The decision to offer PSA screening might have drawbacks, both in terms of the danger of harming our patients and of possibly reducing our ability to practise more effective preventive care. A debate on whether to recommend that every family physician discuss this issue with all eligible patients should take these factors into consideration.

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## Linguistic bullying

In the September issue of *Canadian Family Physician*, I read with interest the response[1] to Dr Kents' letter[2] about the term "baby-friendly."

I now understand that, in the eyes of the College of Family Physicians of Canada (CFPC) (along with the World Health Organization and UNICEF), "baby-friendly" does not mean baby-friendly, but rather what it was trademarked to mean.

My first reaction was that this level of linguistic bullying would have to be considered clarity-unfriendly and discussion-unhelpful (unless, of course, those phrases have been trademarked to mean something else). I then, however, fondly recalled that "100% beef" is not necessarily 100% beef and that "ice cream product" is not necessarily an ice cream product and decided that such hijacking of language has precedents and some value as entertainment.

I guess, then, I should jump on the bandwagon and hurry to trademark the phrases "I love you" and "beautiful day today" before some august bureaucracy tells me what they mean and when to use them.

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