CODE OF MEDICAL ETHICS

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CÓDIGO DE DEONTOLOGÍA MÉDICA

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Hippocratic Oath

I swear by Apollo the Healer, by Asclepius, by Hygieia, by Panacea, and by all the Gods and Goddesses, making them my witnesses, that I will carry out, according to my ability and judgment, this oath and this indenture.

To hold my teacher in this art equal to my own parents; to make him partner in my livelihood; when he is in need of money to share mine with him; to consider his family as my own brothers, and to teach them this art, if they want to learn it, without fee or indenture; to impart precept, oral instruction, and all other instruction to my own sons, the sons of my teacher, and to indentured pupils who have taken the physician’s oath, but to nobody else.

I will use treatment to help the sick according to my ability and judgment, but never with a view to injury and wrong-doing. Neither will I administer a poison to anybody when asked to do so, nor will I suggest such a course. Similarly, I will not give to a woman a pessary to cause abortion. But I will keep pure and holy both my life and my art. I will not use the knife, not even, verily, on sufferers from stone, but I will give place to such as are craftsmen therein.

Into whatsoever houses I enter, I will enter to help the sick, and I will abstain from all intentional wrong-doing and harm, especially from abusing the bodies of man or woman, bond or free. And whatsoever I shall see or hear in the course of my profession, as well as outside my profession in my intercourse with men, if it be what should not be published abroad, I will never divulge, holding such things to be holy secrets.

Now if I carry out this oath, and break it not, may I gain for ever reputation among all men for my life and for my art; but if I transgress it and forswear myself, may the opposite befall me.
The Prayer of Maimonides

Almighty God, Thou has created the human body with infinite wisdom. Ten thousand times ten thousand organs hast Thou combined in it that act unceasingly and harmoniously to preserve the whole in all its beauty the body which is the envelope of the immortal soul. They are ever acting in perfect order, agreement and accord. Yet, when the frailty of matter or the unbridling of passions deranges this order or interrupts this accord, then forces clash and the body crumbles into the primal dust from which it came. Thou sendest to man diseases as beneficent messengers to foretell approaching danger and to urge him to avert it.

Thou has blesst Thine earth, Thy rivers and Thy mountains with healing substances; they enable Thy creatures to alleviate their sufferings and to heal their illnesses. Thou hast endowed man with the wisdom to relieve the suffering of his brother, to recognize his disorders, to extract the healing substances, to discover their powers and to prepare and to apply them to suit every ill. In Thine Eternal Providence Thou hast chosen me to watch over the life and health of Thy creatures. I am now about to apply myself to the duties of my profession. Support me, Almighty God, in these great labors that they may benefit mankind, for without Thy help not even the least thing will succeed.

Inspire me with love for my art and for Thy creatures. Do not allow thirst for profit, ambition for renown and admiration, to interfere with my profession, for these are the enemies of truth and of love for mankind and they can lead astray in the great task of attending to the welfare of Thy creatures. Preserve the strength of my body and of my soul that they ever be ready to cheerfully help and support rich and poor, good and bad, enemy as well as friend. In the sufferer let me see only the human being. Illumine my mind that it recognize what presents itself and that it may comprehend what is absent or hidden. Let it not fail to see what is visible, but do not permit it to arrogate to itself the power to see what cannot be seen, for delicate and indefinite are the bounds of the great art of caring for the lives and health of Thy creatures. Let me never be absent-minded. May no strange thoughts divert my attention at the bedside of the sick, or disturb my mind in its silent labors, for great and sacred are the thoughtful deliberations required to preserve the lives and health of Thy creatures.

Grant that my patients have confidence in me and my art and follow my directions and my counsel. Remove from their midst all charlatans and the whole host of
officious relatives and know-all nurses, cruel people who arrogantly frustrate the wisest purposes of our art and often lead Thy creatures to their death.

Should those who are wiser than I wish to improve and instruct me, let my soul gratefully follow their guidance; for vast is the extent of our art. Should conceited fools, however, censure me, then let love for my profession steel me against them, so that I remain steadfast without regard for age, for reputation, or for honor, because surrender would bring to Thy creatures sickness and death.

