

Correspondance

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Competing interests: None declared.

References

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Codes of professionalism and ethics

I was interested to read the "Code of professionalism"¹ in the April issue of the journal. I see no mention of continuity of care, itinerant surgery or itinerant patients. As such, I think the document is inadequate. I am not sure why the Canadian Association of General Surgeons should require a document separate and distinct from the "Code of Ethics" published by the Canadian Medical Association.² Perhaps that document needs to be reworked to include timely issues of technology and research.

Finally, I think that our professionalism is more serious than a game of cards. I agree that "doing right by the patient will always trump the business or pecuniary interest of the surgeon." I am not

sure the language is appropriate to the document.

Bernhard E. Driedger, MD
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Competing interests: None declared.

References

1. Christian F, Pitt DF, Bond J, et al.; Committee on Professionalism, Canadian Association of General Surgeons. Professionalism — connecting the past and the present and a blueprint for the Canadian Association of General Surgeons. *Can J Surg* 2008;51:88-91.
2. Canadian Medical Association. *CMA Code of Ethics (Update 2004)*. Ottawa: The Association; 2004. Available: <http://policy-base.cma.ca/PolicyPDF/PD04-06.pdf> (accessed 2008 May 27).

(Dr. Bond replies)

We thank Dr. Driedger for his interest in our article¹ and we shall try to address his concerns one by one.

With regard to his concerns that the code of professionalism needs to be more comprehensive, we would submit that the code has to deal with guiding principles and overarching standards and therefore cannot address each and every instance of conduct in which the surgeon must or must not engage. Nevertheless, we thank Dr. Driedger for pointing out that continuity of care and itinerant surgery must also be carried out in keeping with the code of professionalism.

With regard to his view that the document is unnecessary in view of the already published "Code of Ethics" of the Canadian Medical Association, the reasons and rationale for the Canadian Association of General Surgeons (CAGS) and our committee to take a renewed and deep interest in the subject of professionalism for surgeons is laid out in the article

itself, in its first few paragraphs. In this respect, CAGS is not alone in producing its own code of professionalism to guide its members; the American College of Surgeons and the American Academy of Orthopedic Surgeons each have their own codes of professionalism (referenced in the article).

Finally, Dr. Driedger seems not to agree with use of the word "trump" in the code itself. In fact the word has both solemn legal usage and usage in a serious medical context. As an example of the former, we would point to its repeated use in the constitutional law jurisdictions of the principles enshrined in the Charter of Rights and Freedoms "trumping" other laws. And as an example of the latter, we would point out that the *Oxford Dictionary of American English* includes the following definition of the word "trump": "beat someone or something by doing or saying something better." And the same dictionary goes on to give the following usage example: "if the fetus is human life, that trumps any argument about the freedom of the mother."

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Competing interests: None declared.

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1. Christian F, Pitt DF, Bond J, et al.; Committee on Professionalism, Canadian Association of General Surgeons. Professionalism — connecting the past and the present and a blueprint for the Canadian Association of General Surgeons. *Can J Surg* 2008;51:88-91.