

Authors' reply

Sir,

We thank the reader for his interest in our paper titled "Prescription errors in cancer chemotherapy: Omissions supersede potentially harmful errors."^[1] The term "omissions" in our article refers to missing information in a standard prescription. This has been clarified in the article as well as in the abstract itself. Out of the total 4253 errors, 47.1% were due to missing information or omissions. When the errors

were analyzed for their propensity to result in harm to the patient, the rate of potentially harmful errors was 11.7%. It is these figures that are reflected in the title and we did not intend to say that the two are mutually exclusive. The fact that omissions or missing information as mentioned in our article are distributed both in the potentially harmful and not potentially harmful errors has been clarified in the article.

As pointed out by the reader, omission in medication errors refers to failure to administer a dose by the time next dose was due. But in our study, we have only analyzed for errors in prescription writing and not included administration of drugs. As we could not find any standard definition for omission

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or missing information, the term has been used for its English meaning as found in several published articles.^[2-6]

In our study, we have not used the term “prescribing faults” to classify the errors. Velo *et al.*’s study has been cited as a reference only to clarify as to what components of a prescription may be considered for analyzing errors.^[7] There is lack of uniformity in the published studies with regards to what constitutes prescription errors. To quote an example, the study by Ranchon *et al.* has listed incomplete prescription, errors linked to choice of antineoplastic regimen, and dosing errors under prescription errors.^[8] This is contradictory to the classification in Velo *et al.*’s study where these errors have been classified into prescription errors and prescribing faults. In our article, we have used “prescription errors” as a generalized term to include all errors associated with the information available or missing in the prescription.

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