such examinations and the only purpose for the examination is the care of the patient) and the policy statement does not fail in relation to such residents. However, Morris ignores the fact (explained in our article) that some residents are conducting pelvic examinations solely for training purposes, or for a combination of therapeutic and training purposes. Our considered view, grounded in a careful review of the relevant law, is that patients must be asked for explicit consent to a resident's performing a pelvic examination in whole or in part for training purposes. On this narrow point we took issue with the revisions to the policy statement[3] because of its shift from covering residents and medical students in this context to only covering medical students. We argued, and continue to hold, that residents should either be added back into the policy statement in relation to the conduct of pelvic examinations for training purposes, or a separate policy for residents (requiring disclosure of purpose and explicit consent for such examinations) should be developed.

We share Morris' goals of achieving "the best possible care for women in the academic environment" and ensuring that "all health professionals providing care for women are adequately trained." However, we do not agree that calling for disclosure of training purposes and explicit consent in residents performing pelvic examinations for training purposes can be characterized as "needlessly raising anxiety in the public and putting the clinical academic process in jeopardy." In a study conducted at the Calgary Pelvic Floor Disorders Clinic, a majority of women surveyed indicated that they would consent to a pelvic examination for training purposes if asked.[4] Further, even if the result would be fewer patients agreeing to have such examinations conducted, this is no justification for overriding legal rights and ignoring ethical responsibilities.

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Letters to the editor

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CORRECTION

"Relevant" not "nonrelevant"

In the results of the abstract in the research paper by Shariff and colleagues published in the Feb. 21, 2012 issue of *CMAJ*,[1] the statement, "… while 6% of the retrieved articles were nonrelevant …," should have read, "… while 6% of the retrieved articles were relevant …" *CMAJ* apologizes for this error.

Reference

1. Shariff S, Sontrop JM, Haynes RB, et al. Impact of PubMed search filters on the retrieval of evidence by physicians. *CMAJ* 2012;184:E184-90.

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