics based on Wald χ^2 test statistics; [b]General population sample size, n = 1,005; weighted, n = 1,922.43; [c]Physician sample size, n = 928; weighted, n = 1,921.94; [d]Propensity score was calculated by differences in gender, age, religion, comorbidity, and caregiving experience.

Our original **Figure 1** (page 5/10), should be corrected to the following:
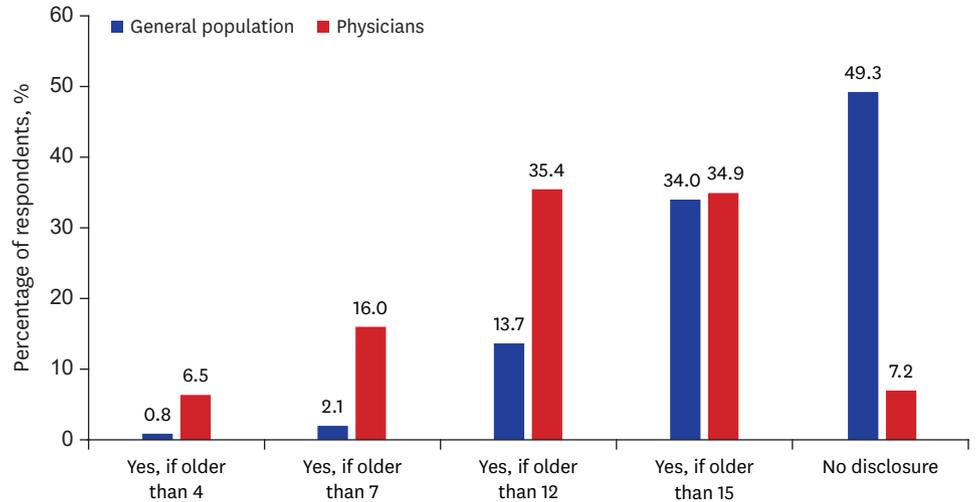
Fig. 1. Proportion of general population and physicians who agreed with disclosing incurable illness to pediatric patients according to the child's age.

Our original **Table 2** (page 5/10), should be corrected to the following:

Table 2. Why did you answer "No" regarding disclosure of incurable to pediatric patients?

Reasons	General population (n = 947.88)	Physicians (n = 138.41)
Disclosure can deteriorate illness by causing emotional distress.	359 (37.8)	18 (13.1)
Children cannot recognize the situation correctly.	247 (26.0)	61 (44.5)
Disclosure causes patients to lose hope and discourages them from fighting the disease.	166 (17.5)	31 (22.6)
Disclosure of terminal illness to children is not the right thing to do.	47 (4.9)	26 (19.0)
The prognosis may not be accurate.	71 (7.5)	0 (0)
Disclosure is not necessary because important decisions are made by the family rather than the children.	60 (6.3)	0 (0)

Values are presented as number (%).

Our original **Table 3** (page 6/10), should be corrected to the following:

Table 3. Univariate analysis for disclosing incurable illness to pediatric patients[a]

Category	General population			Physicians		
	No disclosure	Disclosure	P value	No disclosure	Disclosure	P value
Gender			0.002			< 0.001
Men	484 (46.4)	560 (53.6)		105 (9.7)	979 (90.3)	
Women	464 (52.8)	415 (47.2)		33 (3.9)	805 (96.1)	
Age, yr			0.318			0.016
< 40	467 (48.2)	502 (51.8)		57 (5.8)	927 (94.2)	
≥ 40	481 (50.5)	472 (49.5)		81 (8.6)	857 (91.4)	
Education (not stated, n = 4)			0.063			NA
Did not complete college	472 (51.7)	441 (48.3)		0 (0)	0 (0)	
Completed college	474 (47.4)	525 (52.6)		138 (7.2)	1,784 (92.8)	
Job status (not stated, n = 82)			0.303			NA
No	269 (51.8)	250 (48.2)		0 (0)	0 (0)	
Yes	590 (49.1)	611 (50.9)		138 (7.2)	1,784 (92.8)	

Table 3. (Continued) Univariate analysis for disclosing incurable illness to pediatric patients[a]

