Commerce Commission

FIJI MEDICAL ASSOCIATION

CODE OF ETHICS

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FIJI MEDICAL ASSOCIATION

CODE OF ETHICS

As adopted at the Annual General Meeting of 11.09.1998

This replaces the Code of Ethics which was adopted in 1972, and has been prepared by FMA Member Mary Schramm in March 2003

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PRINCIPLES OF ETHICAL BEHAVIOUR

These Principles apply to all physicians including those who may not be engaged directly in clinical practice.

1. Consider the health and well being of your patient to be the first priority.
2. Strive to improve your knowledge and skill so that the best possible advice and treatment can be afforded to your patient.
3. Honour your profession and its traditions.
4. Recognise both your own limitations and the special skills of others in the prevention and treatment of diseases
5. Protect the patient's secrets even after his or her death.
6. Let integrity and professional ability be your chief advertisement.

GUIDE TO THE ETHICAL BEHAVIOUR OF PHYSICIANS

The Profession of Medicine has a duty to safeguard the health of the people and minimize the ravages of disease. Its knowledge and conscience must be directed to these ends. Ethical codes have developed to guide the members of the profession in achieving them. The Hippocratic Oath was an initial expression of such a code.

More recent codes have developed from this, and from a consideration of modern ethical dilemmas, and these are embodied in the Declaration of Geneva (1948) and the World Medical Association International Code of Medical Ethics (1949, 1968 and 1983) and in following statements by the World Medical Association which deal with particular issues:

The Declaration of Helsinki dealing with biomedical research (1964, 1975 and 1983);
The Declaration of Oslo dealing with therapeutic abortion (1970 and 1983);
The Declaration of Tokyo dealing with a doctor's responsibility towards prisoners (1975);
The Declaration of Lisbon dealing with patient's rights (1981); and
The Declaration of Venice which deals with terminal illness (1983).
These have been endorsed by each member organization, including the Fiji Medical Association, as general guides having worldwide application.
The Fiji Medical Association accepts the responsibility of delineating the standard of ethical behaviour expected of Fiji Medical Practitioners.

An interpretation of these priciples is developed in the following pages, as a guide for individual doctors.

RESPONSIBILITIES TO THE PATIENT

Standard of Care

1. Practice the science and art of medicine to the best of one's ability in full technical and moral independence and with compassion and respect for human dignity.

2. Continue self education to improve one's personal standard of medical care.

3. Ensure that every patient receives a complete and thorough examination into their complaint or condition.

4. Ensure that accurate records of fact are kept.

Respect for Patient

5. Ensure that all conduct in the practise of the profession is above reproach, and that neither physical, emotional nor financial advantage is taken of any patient.

Patient's Rights

6. Recognise a responsibility to render medical service to any person regardless of colour, religion, political belief, and regardless of nature of illness so long as it lies within the limits of expertise as a practitioner.

7. Accepts the right of all patients to know the nature of any illness from which they are known to suffer, its probable cause and the available treatments together with their likely benefits and risks.

8. Allow all patients the right to choose their doctors freely.

9. Recognise one's professional limitations and when indicated, recommend to the patient that additional opinions and services be obtained.

10. Keep in confidence information derived from a patient, or from a colleague regarding a patient, and divulge it only with the permission of the patient except when the law requires otherwise.

11. Recommend only those diagnostic procedures which seem necessary to assist in the care of the patient, and only that therapy which seems necessary for the well being of the patient. Exchange such information with patients as is necessary for them to make informed choices where alternatives exist.

12. When requested, assist any patient by supplying the information required to enable the patient to receive any benefits to which he or she may be entitled.

13. Render all assistance possible to any patient where an urgent need for medical care exists.

Continuity of Care

14. Ensure that medical care is available to one's patients when one is personally absent. When professional responsibility for an acutely ill patient has been accepted, continue to provide services until they are no longer required or until the services of another suitable physician have been obtained.

Personal Morality

15. When a personal moral judgement or religious conscience alone prevents the recommendation of some form of therapy, the patient must be so acquainted and an opportunity afforded the patient to seek alternative care.

Clinical Research

(This section summarises the principles outlined in the Declaration of Helsinki)

16. Recognise that medical progress is based on research which ultimately must rest on experiment and systematic observations involving human subjects. Accept a responsibility to Medicine to participate in such studies where possible.

17. Before initiating any clinical research involving human beings ascertain that previous research, and the purpose of the experiment justify this additional investigation. Determine that the studies proposed may reasonably be expected to provide the answer to the question raised. Ensure that a responsible committee that is independent of the investigators appraises any such clinical research both scientifically and ethically. Ascertain that the study is sufficiently planned and supervised so that the subjects are unlikely to suffer any harm. Before proceeding obtain the consent of all subjects or agents, but only after explaining the purpose of the clinical research and any possible health hazard which can be reasonably foreseen.
    Do not allow a refusal to participate in a study to interfere with the doctor – patient relationship.

18. Never allow the interests of science or society to take precedence over considerations related to the well being of the subject. In any medical study ensure that every patient is assured of the best proven diagnostic and therapeutic methods.

19. Protect the right of any doctor to prescribe and any patient to receive any new drug or treatment which in the doctors mature and considered judgement offers hope of saving life, re-establishing health, or alleviating suffering. In all such cases the doctor must fully inform the patient about the drug or treatment including the fact that the treatment is new or unorthodox where such is the case.

Reporting Medical Research

20. Ensure that the first communication of the results of research is through recognized scientific channels in order that the results may be open to scrutiny from an informed group within the profession who can establish an opinion of its merits to help its balanced presentation to the public.

