

***International Conference of Medical Professional Associations and Bodies with similar  
remits, 6 January 1987***

## **Principles of European medical ethics**

*This text contains the most important principles aimed at inspiring the professional conduct of doctors, in whatever branch of practice, their contacts with patients, with society and between themselves. It also refers to the specific situation of doctors, upon which good medical practice depends. The conference recommends that the medical professional associations in each member state of the European Community take such measures as may be necessary to ensure that their national requirements relating to the duties and rights of doctors regarding their patients and society, and in their professional relationships, conform with the principles set out in this text, and to take all useful measures to ensure that the legislation in their country allows the efficient implementation of these principles.*

### **Article 1**

**The vocation of a doctor consists in protecting man's physical and mental health and relieving suffering while respecting life and human dignity, without discrimination based on age, race, religion, nationality, social situation or political ideology, or any other reason, both in times of war and peace.**

## **THE DOCTOR'S COMMITMENT**

### **Article 2**

**In the practice of his or her profession, the doctor commits to giving priority to the patient's healthcare interests. The doctor must only use his or her professional knowledge to improve or maintain the health of those who entrust themselves to his or her care, at their request; the doctor may not, in any case, act to their detriment.**

### **Article 3**

**The doctor is forbidden from imposing personal, philosophical, moral or political opinions on the patient in the practice of his or her profession.**

## **CLEAR CONSENT**

### **Article 4**

Unless in an emergency, the doctor must clearly inform the patient of the expected effects and consequences of the treatment. He or she must obtain the patient's consent, especially when the proposed treatment presents a serious risk.

The doctor must not substitute his or her own concept of the quality of life for that of his or her patient.

## **MORAL AND TECHNICAL INDEPENDENCE**

### **Article 5**

In order to advise and act, the doctor must have full professional freedom and the technical and moral conditions allowing him or her to act with complete independence.

The patient must be informed if these conditions have not been fulfilled.

### **Article 6**

When a doctor acts on behalf of a private or public authority, and when the intervention is ordered by a third party or an institution, he or she must also inform the patient.

## **PROFESSIONAL SECRECY**

### **Article 7**

The doctor is the patient's necessary confidant. He or she must guarantee the complete secrecy of all the information he or she has collected and the findings made during his or her contact with the patient.

The patient's death does not exempt the doctor from medical confidentiality.

The doctor must respect the patient's privacy and take all necessary measures to render impossible the disclosure of all the information he or she has acquired while exercising his or her profession.

If exceptions to medical confidentiality are provided for by national law, the doctor may ask for the prior opinion of his association or the professional body of similar competence.

### **Article 8**

Doctors must not collaborate in the creation of electronic medical databases that may jeopardise or weaken the patient's right to privacy, safety and the protection of his or her private life. To comply with medical ethics, any electronic medical database must be placed under the responsibility of a specifically designated doctor.

Medical databases may not be linked in any way to other databases.

## **COMPETENCE OF THE DOCTOR**

### **Article 9**

The doctor must refer to all medical resources and apply them appropriately to the patient.

### **Article 10**

A doctor must not claim proficiency for a competence that he or she does not have.

### **Article 11**

He or she must call upon a more qualified colleague if any test or treatment is beyond his or her knowledge.

## **END-OF-LIFE CARE**

### **Article 12**

In all circumstances, medicine implies constant respect for life, moral autonomy and the patient's free choice. However, in the case of incurable and terminal conditions, the doctor may limit himself or herself to relieving the physical and moral suffering of the patient by giving appropriate treatment and by maintaining, as far as is possible, the quality of a life nearing its end. It is essential to assist a dying person until the end and to act in such a way as to maintain that person's dignity.

## **ORGAN TRANSPLANTS**

### **Article 13**

When it is impossible to reverse the terminal process of artificially-maintained vital function failure, doctors must take into account the latest scientific data when certifying the death of a patient.

At least two doctors must be responsible for separately establishing a document concerning this situation. They must be independent from the team responsible for the transplant.

