

Editorials

Acta chir belg, 2004, **104**, 362

Professional responsibility of surgeons versus Political responsibility !

Editorial about the letter addressed to the Minister of Public Health.

L. Michel, H. Van Damme – Editors

Professionalism, the commitment to subordinate one's self-interest to the interest of one's patients, constitutes the very foundation of trust upon which our social contract rests. And maintaining mutual trust in the surgeon-patient relationship is the only way to assure the public that Surgery is fulfilling its sacred obligation. We, as surgeons, know that no law, no regulation, no patients' bill of rights, no fine print in the insurance policy, no watchdog governmental agency – although necessary – can substitute for trustworthy surgeons who care. Nothing can either substitute for his or her commitment to choose a clear position between the conflicting poles of Ethics. One pole harbours the compassionate antique maxim : «Do to anybody else what you would like he would do to you». However, by desiring to do him good, you would be able to justify the fact that you are imposing on him your way to feel what is right and what is wrong ; and for this reason to become ultimately detrimental to him. On the other pole is the more cynical contemporary maxim : «In order not to be detrimental to anybody – particularly when one believes that one does good to him – never try to do anything, always refrain from any action». Such a behaviour leads to the fear of the common good, up to the point to open the way for the worst, that is to say the perversion of the principle of precaution that becomes, when pushed to its climax, the crime of indifference (the crime of unconcern).

When faced with this choice between the conflicting poles of Ethics, surgeons have often to assume heavy professional and personal responsibilities while they are, in fact, more and more powerless at the political front. Needless to add that professional and personal responsibilities are too often confused with political responsibility as far as health care are concerned. The article (already published in the lay press and reproduced in this issue of the *Acta Chirurgica*) referring to the clash between the members of the *Commission d'Agrément en Chirurgie* and the Minister of Public Health – Mr Rudy Demotte – is a clear illustration of such a conflict between poles of Ethics and of such a confusion between, on one hand, professional and personal responsibilities of surgeons and, on the other hand, political responsibility which every government should assume for its deeds and misdeeds. Any government rests on *consent*, and the fallacy lies in the equation of consent with obedience. In other words, surgeons who are par-

ticipating on whatever level or in whatever capacity in any body politic or bureaucratic agency should not think it is their duty to do whatever is ordered. The other way around would be tantamount to implicitly deny to surgeons their basic human faculty of judgement.

Therefore, the peer-regulation in the profession of surgery and the impartial assessment of the training of young surgeons are deontologically and ethically justified because surgery as any professions are not facts in nature but social constructs, which are supposed to be guided by values and norms. We can set forth at least five ideal basic norms : special knowledge of a practical sort ; a commitment to acquire, to preserve and to enhance that knowledge ; a commitment to excellence in the practice of the profession ; an intrinsic and dominant commitment to serving others rather than personal gain ; and effective self-regulation by the professional group. To be effective, those five basic norms should contribute to define standards of competence for members of the profession, to develop loyalty to these standards and sanctions to ensure compliance with these standards (including the exclusion from the profession or the non eligibility to the profession's certification).

The actual clash between the *Commission d'Agrément en Chirurgie* and the Minister of Public Health typically represents the shifting of responsibilities that can happen in every bureaucratic system, which is in terms of political sciences the rules of offices as contrasted to the rule of men.

The members of the *Commission d'Agrément en Chirurgie* have explicitly withdrawn their tacit consent to the discretionary decision of the Minister of Public Health. This could appear as some kind of civil disobedience. Nevertheless, some degree of civil disobedience in a democracy, which is akin to constructive activism, can sometimes be necessary to support the basic demands of the surgical discipline and the safety of the patients. Here, constructive activism is legitimate expression of professionalism, it is not radical corporatism. It is just the condition of a sound democratic balance between the surgical practice's demands and the power related to the tenure of a political office.

On the following page you find a copy of the article that appeared in *La Libre Belgique* on June 15, 2004 and in *Le Soir* on July 8, 2004