Imbue my soul with gentleness and calmness when older colleagues, proud of their age, wish to displace me or to scorn me or disdainfully to teach me. May even this be of advantage to me, for they know many things of which I am ignorant, but let not their arrogance give me pain. For they are old and old age is not master of the passions. I also hope to attain old age upon this earth, before Thee, Almighty God!

Let me be contented in everything except in the great science of my profession. Never allow the thought to arise in me that I have attained to sufficient knowledge, but vouchsafe to me the strength, the leisure and the ambition ever to extend my knowledge. For art is great, but the mind of man is ever expanding.

Almighty God! Thou hast chosen me in Thy mercy to watch over the life and death of Thy creatures. I now apply myself to my profession. Support me in this great task so that it may benefit mankind, for without Thy help not even the least thing will succeed.
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Code of Medical Ethics
PREAMBLE

The Spanish Medical Association enacted its first Code of Medical Ethics in 1978 under the 1978 Constitution, which establishes the recognition and the need to regulate the professional associations and the exercise of qualified professionals.

This Code was updated in 1990 and 1999, the 2011 version being the first code of medical ethics of the century.

This code is to confirm the commitment of the medical profession to society, including the advancement of scientific and technical knowledge and the development of new rights and responsibilities of physicians and patients. The guidelines contained therein must be distinguished from the constraints described in the law.

Being mandatory rules, the general principle that always inspired its writing has remained: encoding only those behaviors and situations that are assumed by most professionals, without violating anyone's conscience or the ethical foundations that guarantee coexistence of a large group of people, who must necessarily have and hold different opinions on some dilemmas that the exercise of an increasingly complex medicine poses.

The essential principles of the medical profession reflect on the following attitudes, responsibilities and basic commitments:

Promoting altruism, integrity, honesty, truthfulness and empathy, which are essential for a healthcare relationship of full confidence.

Continuous improvement in professional practice and quality of care based on scientific knowledge and self-evaluation.

The exercise of self-regulation in order to maintain social trust through transparency, acceptance and correction of errors and inappropriate behavior and proper management of conflicts.

It is thus collected the Spanish Medical Association and doctors' historical vocation of service to patients and society.
Chapter I
DEFINITION AND SCOPE

Article 1

Medical ethics is the set of ethical principles and rules that inspire and guide the professional conduct of physicians.

Article 2

1. The duties imposed by this Code, sanctioned by a public law entity, oblige all doctors in the exercise of their profession, whatever the mode in which they practice it.
2. Failure to comply with some of the rules of this Code involves incurring disciplinary offenses typified in the General Statutes of the Medical Association, whose correction will be made through the regulatory process established by them.

Article 3

The Medical Association assumes as one of its main objectives the promotion and development of professional ethics. It devotes special attention to disseminate the provisions of this Code. It shall be required to enforce them and the Medical Association will try to modify any legal provision of any law opposing them.

Article 4

1. Professional societies in the register of the College of Physicians shall submit their behavior to ethical control.
2. Of the actions performed by a doctor who carries on business through a company registered in the Professional College of Physicians, the Society will respond ethically, without prejudice to the responsibility that the medical professional contracts individually.
Chapter II

GENERAL PRINCIPLES

Article 5

1. The medical profession is at the service of mankind and society. Respecting human life, dignity and healthcare of the individual and the community are the primary duties of the physician.
2. The physician must meet with the same diligence and application all patients without discrimination.
3. The primary loyalty of the doctor is the one to his/her patient's health and it must come before any other convenience. The doctor cannot refuse assistance for fear that the disease or the patient's circumstances could pose a personal risk.
4. The doctor must never intentionally hurt the patient. He/she will assist the patient with care and competence, avoiding any undue delay in attendance.

Article 6

1. All physicians, whatever their specialty or type of exercise, should provide emergency aid to the sick or injured.
2. Doctors will not abandon any patient requiring their care, even in situations of disaster or epidemic, unless forced to do so by the competent authority or an imminent and inevitable life-threatening risk for them. They will volunteer to collaborate in medical aid.
3. Doctors who legally avail themselves of the right to strike are not exempt from professional obligations to their patients, to whom they must ensure urgent and pressing care.

