



ROYAL AUSTRALASIAN  
COLLEGE OF SURGEONS

# Code of Conduct

**Service**  
**Integrity**  
**Respect**  
**Compassion**  
**Collaboration**

***RACS is the leading advocate for surgical standards, professionalism and surgical education in Australia and New Zealand. The College is a not-for-profit organisation that represents more than 7000 surgeons and 1300 surgical Trainees and International Medical Graduates. RACS also supports healthcare and surgical education in the Asia-Pacific region and is a substantial funder of surgical research. There are nine surgical specialties in Australasia being: Cardiothoracic surgery, General surgery, Neurosurgery, Orthopaedic surgery, Otolaryngology Head-and-Neck surgery, Paediatric surgery, Plastic and Reconstructive surgery, Urology and Vascular surgery.***

# Contents

	Preamble	p 2
	College Pledge	p 5
1	Standard of Clinical Practice	p 6
2	Relationships with Patients	p 8
3	Working with Other Healthcare Professionals	p 10
4	The Surgeon's Responsibilities to Society	p 11
5	Maintaining Professional Performance	p 12
6	The Surgeon's Health	p 13
7	Financial and Commercial Dealings	p 14
8	Supervision, Education and Training	p 16
9	Research and New Technology	p 18
	References	p 20

# Preamble

## PURPOSE

The Royal Australasian College of Surgeons (RACS) is the unifying force for surgery in Australia and New Zealand, with FRACS (Fellow of the Royal Australasian College of Surgeons) standing for excellence in surgical care. The RACS Code of Conduct ('the Code') defines professional behaviour for surgeons and reflects the RACS values and College Pledge that is made by all new Fellows.

The Code is based on longstanding ethical and professional principles, reflects community expectations and incorporates the College's definition of surgical performance. RACS has reviewed the Code in consultation with the surgical specialty societies and associations, as well as relevant RACS sections, committees and boards. This extensive consultation process has strengthened the Code and assures individual surgeons that the Code reflects the standards expected of them by their peers.

The Code affirms that in addition to medical knowledge and technical expertise, excellent surgical care requires surgeons to be skilled in clinical judgement, decision making and collaboration with colleagues and others engaged in healthcare delivery. The Code requires that surgeons demonstrate objectivity and compassion, placing patients' interests first and always respecting a patient's dignity, individuality and autonomy. All Fellows must be aware of their obligations under the Code and comply with its provisions.

In addition to the Code it is the responsibility of each Fellow to be aware of their jurisdictional requirements and legal responsibilities, which may vary between Australian states and territories, and between Australia and New Zealand. To the extent that any provision of the Code conflicts with the law, the law takes precedence.

RACS supports the Medical Board of Australia's code *Good medical practice: a code of conduct for doctors in Australia*<sup>1</sup> and the Medical Council of New Zealand's *Good Medical Practice*<sup>2</sup>.

As medical practitioners, all surgeons must be familiar with their relevant code(s) of conduct. Surgical specialty societies and associations have codes of conduct relevant to their practice and Fellows must also abide by these codes.

## LEADERSHIP

The College embraces its position as the leader in setting standards for surgery across Australia and New Zealand and recognises that our Fellows are active leaders and role models in their places of work. Fellows of the College play an important role in ensuring that healthcare is provided in positive and supportive environments that are focused on excellence in patient care.

RACS supports Fellows by providing collegial support, professional development activities and targeted advocacy across a broad range of issues. RACS expects all Fellows to be personally accountable for their conduct in the workplace and the College has no tolerance for unacceptable behaviour. Discrimination, bullying and sexual harassment are breaches of the Code.

## BREACHES OF THE CODE OF CONDUCT

RACS promotes and enforces the standards set out in the provisions of the Code. It is a breach of the Code for a Fellow not to comply with any provision of the Code. Fellows who are found to have breached the Code may be subject to sanctions outlined in relevant College policies.

All Trainees of the College and International Medical Graduates on a pathway to Fellowship (IMGs) are expected to understand and adhere to the Code, but their conduct and any complaints or alleged misconduct are investigated in accordance with applicable RACS policies.

## MAKING A COMPLAINT

RACS takes all complaints and allegations regarding breaches of the Code seriously. The College has processes in place to assess and as needed, investigate complaints. Fellows, Trainees, IMGs, employers, regulators or members of the public can raise a concern about a Fellow, Trainee or IMG with RACS at any time.