### **Article 14**

The doctors responsible for removing an organ intended for transplant may use special treatment aimed at keeping the donor organs alive.

#### **Article 15**

The doctors harvesting the organs must ensure by all possible means that the donor has not expressed an opinion while alive, either in writing or through his or her kin.

### **REPRODUCTION**

#### **Article 16**

The doctor must provide the patient with, and upon their request, any useful information concerning reproduction and contraception.

#### **Article 17**

In compliance with the code of ethics, a doctor may, owing to his or her own convictions, refuse to intervene in the reproduction process or in pregnancy terminations or abortions and ask the interested parties to seek advice from other doctors.

### **EXPERIMENTS ON HUMAN BEINGS**

#### **Article 18**

Medical progress is based on research that cannot be undertaken without experiments carried out on human beings.

#### **Article 19**

The protocol of any planned experiment on a human being must be submitted beforehand to an ethics committee, independent of the researcher, for advice and opinion.

#### **Article 20**

The subject of the experiment must give his or her clear and free consent after having been suitably informed of the objectives, methods and anticipated benefits as well as the risks and potential undesirable side effects, of his or her right to refuse to participate in the experiment and to withdraw at any moment.

#### **Article 21**

A doctor may only associate biomedical research with medical care, with a view to acquiring new medical knowledge, insofar as this biomedical research is justified by a potential diagnostic or therapeutic benefit for the patient.

## **TORTURE AND INHUMAN TREATMENT**

### **Article 22**

**A doctor must never assist, participate in or accept acts of torture or other forms of cruel, inhuman or degrading treatment, whatever the reasons (crime committed, accusation, beliefs) or whatever the situation, including cases of civil or armed conflict.**

### **Article 23**

**A doctor must never use his or her knowledge, competence or skill with a view to facilitating the use of torture or any other cruel, inhuman or degrading process, for any purpose whatsoever.**

## **DOCTORS AND SOCIETY**

### **Article 24**

**To accomplish his or her humanitarian mission, a doctor has the right to the legal protection of his professional independence, both in times of war and peace.**

### **Article 25**

**A doctor acting alone or through a professional organisation is duty bound to draw the community's attention to shortcomings in the areas of healthcare and the professional independence of practitioners.**

### **Article 26**

**Doctors are duty bound to participate in the elaboration and execution of all collective measures aimed at improving prevention, diagnosis and treatment among patients. In particular, they are required to collaborate, from a medical point of view, in the organisation of aid, especially in disaster situations.**

### **Article 27**

**Within the limits of their skills and the possibilities available, they must participate in the continuous progress of healthcare quality through research and continuous improvement in order to offer patients care that complies with scientific data.**

## **FRATERNITY**

### **Article 28**

**The rules of fraternity have been established in the interest of patients. They aim to prevent patients from being the victims of unfair competition between doctors. However, doctors may legitimately cite professional qualities recognised by their peers.**

#### **Article 29**

A doctor called upon to care for a patient already in the care of one of his or her colleagues, must strive to make contact with the latter in the interests of the patient, unless the patient opposes this.

#### **Article 30**

It is not a breach of fiduciary duty if a doctor informs the competent professional body of breaches of medical ethical rules and professional competence of which he or she may be aware.

### **PUBLICATION OF DISCOVERIES**

#### **Article 31**

Doctors are duty bound to make known in the professional press, first and foremost, any discoveries they have made or the conclusions of scientific studies concerning diagnosis or therapy. They must submit them for critical study by their colleagues according to the appropriate channels before revealing anything to the non-medical public.

#### **Article 32**

Any advertising of a medical success for the benefit of a person or a group or a school is contrary to the medical code of ethics.

### **CONTINUITY OF CARE**

#### **Article 33**

Regardless of the doctor's speciality, he or she must consider it a duty to provide urgent care to a person in immediate danger unless he or she is certain that another doctor can and is capable of providing this care.

#### **Article 34**

Any doctor who accepts to care for a patient commits to guaranteeing continuity as needed with the help of assisting doctors, locums or associates with the appropriate skills.