Article 7

1. It is understood by medical act any lawful activity, developed by a medical professional legitimately trained, either in the welfare, educational, research, expert or any other aspect, aimed at curing a disease, alleviating a disease or comprehensive health promotion. Diagnosis, treatment or alleviation of suffering acts and the preservation and promotion of health, by direct and indirect means are included.
2. Doctors, principal agents of health preservation, should ensure the quality and efficiency of their practice, the main instrument for the promotion, protection and restoration of health.

3. The continuing medical education is an ethical duty, a right and a responsibility of all physicians throughout their professional lives.

4. Physicians must be aware of their professional duties to the community. It is required to seek the highest efficiency of their work and optimal performance of the means offered by society.

5. As the health system is the main instrument of society for care and health promotion, doctors must ensure quality requirements, adequacy of care and maintenance of ethical principles in the system. They are obliged to report deficiencies, as they can affect the proper care of patients.
Chapter III

DOCTORS’ RELATIONS WITH PATIENTS

Article 8

1. Doctors should take care of their attitude, language, manners, image and, in general, their behavior to promote the full confidence of the patient.
2. The medical care requires a full relationship of understanding and trust between doctor and patient. This presupposes respect for the patient's right to choose or change doctor or health center. Individually doctors have to facilitate the exercise of this right and institutionally they must seek to harmonize it with the provisions and requirements arising from health management.

Article 9

1. Physicians shall respect the convictions of their patients and refrain from imposing their own.
2. In the exercise of their profession, doctors will act correctly and delicately, respecting the privacy of the patient.
3. Doctor and patient have the right to the presence of a companion or partner when the intimate character of the history or examination requires it.

Article 10

An essential element of information is to let know patients or their relatives the identity of the physician responsible for their care process, as well as the ones assisting them at all times.

Article 11

Doctors may only suspend assistance to patients if they are persuaded that there is no the necessary confidence in them. They shall inform patients or their legal representatives in due time and will provide another doctor to take over the care process, transmitting the information necessary to preserve the continuity of treatment.
Article 12

1. Physicians shall respect the patient's right to freely decide, after receiving adequate information about clinical options available. It is a duty of the physician to respect the patient's right to be informed at each and every stage of the care process. As a general rule, the information is sufficient and necessary for the patient to make decisions.

2. The physician shall respect the patient's refusal, in whole or in part, to a diagnostic test or treatment. He/she must inform in an understandable and accurate way of the possible consequences of persisting in his/her refusal, noting this in the medical record.

3. If the patient were to require a medical procedure that the doctor, for scientific or ethical reasons, judges inadequate or unacceptable, the doctor, after adequately informing, shall be excused from acting.

4. When a doctor treats a person on hunger strike, he/she will inform the patient about the consequences of rejecting food and the foreseeable development and prognosis. He/she will respect the freedom of those who choose to consciously and freely make hunger strike, including persons deprived of liberty; they are eligible for conscientious objection if forced to counteract this freedom.

Article 13

1. When doctors treat patients who are legally incapacitated or unable to understand information, decide or give valid consent, they must inform their legal representative or families.

2. The physician should be particularly careful so that these patients are involved in the care process as much as their ability allows it.

3. Doctors will take the decisions they deem appropriate when a serious immediate risk to the physical or mental integrity of patients arises and they are not able to get their consent.

4. The physician should encourage and promote comprehensive care for mental health problems to avoid stigmatizing psychiatric patients and permanent confinement as a therapeutic measure.
Article 14

1. The age of 16 is considered as qualified to make decisions about common welfare actions.
2. The opinion of minors under 16 will be more or less critical depending on their age and maturity; this evaluation is an ethical responsibility of the doctor.
3. In cases of actions with serious risk to the health of minors under 16, the doctor is obliged to always inform the parents and get their consent. Between 16 and 18 parents will be informed and their opinion will be taken into account.
4. When the legal representatives make a decision that, at the discretion of the physician, is contrary to the interests represented, the doctor will request judicial intervention.