To raise a concern or discuss making a complaint, call the RACS Complaints Hotline:

In Australia 1800 892 491

In New Zealand 0800 787 470

Or written complaints can be forwarded to:

Manager, Complaints Resolution  
Royal Australasian College of Surgeons  
College of Surgeons' Gardens  
250 – 290 Spring Street  
East Melbourne VIC 3002  
Australia

[complaints@surgeons.org](mailto:complaints@surgeons.org)

<sup>1</sup> Medical Board of Australia, *Good medical practice: a code of conduct for doctors in Australia*.

<sup>2</sup> Medical Council of New Zealand, *Good Medical Practice*.

# College Pledge

*I pledge to always act in the best interests of my patients,  
respecting their autonomy and rights.*

*I undertake to improve my knowledge and skills, evaluate,  
and reflect on my performance.*

*I agree to continue learning and teaching for the benefit of my patients,  
my trainees and my community.*

*I will be respectful of my colleagues,  
and readily offer them my assistance and support.*

*I will abide by the Code of Conduct of this College, and will  
never allow considerations of financial reward, career  
advancement, or reputation to compromise my judgement  
or the care I provide.*

*I accept the responsibility and challenge of being a surgeon  
and a Fellow of the Royal Australasian College of Surgeons.*



**FRACS**

Fellow of the  
Royal Australasian College of Surgeons

# 1 Standard of Clinical Practice

Excellence in patient care requires a range of clinical, interpersonal and management skills, medical and technical expertise, clinical decision-making, communication and teamwork, which all contribute to achieving a high standard of clinical practice.<sup>3</sup>

## ***A surgeon will***

- 1 always act in the best interests of patients
- 2 provide clinical care consistent with the prevailing standards of their specialty
- 3 ensure that they remain competent and provide clinical care that is informed by current and relevant evidence
- 4 ensure that their professional behaviour is at all times respectful of others
- 5 promote a cohesive team approach that benefits patients
- 6 treat patients without discriminating on the basis of personal characteristics such as age, gender, marital status, ethnicity, religion, lifestyle, sexual orientation, gender identity, culture, disability or on the basis of insurance status
- 7 protect the privacy of patients within the confines of law
- 8 facilitate ongoing care of the patient when the surgeon terminates the surgeon-patient relationship
- 9 manage only those patients whose clinical conditions are within the surgeon's scope of practice, giving consideration to individual training, experience, credentialing and current practice profile except in an emergency when alternatives are not available
- 10 respond in a timely manner to requests from other clinicians for advice or opinion, and respond as a priority to requests for help in the operating theatre
- 11 participate in the emergency management of a patient when requested, when they are reasonably able to do so, and when refusal might adversely affect the outcome for the patient



- 12 ensure informed consent has been obtained from the patient (or substitute decision-maker) before undertaking elective operations or procedures and whenever possible in an emergency<sup>4</sup>
- 13 ensure that operation safety practices for patients and theatre staff are adhered to, including completing a surgical safety checklist
- 14 ensure elective and scheduled urgent procedures are performed in an institution capable of providing the appropriate level of peri-operative care
- 15 prioritise intervention on the basis of clinical need when confronted with multiple demands

<sup>3</sup> Royal Australasian College of Surgeons, *Surgical Competence and Performance Guide*.

<sup>4</sup> Royal Australasian College of Surgeons, *Informed Consent Position Paper*.

## 2 Relationships with Patients

The surgeon-patient relationship is critical to the quality of patient care, safety and outcomes. Surgeons must pay attention to all aspects of this relationship and be aware of laws, regulations and guidelines relevant to their field of practice. Patients are entitled to feel that their surgeon listens to them, respects their autonomy and treats them with dignity. Surgeons will be open and honest with their patients at all times.