### **FREE CHOICE**

#### **Article 35**

The patient's free choice of doctor constitutes a fundamental principle of the patient/doctor relationship. The doctor must respect and ensure respect for this freedom of choice. As for the doctor, he or she may refuse to provide care, except when a patient is in danger.

## **MEDICAL STRIKES**

### **Article 36**

**When a doctor decides to participate in an organised collective refusal to provide care, he or she is not exempt from his or her ethical obligation towards patients; healthcare must be guaranteed to patients needing urgent medical attention and those already under treatment.**

## **FEES**

### **Article 37**

**When establishing fees, and in the absence of a contract or individual or collective agreement establishing fees, the doctor must take into account the scope of the service provided, possible special circumstances, his or her own skills and the patient's financial situation.**

**This text was unanimously adopted on 6 January 1987**

**The following participated in the work for the International Conference of Medical Professional Associations and Bodies with similar remits**

**Belgium: CONSEIL NATIONAL DE L'ORDRE DES MEDECINS  
Denmark: DANISH MEDICAL ASSOCIATION and NATIONAL BOARD OF HEALTH  
Spain: CONSEJO GENERAL DE COLEGIOS OFICIALES DE MEDICOS  
France: CONSEIL NATIONAL DE L'ORDRE DES MEDECINS  
Grand Duchy of Luxembourg: COLLEGE MEDICAL  
The Republic of Ireland: MEDICAL COUNCIL  
Italy: NATIONAL FEDERATION OF THE ORDERS OF DOCTORS  
Netherlands: KONINKLIJKE NEDERLANDSCHE MAATSCHAPPIJ TOT BEVORDERING DER GENEESKUNST  
Portugal: ORDEM DOS MEDICOS  
Federal Republic of Germany: BUNDESARZTEKAMMER  
United Kingdom: GENERAL MEDICAL COUNCIL  
Observer for Sweden: SWEDISH MEDICAL ASSOCIATION**

## **Principles of European medical ethics - APPENDIX**

### **A. Preamble**

The preceding principles of medical ethics contain the deontological principles on which the European medical corps agree.

The evolutions noted in the European Community (for instance, concerning the basic conditions of free movement in the market or community law regarding publicity or companies) reveal an opportunity for doctors to agree not only on the “ethical basis” of exercising their profession, but also on the principles of conduct to be observed in the exercising of their profession (for instance, on the manner in which they announce their activity or exercise it in companies or associations).

The principles of behaviour adopted in the interest of the patient form an appendix to the ethical principles adopted in 1987. They constitute recommendations aimed at all orders of doctors as well as similar bodies authorised to adopt rules in this domain and doctors themselves.

### **B. Presentation of a medical activity**

**1. The practice of a medical profession is neither a trade nor a business activity. Whatever sort of medicine a doctor practices, either as an employee or in a private practice, he or she may make known his or her titles and qualifications as well as any other indications necessary for the patient’s information, in accordance with the provisions of the Medical Professional Associations and Bodies with similar remits and within the framework of the law.**

Such information must be clearly distinguishable from any advertising or any information likely to mislead patients and which could be considered as anti-deontological by doctors from all European countries. In addition, doctors must not have such advertising done on their behalf or allow such advertising to be made about them.

**2. A doctor practicing in a hospital or within other medical establishments or within the framework of companies or associations must not allow the manager of the establishment or company to specifically advertise his or her knowledge, abilities or services compared with those of other practitioners.**

**3. The ways to advertise the opening of a surgery and its consulting times, as well as the size and wording of brass plates and insertions in telephone directories, address books and specialised media are governed by the deontological rules applicable within the medical association or any similar bodies to which the doctor belongs.**

**4. A doctor may objectively inform other doctors about the medical services he or she is offering. This is particularly applicable to information supplied to generalists by specialists. However, it is unacceptable among colleagues for a doctor to specifically highlight his or her services in relation to those of other doctors.**

