

## SOGC Comment on Teaching Pelvic Examinations Under Anaesthesia

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On 28 January 2010, André Picard published an article in *The Globe and Mail* entitled *Time to end pelvic exams done without consent*. This article is not only irresponsible but reprehensible. To draw conclusions and make inflammatory statements about the ethical practice of all health-care professionals in Canada, in all surgical situations, based on a very limited study of 100 women, in one particular city, is itself unethical. This article has inaccurately presented the facts and has unnecessarily alarmed women who are to undergo surgery in Canada.

In 2006, the Society of Obstetricians and Gynaecologists of Canada (SOGC) released its clinical practice guidelines for *Pelvic Examinations by Medical Trainees*, developed and approved by the Executive and Council of the SOGC as well as the Board of Directors of the Association of Professors of Obstetrics and Gynaecology of Canada (APOG). This guideline clearly states the following recommendations for consent for surgical procedures performed under anaesthesia:

*“For most pelvic surgeries, it is important for the members of the surgical team to examine the patient under anaesthesia to confirm the suspected pathology and the initial steps of the surgical approach. As part of the description of the surgical procedure, the surgeon should inform the patient that she may be examined by a trainee at the beginning of the surgery.”*

*The pelvic examination is a component of the surgical procedure. Consent for a pelvic examination by medical trainees who are part of the surgical team is therefore implicit when consent for participation in the surgical procedure by medical trainees is obtained.”*

What is very regrettable is that Mr. Picard failed to accurately report the following facts in his article:

- One medical trainee and one resident are present in the operating room, not a “parade” of students.
- The medical trainee and resident are members of the surgical team and are not randomly attending surgery. The medical student is fulfilling a requirement to complete a work term in obstetrics and gynaecology to complete their medical training. The resident is doing so in pursuit of his or her studies to become a specialist in the area of obstetrics and gynaecology.
- Pelvic examinations under anaesthesia are only conducted during gynaecologic surgeries, not any type of surgery. Therefore, the exam is an integral part of the procedure as it helps confirm the facts and determine the best approach to be used to conduct the surgery (e.g. length, direction, or location of an incision).

With the concerns and issues raised by this article, the SOGC is committed to reviewing its clinical practice guidelines to ensure that there is no room for misinterpretation in the application of these standards of practice. There is no doubt that the patient should be aware of, and consent to, the following:

- a pelvic examination being performed as an integral part of her gynaecologic surgery
- the pelvic examination may be conducted by a medical trainee
- the medical trainee is part of the surgical team
- meeting all members of the surgical team, including the medical trainee, before the surgical procedure is performed

The SOGC acknowledges the sensitivity of the pelvic examination and the need for this procedure to be conducted with the highest level of respect for the patient. Therefore, the requirement to obtain the patient’s consent is without question. The SOGC also recognizes that no Canadian woman would want a pelvic exam conducted by an individual who did not feel comfortable doing so or was not qualified to perform the procedure. To this end, the specialty must continue to uphold the ethical teaching method described in the guideline, as it represents an invaluable teaching opportunity.

**Members of the media seeking SOGC comment are invited to contact:**

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