### ***A surgeon will***

- 1 provide the patient with a recommendation that is determined by clinical need
- 2 seek to communicate effectively with patients or substitute decision-makers
- 3 be sensitive to and aware that different beliefs, backgrounds, values and cultures may influence a patient's understanding, decisions or responses
- 4 make arrangements for the use of qualified language or cultural interpreters to facilitate patients' language, cultural and communication needs
- 5 discuss the patient's diagnosis, proposed investigations, associated risks and proposed treatment in a way that the patient can understand
- 6 answer patient questions and allow time for them to decide about treatment
- 7 respect the wishes of their patient to involve family or carers in their decision making and/or accommodate a patient's request for a chaperone or support person to be present during meetings
- 8 not coerce a patient into agreeing to a treatment plan
- 9 offer to refer the patient to another clinician if the patient's wishes are not compatible with actions the surgeon believes are in the patient's best interests
- 10 not undertake a procedure on a family member except in a life-threatening emergency when no other appropriately trained surgeon is available
- 11 refer a patient to another clinician when the best procedure for the patient is not within their scope of practice

- 12 protect the confidentiality of all information provided by or obtained from the patient (e.g. imaging, photographs and pathology results) unless otherwise required by law or agreed to by the patient
- 13 ensure that their professional contact details are available to hospitals and current patients
- 14 maintain appropriate personal boundaries with patients at all times
- 15 ensure that their relationship with the patient is free from any form of abuse
- 16 not engage in a sexual relationship with a patient or use their current relationship with a patient to promote such a relationship in the future
- 17 ensure that their treatment recommendation does not promote or advance a business arrangement
- 18 participate in any applicable open disclosure processes after surgery<sup>5</sup>

<sup>5</sup> Royal Australasian College of Surgeons, *Open Disclosure Position Paper*.

# 3 Working with other Health Care Professionals

Safe and effective patient care involves surgeons working closely with other surgeons and healthcare professionals. Surgeons provide leadership and respect the training, knowledge, experience and views of others. Participation in constructive peer review and in multi-disciplinary activities is a vital part of surgical practice.

## ***A surgeon will***

- 1 seek the involvement of other health care professionals or more experienced colleagues if this will benefit the patient
- 2 when appropriate, participate in a multi-disciplinary approach with other healthcare professionals for the optimal care of the patient
- 3 participate in effective handover procedures and make arrangements for continuity of patient care when they are not personally available
- 4 care for a patient in urgent need if a colleague is unavailable (even if no formal arrangement has been made)
- 5 not discriminate against, bully or sexually harass another healthcare professional or other person<sup>6</sup>
- 6 not criticise a colleague in an untruthful, misleading or deceptive manner
- 7 not denigrate another surgeon or healthcare professional
- 8 not seek to enhance their practice by actively denigrating or inhibiting a colleague's practice
- 9 be receptive to their patient seeking a second opinion, and assist the patient to obtain a second opinion if requested

<sup>6</sup> Royal Australasian College of Surgeons, *Unacceptable Behaviours Fact Sheet*.

# 4 The Surgeon's Responsibilities to Society

Surgeons are afforded certain privileges and autonomy in the use of healthcare resources, which should be used wisely and equitably. Surgeons should ensure that services arranged or provided are necessary for the patient and understand that their use of resources can affect the access of other patients to healthcare. Promoting public awareness of surgical issues and advocating for improvements in the healthcare system that benefit patients are important aspects of surgical practice.

## ***A surgeon will***

- 1 recognise their responsibility to advocate for changes to laws and regulations that do not serve the best interests of patients
- 2 identify and address issues that compromise patient safety and act to minimise risks
- 3 report to a relevant authority incidents or events that may lead to patient harm
- 4 comply with any mandatory reporting responsibilities
- 5 where appropriate, advocate for measures aimed at improving individual and public health
- 6 promote sustainability in healthcare through judicious use of health resources
- 7 allocate healthcare resources in a transparent and equitable manner
- 8 not use resources primarily for their own financial gain or for career or academic advancement
- 9 not directly or indirectly perform or encourage indiscriminate or unnecessary medical interventions

# 5 Maintaining Professional Performance

Individual surgeons are responsible for maintaining their professional standards and performance, and for demonstrating to RACS and any regulatory body that they comply with Continuing Professional Development (CPD) requirements. Surgeons are also expected to be aware of and understand new developments in their field of expertise.