**5. A doctor may neither contribute to nor tolerate the publication of reports of an advertising nature concerning him or her in the press, on the radio or on the television or by any other means. He or she must prevent the publicity of such report by all possible means. In addition, the doctor must not allow the public or private bodies in which he or she practices or in which he or she assists to use his or her name or professional activity for advertising purposes.**

**6. A doctor can participate in public documentaries and reports in the press, on the radio or television insofar as it serves to inform the public about health issues. If a doctor participates in an educational or health-related public information action, whatever the means of distribution, he or she must only deal with confirmed data, behave prudently and be attentive to the repercussions his or her words may have on the public. The doctor must not use this opportunity to advertise his or her own activity. The doctor must also be careful to avoid any attitude of self-promotion or promotion of an institution. The doctor must abstain from speaking about methods that have not yet been proven in publications aimed at the public.**

**7. Doctors are duty bound to publish any research results in the specialized press while refraining from advertising their own activity or personal services.**

**8. Doctors must not participate in any advertising pertaining to pharmaceutical products aimed at the general public.**

**9. A doctor exercising a medical activity as a supplier of services in a member state of the European Community other than the one in which he or she is domiciled or exercises his or her professional activity, and in which he or she belongs to a medical association (or the competent professional organisation), is required to respect the professional rules of the member state where he or she is practicing. The same applies if the doctor simply wishes to make his or her activity known in another member state; the doctor is only allowed to advertise his or her medical activity according to the deontological and legal rules applicable to practitioners in the member state in which he or she is advertising his or her medical activity.**

### **c. Practicing a medical profession in a company or association**

**1. If a doctor practices a medical activity outside a hospital or other authorised establishments, he or she must practice in a surgery.**

**2. A doctor may choose to practice in a company or association in a form legally approved by the law of the country in which he or she practices medicine. The choice of structure is left to the doctors, in accordance with the deontological rules.**

**3. A doctor may only co-operate with the members of other healthcare professions if they perform their activities under the doctor's control or they hold under medical orders a**

well-defined field of responsibility corresponding to their qualifications. Every doctor must remain responsible for his or her medical acts and prescriptions.

**4.** If the law of a member state authorises the practice of a medical activity in a company or association, the contract that the doctor is required to sign must preserve his or her independence concerning the practice of medicine. In particular the doctor must not be subject to the orders of non-medical persons in the practice of his or her profession. The remuneration or the length of the doctor's contract with the company must never depend on criteria of profit or profitability, which are likely to affect his or her free choice by limiting his or her independence, decisions or the quality of care provided. The same is true for any contract agreed between a healthcare establishment and a practitioner called upon to work there.

**5.** In all forms of common medical practice or within the framework of practicing within a company, it is essential to be watchful that the patient's free choice of doctor and the doctor's freedom concerning treatment are maintained.

**This text was unanimously adopted on 6 February 1995**

The following participated in this work for the International Conference of Medical Professional Associations and Bodies with similar remits

Germany: BUNDESARZTEKAMMER

Austria: THE AUSTRIAN MEDICAL CHAMBER

Belgium: CONSEIL NATIONAL DE L'ORDRE DES MEDECINS

Denmark: DANISH MEDICAL ASSOCIATION

Spain: CONSEJO GENERAL DE COLEGIOS OFICIALES DE MEDICOS

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Grand Duchy of Luxembourg: COLLEGE MEDICAL

Greece: HELLENIC MEDICAL ASSOCIATION

Republic of Ireland: MEDICAL COUNCIL

Italy: NATIONAL FEDERATION OF THE ORDERS OF DOCTORS

Netherlands: KONINKLIJKE NEDERLANDSCHE MAATSCHAPPIJ TOT BEVORDERING DER GENEESKUNST

Portugal: ORDEM DOS MEDICOS

United Kingdom: GENERAL MEDICAL COUNCIL

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Poland: NATIONAL CHAMBER OF DOCTORS

Switzerland: SWISS MEDICAL ASSOCIATION