Clinical Teaching

21. Recognize that clinical teaching is the basis on which sound clinical practice in the future is based. Before embarking on any clinical teaching involving patients ensure that they fully understand what is involved and have freely consented to what is proposed. Do not allow a refusal to participate in a study or in teaching to interfere with the doctor-patient relationship. In any teaching exercise ensure that every patient is assured of the best proven diagnostic and therapeutic methods.

The Dying Patient:

22. Always bear in mind the obligation of preserving life, but allow death to occur with dignity and comfort when the death of the body appears to be inevitable.

Transplantation

23. Accept that when death of the brain has occurred cellular life in the body may be supported if some parts of the body might be used to prolong or improve the health of others.

24 Recognize full responsibility to the donor of organs that are to be transplanted to give to the donor or his or her relatives full disclosure of such an intent, and the purpose of the procedure; In the case of a living donor also explain the risks of the procedure.

25. Ensure that the determination of the time of death of any donor patient is made by doctors who are in no way concerned with the transplant procedure or associated with any proposed recipient in a way that might exert any influence upon any decisions made.

Fees to Patients

26. Be responsible in setting a value on your services and consider the personal service rendered when determining any fee. Be prepared to discuss any fee with

RESPONSIBILITIES TO THE PROFESSION

Personal Conduct:

27 Recognise that the profession demands integrity in, and dedication to, its search for the truth, and in its services to mankind.

28 Ensure that one's professional conduct is beyond reproach, and report to the appropriate body of peers any conduct by a colleague which may be considered unethical or unbecoming to the profession. In other circumstances avoid impugning the reputations of other doctors

29 Accept a responsibility for one's personal health, both mental and physical. To this end have the right, except in an emergency, to refuse to accept a patient, or, in any other situation ie not an emergency, to withdraw from the responsibility for the care of any patient provided that the patient is given adequate notice of this intention and alternative care is reasonably available. (This rule must, however, not be allowed to over-ride Rule 6).

Contracts

30. Only enter into contract with an organization if it will allow the maintenance of professional integrity.

31. Only offer to a colleague a contract which has terms and conditions equitable to both parties.

Addressing the Public

32. Recognize a responsibility to give the generally-held opinions of the profession when interpreting scientific knowledge to a public. In presenting any personal opinion which is contrary to the generally held opinion of the profession, indicate that this is the case.

Advertising

33. Build a professional reputation based upon ability and integrity. Only advertise professional services or make professional announcements where the chief purpose of the notice is the factual presentation of information reasonably needed by any person to make an informed decision about the appropriateness, and the availability of services that may meet his or her medical needs.

Any advertisement must be demonstrably true in all respects, may not contain any testimonial or endorsement of clinical skills, and shall not be likely to bring the profession into disrepute.

34. Avoid advocacy of any particular non-medical commercial product if one is identified as a member of the medical profession.

35. Totally avoid the use of secret remedies. Ensure that any new therapeutic or diagnostic method is described through professional channels and the benefits, if proved, made available to the profession at large.

Consultation

36. Request the opinion of an appropriate colleague acceptable to the patient, if diagnosis or treatment is difficult or obscure, or if the patient requests it. Having requested the opinion of a colleague, make available all relevant information and indicate clearly whether he or she is to assume the continuing care of the patient during this illness.

37. When an opinion has been requested by a colleague, report in detail the findings and recommendations to the referring doctor, and provide the patient with an appropriate report. Continue with the care of the patient only at the specific request of the attending physician and with the consent of the patient

Patient Care

38 .Ensure that those persons assisting in the care of the patient are properly qualified to do so. Ensure that any doctor to whom the care of the patient is delegated is fully competent to carry out that care.

39 Make available to a colleague, on the request of the patient, a report of the findings and treatment of that patient

40 Recognize that an established relationship between a doctor and a patient has a value such as to dictate that it should not be disturbed unless there are compelling reasons to do so.

Financial Arrangements:

41 Motives of profit shall never be permitted to influence the free and independent exercise of professional judgement on behalf of a patient.

RESPONSIBILITY TO SOCIETY

42 Strive to improve the standards and quality of services in the community

43 Accept a share of the profession's responsibility to society in matters relating to the health and safety of the public; health education; and legislation affecting the health and well-being of the community

44 When a witness, recognize a responsibility to assist a court in arriving at a just decision. In all circumstances certify only that which has been personally verified.

45 Accept that it is not an individual doctor's role to determine society attitudes in matters such as abortion or in vitro fertilization, but attempt always to protect any patient, and safeguard the right of the doctors within society.

46 Regardless of society's attitude, no doctor shall countenance, condone, or participate in the practice of torture or other forms of cruel, inhuman, or degrading procedure whatever the offence of which the victim of such procedures is suspected, accused, or guilty

Provision of Services in a Competitive Environment

47 Doctors must at all times regard their duty to a patient, or to patients collectively, collectively as overriding any loyalty to an employer or other health provider entity .In particular, doctors must not allow the commercial interests of an employer or health provider to interfere in:

(a) the free exercise of clinical judgement in determining the best ways of meeting the needs of individual patients or the community, or

(b) cooperation with such other health providers as may be in the patient's interest, or

(c) the completion of any treatment, or package of care, or

(d) the publication of regular and honest reports of their service provision, aims, and achievements

48 Doctors must not act, or allow the units that employ them to act, against the public interest.

49 Standards of care should not be compromised in order to meet financial or commercial targets, whether these are set by a doctor personally, or by an organization.