## ***A surgeon will***

- 1 satisfy RACS requirements for Continuing Professional Development (CPD)<sup>7</sup>
- 2 participate in the National Audit of Surgical Mortality or state based equivalent where this is available<sup>8</sup>
- 3 participate in RACS, specialty society, institutional, and other quality assurance and improvement activities
- 4 participate in systems for surveillance, monitoring and reducing risk
- 5 be appropriately credentialed by the employing authority and/or the facility provider
- 6 not undertake a procedure that they are not trained and credentialed to undertake except in a life-threatening emergency when no other appropriately trained surgeon is available
- 7 maintain appropriate medical indemnity insurance
- 8 report any loss of hospital privileges, limitations or conditions placed on their medical registration, formal disciplinary action, restricted rights of practice, deregistration or indemnity restrictions to the RACS Executive Director for Surgical Affairs and all relevant registration and credentialing authorities
- 9 claim only such training, experience or expertise as can be substantiated

<sup>7</sup> Royal Australasian College of Surgeons, *Continuing Professional Development Information Manual*.

<sup>8</sup> Royal Australasian College of Surgeons, *Audits for Surgical Mortality*.

# 6 The Surgeon's Health

A surgeon should seek to maintain good physical, psychological and emotional health, regularly reflecting on whether any impairment, either temporary or permanent, will affect their individual performance and/or that of their team, always being mindful of any risks to patient safety. It is vital for all health professionals to promote a culture that recognises, supports and responds effectively to colleagues in need.

## ***A surgeon will***

- 1 refrain from practising if impaired by any physical, psychological or emotional ill-health that could affect patient care
- 2 refrain from practising if impaired by drugs or alcohol
- 3 if impaired, arrange the involvement of a suitably qualified colleague in the management of a patient
- 4 ensure they seek appropriate treatment for any physical, psychological or emotional impairment
- 5 be aware of the effects of ageing and ensure that these are managed to prevent any harm to patients and/or consider reduced scope of practice or retirement where this may be necessary<sup>9</sup>
- 6 volunteer to be tested if they may be infected with a blood-borne virus and participate in notifications and testing as required by law in relation to potentially infectious conditions
- 7 be aware of their blood-borne virus status and inform relevant authorities of an infection with a blood-borne virus or other infection that could be transmitted through surgical practice and comply with all regulatory and employer requirements

<sup>9</sup> Royal Australasian College of Surgeons, *Senior Surgeons in Active Practice Position Paper*.

# 7 Financial and Commercial Dealings

Surgeons must behave ethically in their financial and commercial dealings, ensuring that their professional conduct and advertising of services meets regulatory standards. Surgical records must include enough detail to allow another practitioner to assume immediate management of a patient in the event that the treating surgeon is temporarily or permanently not available to continue managing the patient.

## ***A surgeon will***

- 1 ensure that the professional fee charged is justifiable and reasonable and does not exploit a patient's need or take financial advantage of the patient<sup>10</sup>
- 2 ensure informed consent and informed financial consent are obtained before providing treatment
- 3 disclose to patients any interests in matters related to their care, including financial interests in facilities utilised or financial gain from the use of devices
- 4 provide information about the likelihood, risks and costs of subsequent or revisional surgery should these be required
- 5 adhere to the RACS *Interactions with the Medical Industry Position Paper*<sup>11</sup>
- 6 not participate in fee splitting nor provide recompense, either direct or indirect, in return for preferential patient referrals
- 7 not pay to receive retainers from other professionals in return for referrals or preferential work arrangements
- 8 comply with the Medical Board of Australia's *Guidelines for advertising of regulated health services* or the Medical Council of New Zealand's *Statement on advertising* as relevant<sup>12</sup>
- 9 be responsible for any advertising issued on their behalf
- 10 provide clear, factually correct and verifiable information in all of their advertising
- 11 not advertise in a manner that is misleading or deceptive
- 12 not offer any gifts, discounts or inducements in an advertisement without applicable terms and conditions or in a manner that undermines the informed consent process



- 13 not advertise in a manner that promotes the perception that their services are better than those provided by peer specialist surgeons
- 14 where prohibited by law, not use testimonials in their advertising
- 15 not use 'before and after' photographs that could give patients unrealistic expectations of surgical outcomes
- 16 not directly or indirectly attempt to reduce the reputation or standing of surgical colleagues, particularly by attempting to elevate oneself with comparative claims of superior experience, techniques or outcomes
- 17 maintain legible and up to date patient records, ensuring that clinical notes are dated and that the author is identifiable
- 18 ensure operation notes outline the procedure performed, including any specific problems encountered
- 19 document a post-operative plan that includes treatment until the patient is next reviewed
- 20 maintain clinical records that document clinical assessment, decisions and plans for a patient
- 21 not falsify records at any time or deliberately destroy, lose or hide records
- 22 when retiring from practice, determine and document a process to ensure a smooth handover of patients currently under the surgeon's care
- 23 when retiring from practice, ensure that relevant medical records, whether physical or electronically archived or otherwise stored, of patients currently under the surgeon's care or follow-up, are transferred to another surgeon in the specialty and that any legal, regulatory body or insurer guidelines on transfer or retainment of records are met
- 24 respect a patient's right to access information contained in their medical records and their right to control the use and disclosure of their personal information

