HEALTH BASICS

Correction policy

A correction policy explains how errors in published health information are reviewed and fixed.

WHAT IT IS
A process for reviewing and correcting published health information

WHERE IT COMES UP
Health articles, patient leaflets, test information, and clinical guidance

WHY IT MATTERS
Accurate information supports safer, better-informed health decisions

WHAT IT IS NOT
Not a disease or diagnosis

WHO TO ASK
The publisher's editorial team or your healthcare service

HOW IT IS CHECKED
Source review, version comparison, and clinical verification

Overview

A correction policy explains what happens when someone identifies a possible error in published health information. It should describe how the concern is reviewed, how confirmed errors are corrected, and how readers are told about important changes.

This is not a disease, diagnosis, treatment, or medical test. It is an editorial process used by publishers, journals, healthcare services, and other organisations that provide health information.

Health information changes for several reasons. A statement may have been wrong when published, a number may have been copied incorrectly, or a link may no longer work. In other cases, the information was accurate at first but later became outdated because evidence, product information, or clinical guidance changed.

A correction policy should distinguish between correcting an error and updating content. A correction addresses something inaccurate or misleading in the earlier version. An update reflects newer information and does not necessarily mean the earlier version was wrong.

How it works

A correction usually begins with a report from a reader, clinician, author, editor, researcher, or organisation. The report should identify the specific wording, table, image, or claim that may be wrong and explain the concern.

An editorial team then checks the issue against suitable evidence. This may include the cited research, official prescribing information, clinical guidance, government publications, or the original data. A clinician or subject specialist may review questions that could affect healthcare decisions.

Not every disagreement leads to a correction. Health evidence can be uncertain, and reputable experts may interpret limited evidence differently. A correction is appropriate when the published material contains a factual error, misrepresents its source, leaves out essential context, or could reasonably mislead readers.

The response should match the importance of the problem. Common actions include:

For an important correction, transparency matters. The notice should make it possible to understand what changed and why. In formal research publishing, the original article and the correction are often linked so that readers can find both. Systems such as PubMed and Crossmark can also show that a correction, update, or retraction exists.

A retraction is different from a routine correction. It indicates that a publication's findings or conclusions are no longer reliable enough to remain part of the evidence record without a clear warning. Retraction does not automatically mean misconduct; serious errors can also make research unreliable.

- Fixing spelling, formatting, or broken links without changing meaning
- Correcting factual wording, measurements, dates, or source details
- Adding context where technically accurate wording could mislead
- Publishing a dated correction notice for a meaningful change
- Withdrawing or replacing material that is unreliable overall

Why it matters for your health

Published information may influence whether you seek care, how you understand a test result, and what questions you ask. It may also affect how you use a medicine or medical device. An error involving a dose, unit, timing instruction, warning, or emergency sign can therefore matter more than a minor typographical mistake.

A visible correction helps you judge the current information. It also preserves trust by showing that errors are not being silently hidden. The purpose is not to suggest that health information can never contain mistakes. It is to make sure concerns are assessed and meaningful errors are corrected openly.

Corrections also help prevent an error from spreading. Health claims are often repeated in social media posts, news reports, leaflets, and other articles. A clear notice allows later publishers and readers to update what they have shared.

A correction does not automatically change your personal diagnosis or treatment. General information cannot account for your medical history, examination findings, test results, allergies, or other medicines. If corrected information may affect a decision already made about your care, ask the clinician or pharmacist involved to review it with you.

What can go wrong

Some errors are inconvenient but medically unimportant. Examples include a misspelled name, an outdated publication date, or a broken link where the surrounding claim remains accurate.

Other errors can contribute to situations such as:

Silent changes can create confusion because readers cannot tell which version they saw. A vague notice such as "content updated" may also be insufficient if the earlier information could have influenced a health decision.

A slow review can leave incorrect material available. However, publishing an immediate change without checking the evidence can introduce a new error. For potentially important concerns, a publisher may place a temporary notice on the content while the review is under way.

If you think you followed incorrect medicine instructions, contact a pharmacist, prescribing service, or local poison information service promptly. Do not wait for the publisher to complete an editorial review. Seek emergency help if someone is unconscious, having a seizure, struggling to breathe, or experiencing another life-threatening problem.

Questions about wording, evidence, or an outdated link are usually routine rather than urgent. They can be sent through the publisher's corrections, feedback, or contact service.

- Medication errors involving the wrong amount, unit, route, or timing
- Misunderstanding a screening or diagnostic test result
- Delayed assessment because warning signs were described incorrectly
- Unnecessary anxiety caused by overstated risks

- False reassurance caused by missing limits or uncertainty
- Use of outdated advice after guidance or safety information changes

What you can do

If you find a possible error, keep a record of where you found it. Note the page title, publication or review date, exact wording, and the date you accessed it. A screenshot can help if online content later changes.

When reporting the concern, be specific. Explain what appears wrong and, if possible, identify an authoritative source that conflicts with it. Avoid sending personal medical details unless the service clearly explains why they are needed and how they will be protected.

Useful questions include:

If the issue may affect your own care, save the corrected information and discuss it with the relevant clinician or pharmacist. Do not stop a prescribed medicine or change its dose solely because an article has been corrected.

For a minor error with no effect on meaning, there may be nothing else you need to do after reporting it. The publisher is responsible for reviewing and correcting its material.

- Has this concern been reviewed by an appropriate subject specialist?
- Was the information wrong when published, or has it become outdated?
- Could the change affect a medicine or healthcare decision?
- Will a dated correction notice or version history be available?
- Are related pages, downloads, or translations also being checked?

Common questions

Does every edit need a correction notice?

No. Fixing a spelling mistake or broken link may not require a formal notice if the meaning is unchanged. A change that affects facts, interpretation, safety information, or healthcare decisions should be made clear to readers.

Is an update the same as a correction?

No. An update adds newer evidence or guidance. A correction fixes information that was inaccurate, incomplete, or misleading. A publication can be both updated and corrected at the same time.

Does a corrected article become trustworthy automatically?

Not necessarily. Consider the quality of its sources, whether important limitations are explained, and whether the correction clearly addresses the original problem. One corrected detail does not confirm every other claim.

Can I ask for my medical record to be corrected?

Yes, but medical-record corrections follow privacy and health-record procedures rather than an editorial correction policy. Contact the healthcare organisation that holds the record. It may preserve the original entry while adding an amendment or your statement of disagreement.

What if a published correction may affect my treatment?

Ask the clinician or pharmacist involved in that treatment to review the change. Bring the correction notice or current article. An editorial team can explain its publication, but it cannot decide what is appropriate for your individual care.

Sources

- International Committee of Medical Journal Editors. Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly Work in Medical Journals: Corrections and Version Control
- Committee on Publication Ethics. Retraction Guidelines , version 2, 2019
- U.S. National Library of Medicine. Errata, Retractions, and Other Linked Citations in PubMed
- Crossref. Crossmark: Maintaining the Scholarly Record