Category	General population			Physicians		
	No disclosure	Disclosure	P value	No disclosure	Disclosure	P value
Monthly income, 1,000 KRW (not stated, n = 8)			0.388			NA
< 4,000	543 (50.2)	539 (49.8)		0 (0)	0 (0)	
≥ 4,000	400 (48.2)	430 (51.8)		138 (7.2)	1,784 (92.8)	
Religion			0.026			0.001
No	509 (51.8)	474 (48.2)		90 (9.2)	888 (90.8)	
Yes	438 (46.7)	500 (53.3)		49 (5.2)	895 (94.8)	
Comorbidity			0.007			0.154
No	920 (49.9)	922 (50.1)		135 (7.4)	1,697 (92.6)	
Yes	28 (34.6)	53 (65.4)		3 (3.4)	86 (96.6)	
Caregiver experience			< 0.001			0.793
No	680 (55.2)	552 (44.8)		89 (7.3)	1,130 (92.7)	
Yes	268 (38.8)	422 (61.2)		49 (7.0)	653 (93.0)	
Experience caring for a seriously ill patient in last 1 year			-			0.400
No	-	-		75 (6.8)	1,028 (93.2)	
Yes	-	-		64 (7.8)	756 (92.2)	

Values are presented as number (%).
[a]Weighted with propensity score calculated by differences in gender, age, religion, comorbidity, and caring experience between the general population and physicians.

Our original **Table 4** (page 7/10), should be corrected to the following:

Table 4. Multivariate analysis for disclosing terminal illness to pediatric patients[a]

Category	General population		Physicians	
	aOR (95% CI)	P value	aOR (95% CI)	P value
Gender		0.006		< 0.001
Men	1 [Reference]		1 [Reference]	
Women	0.767 (0.631-0.931)		2.549 (1.706-3.809)	
Age, yr			NS	
< 40	-			
≥ 40	-			
Education (not stated, n = 4)				
Did not complete college			-	
Completed college			-	
Job status (not stated, n = 95)				
No			-	
Yes			-	
Monthly income, 1,000 KRW				
< 4,000	-		-	
≥ 4,000	-		-	
Religion				0.001
No	NS		1 [Reference]	
Yes			1.819 (1.265-2.615)	
Comorbidity		0.036		
No	1 [Reference]		-	
Yes	1.668 (1.034-2.690)		-	
Caregiver experience		< 0.001		
No	1 [Reference]		-	
Yes	1.854 (1.514-2.270)		-	
Experience caring for a seriously ill patient in last 1 yr				
No	-		-	
Yes	-		-	

aOR = adjusted odds ratio, CI = confidence interval, NS = not significant.
[a]Weighted with propensity score calculated by differences in gender, age, religion, comorbidity, and caring experience between the general population and physicians.

In the **results** of the paper, the first 3 sentences of the paragraph (page 3/10) should be corrected to the following:

Sample characteristics

A total of 1,005 members of the general population and 928 physicians in Korea completed the questionnaire. The physician group was composed of more men than women and was significantly younger than the general population. There were also more people who were religious (58.4% vs. 41.8%), had a comorbidity (6.3% vs. 3.1%), and had caregiver experience (51.2% vs. 22.5%) in the physician group than in the general population.

In the **results** of the paper, the 2nd sentence of the paragraph 'Attitudes toward disclosing incurable illness to children according to patient's age' (page 4/10) should be corrected to the following:

Among physicians, only 7.2% of respondents said they do not want children to be informed of the serious illness, whereas 49.3% of the general population were opposed to this disclosure.

In the **results** of the paper, the 2nd sentence of the paragraph 'Univariate logistic regression analyses of factors related to disclosure to children' (page 4-5/10) should be corrected to the following:

Among the general population, respondents who were male or had religion, existing comorbidity, or caregiver experience were more likely to want to disclose serious illness to children.

In the **results** of the paper, the 2nd and 3rd sentences of the paragraph 'Multiple logistic regression analyses of factors related to disclosure to children' (page 5/10) should be corrected to the following:

In the general population analysis, respondents who were male (adjusted odds ratio [aOR], 1.304; 95% CI, 1.074–1.585) or had comorbidity (aOR, 1.668; 95% CI, 1.034–2.690), or caregiver experience (aOR, 1.854; 95% CI, 1.514–2.270) were more likely to think children with incurable illness should be told about their health status. In the physician analysis, respondents who were female (aOR, 2.549; 95% CI, 1.706–3.809) or religious (aOR, 1.819; 95% CI, 1.265–2.615) were more likely to want to inform children about their poor prognosis.

In the **discussion** section, the 3rd sentence of the 4th paragraph (page 7/10) should be corrected to the following:

In our study, only 16.6% of the general public said that pediatric patients should be informed of their poor prognosis if they are over 12 years old, whereas 57.9% of physicians agreed with this statement.

In the **discussion** section, the 5th paragraph (page 8/10) should be corrected to the following:

> Having comorbidity, and caregiver experiences were found to be independently associated with agreement with prognostic disclosure to children with serious illnesses in general public group. Respondents with comorbidity or caregiver experiences might have had a chance to think about the necessities of talking about health status with loved ones.

We wish to apologize to the publisher and readers of *Journal of Korean Medical Science* for these errors.