<sup>10</sup> Royal Australasian College of Surgeons, *Excessive Fees Position Paper*.

<sup>11</sup> Royal Australasian College of Surgeons, *Surgeons and Trainees Interactions with the Medical Industry Position Paper*.

<sup>12</sup> Medical Board of Australia, *Guidelines for advertising regulated health services*.

Medical Council of New Zealand, *Statement on advertising*.

# 8 Supervision, Education and Training

Surgeons often take an active role in teaching other surgeons, Trainees, junior doctors, and other healthcare professionals including International Medical Graduates (IMGs) on a pathway to Fellowship of the College. Surgeons should maintain and develop their skills as supervisors, trainers and educators, in line with their roles and responsibilities. When providing an assessment, a surgeon will include only accurate and verifiable information, ensuring that all feedback is respectful and timely.

## ***A surgeon will***

- 1 in accordance with their teaching role, take responsibility for the teaching and training of future surgeons, junior doctors, medical students and other health care professionals
- 2 provide supervision that minimises risks to patients and maintains responsibility for patient welfare
- 3 give honest and respectful feedback on progress and performance to Trainees and IMGs, and assist in a remediation program when asked to do so<sup>13</sup>
- 4 participate in surgical audit, self-assessment and reflection through established processes to maintain competence as a teacher, trainer and supervisor<sup>14</sup>
- 5 ensure Trainees and IMGs are safe in the workplace, addressing issues that may impact on a Trainee's or IMG's physical, psychological and emotional health
- 6 encourage Trainees to attend courses and workshops when this does not compromise patient care or service delivery
- 7 not discriminate against, bully, or sexually harass a Trainee, IMG, junior doctor, student or any other healthcare professional<sup>15</sup>
- 8 not make prejudicial decisions or judgements that are influenced by a Trainee's, IMG's, junior doctor's or student's age, gender, marital status, ethnicity, religion, lifestyle, sexual orientation, gender identity, culture or disability
- 9 be honest, factual and objective when providing an assessment

- 10 participate in the assessment process and communicate assessment results in a constructive and supportive manner
- 11 only provide a satisfactory assessment when it is justified
- 12 when conducting a surgical demonstration, always place the interests of the patient first
- 13 obtain informed consent from the patient before the patient's participation in a surgical demonstration
- 14 adhere to the RACS Position Papers on *Live Transmission of Surgery*<sup>16</sup> and *Telementoring and Teleassessment of Live Surgery*<sup>17</sup>
- 15 declare any financial or non-financial benefit, direct or indirect, that may accrue to the demonstrating surgeon from a surgical demonstration

<sup>13</sup> Royal Australasian College of Surgeons, *Assessment of Clinical Training Policy*.

<sup>14</sup> Royal Australasian College of Surgeons, *Surgical Audit and Peer Review Guide*.

Royal Australasian College of Surgeons, *Surgical Supervisors Policy*.

<sup>15</sup> Royal Australasian College of Surgeons, *Unacceptable Behaviours Fact Sheet*.

<sup>16</sup> Royal Australasian College of Surgeons, *Live Transmission of Surgery Position Paper*.

<sup>17</sup> Royal Australasian College of Surgeons, *Telementoring and Teleassessment of Live Surgery Position Paper*.

# 9 Research and New Technology

Research is a vital part of surgical practice and benefits the quality of healthcare provided to patients. When conducting research, surgeons should adhere to the guidelines published by the National Health and Medical Research Council (NHMRC) or Health Research Council of New Zealand (HRC).<sup>18</sup> New techniques, technology or prostheses are constantly becoming available to surgeons. If there is proven benefit and it will be appropriate for their patients, it is incumbent upon surgeons to acquire the knowledge and skills to apply new techniques and/or technology.<sup>19</sup>

## ***A surgeon will***

- 1 acknowledge the wellbeing of the individual patient as the paramount concern, regardless of the value of the research project
- 2 disclose any known risks to the patient and seek to minimise these risks
- 3 ensure that patients who participate in research have given their informed written consent
- 4 ensure that patients retain the right to withdraw from research at any time without prejudice to their treatment and that they are offered counselling after withdrawing
- 5 if in the role of primary researcher, be responsible for proposing, designing and reporting the research and be responsible for any work conducted on the project by other individuals
- 6 perform research under the oversight of an accredited Human Research Ethics Committee (HREC) when required and seek to participate in a properly constructed clinical trial
- 7 ensure that all research on animals is consistent with institutional and government regulations and guidelines<sup>20</sup>
- 8 declare to research subjects and to the relevant oversight body, the nature of any contractual involvement with industry involved with their research or any other identified conflicts of interest<sup>21</sup>

- 9 make relevant disclosures before any presentation or publication
- 10 only report and publish factual and verifiable data and not falsify research results for any purpose or plagiarise the work of others
- 11 appropriately recognise the contribution of others in research
- 12 not accept being cited as an author on an article where they have had no real input
- 13 obtain all necessary permissions when engaging in the use of new technology
- 14 fully inform the relevant regulatory or credentialing authority before employing a new intervention, technique or prosthesis and not introduce a new procedure or technology to a hospital or health service without seeking approval from the local new technology committee or relevant body
- 15 recognise and acknowledge to the patient whether a new technique, procedure or prosthesis is experimental and/or how it has been shown effective in properly conducted trials elsewhere
- 16 obtain informed consent from a patient before employing a new intervention, technique or prosthesis
- 17 maintain a personal register of experience with a new procedure and participate in peer review of new techniques and technology

<sup>18</sup> National Health and Medical Research Council, *Guidelines for Human Research*.

Health Research Council of New Zealand, *Ethics and Regulatory Guidelines*.

<sup>19</sup> Royal Australasian College of Surgeons, *Australian Safety and Efficacy Register of New Interventional Procedures – Surgical*.

<sup>20</sup> National Health and Medical Research Council, *Animal Research Ethics Publications*.

<sup>21</sup> Royal Australasian College of Surgeons, *Surgeons and Trainees Interactions with the Medical Industry Position Paper*.

# References

Health Research Council of New Zealand, *Ethics and Regulatory Guidelines*.

Medical Board of Australia, *Good medical practice: a code of conduct for doctors in Australia*

Medical Board of Australia, *Guidelines for advertising regulated health services*

Medical Council of New Zealand, *Good Medical Practice*

Medical Council of New Zealand, *Statement on advertising*

National Health and Medical Research Council, *Animal Research Ethics Publications*

National Health and Medical Research Council, *Guidelines for Human Research*

Royal Australasian College of Surgeons, *Assessment of Clinical Training Policy*

Royal Australasian College of Surgeons, *Australian Safety and Efficacy Register of New Interventional Procedures – Surgical*

Royal Australasian College of Surgeons, *Audits for Surgical Mortality*

Royal Australasian College of Surgeons, *Continuing Professional Development Information Manual*

Royal Australasian College of Surgeons, *Excessive Fees Position Paper*

Royal Australasian College of Surgeons, *Informed Consent Position Paper*

Royal Australasian College of Surgeons, *Live Transmission of Surgery Position Paper*

Royal Australasian College of Surgeons, *Open Disclosure Position Paper*

Royal Australasian College of Surgeons, *Senior Surgeons in Active Practice Position Paper*

Royal Australasian College of Surgeons, *Surgical Audit and Peer Review Guide*

Royal Australasian College of Surgeons, *Surgeons and Trainees Interactions with the Medical Industry Position Paper*

Royal Australasian College of Surgeons, *Surgical Competence and Performance Guide*

Royal Australasian College of Surgeons, *Surgical Supervisors Policy*

Royal Australasian College of Surgeons, *Telementoring and Teleassessment of Live Surgery Position Paper*

Royal Australasian College of Surgeons, *Unacceptable Behaviours Fact Sheet*

**All RACS Policies, Position Papers and Publications available at: [www.surgeons.org](http://www.surgeons.org)**





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