Article 15

1. The physician will inform the patient understandably, truthfully, with deliberation and prudence. In case the information includes gravity data or poor prognosis he/she will endeavor to transmit it gently so that it does not harm the patient.
2. The information is to be transmitted directly to the patient, persons designated by him or his/her legal representative. The physician shall respect the patient's right not to be informed, noting this in the medical record.

Article 16

1. Informing the patient is not a bureaucratic act but a clinical act. It must be undertaken directly by the physician responsible for the care process, after reaching a precise clinical judgment.
2. Consent is usually expressed verbally and noted in the medical history. When the proposed measures are likely to cause a significant risk, the patient's written consent is obtained.
Article 17

1. Physicians should bear the negative consequences of their actions and mistakes, offering a clear, honest, constructive and adequate explanation.
2. Complaints of a patient should not adversely affect the doctor-patient relationship or the quality of care given.

Article 18

The place where the healthcare is provided shall be consistent with the dignity and respect the patient deserves and it will have the adequate means for the goals that must be fulfilled.

Article 19

1. Medical acts will be recorded in the corresponding medical record. The doctor has the duty and the right to write it. The medical history will incorporate the information considered relevant to the knowledge of the patient's health in order to facilitate healthcare.
2. The history is written and preserved for patient care. It is according to the medical ethics the use of the content of medical records for scientific, statistical and educational purposes and research analysis, provided that the confidentiality of patients and the remaining provisions of this Code are strictly respected.
3. Doctors and, when appropriate, the institution for which they work, are obliged to keep medical histories and diagnostic material while considered favorable for the patient and, in any case, during the time established by State and regional legislation. It is highly recommended that the responsible for the clinical documentation service is a doctor.
4. When a doctor stops his/her private practice, medical records will be made available to patients who request them to deliver them to their new doctor. In case of doubt, they should consult with their local medical association.
5. The physician has a duty to facilitate the patient who requests it the information contained in his/her medical history and diagnostic tests. This patient's right would be limited if damage to third parties who provided data confidentially in the interest of the patient is presumed. Subjective annotations that the doctor entered in the medical record are his/her exclusive property.
6. Access to medical records of deceased patients will be allowed only to people with family ties with the patient, provided the patient did not expressly forbid it.

7. It is the duty of the physician, if the patient requests it, to provide other colleagues with the necessary data to complete the diagnosis or treatment, as well as to facilitate the review of the tests.

8. The ethical duty to collaborate in studies of economic audits and management does not require the physician to submit to medical insurers a patient's clinical report.

9. The electronic medical record is only ethical when it assures the confidentiality of the patient, being desirable records in decentralized basis.

Article 20

1. When appropriate or when the patient requests it, it is the doctor's duty to provide a report or a certificate on assistance data or medical history. Its content must be authentic and truthful and it will be delivered only to the patient, the person authorized by him/her or his/her legal representative.

2. It is not desirable that the doctor issues a certificate to family members or persons under their civil dependence.

3. Medical certificates containing false information are ethically prohibited.
Chapter IV

QUALITY OF CARE

Article 21

1. The physician has a duty to provide all patients with medical care of human and scientific quality.
2. Complementary examinations should not be performed routinely, indiscriminately or abusively. Defensive medicine is contrary to medical ethics.
3. The time required for each medical act must be determined by the professional judgment of physicians, taking into account the individual needs of each patient and the obligation to ensure greater effectiveness and efficiency in their work.

Article 22

1. Physicians must refrain from actions that exceed their capacity. In this case, they will suggest the patient to resort to another competent colleague in that field.
2. If a doctor observed that because of age, illness or other causes, his/her judgment or technical ability are impaired, he/she should seek advice immediately from a colleague he/she trusts to help to decide whether to suspend or modify temporarily or permanently his/her professional activity.
3. If the doctor is not aware of these deficiencies and he/she is warned by another colleague, the colleague is obliged to inform the doctor and, if necessary, the College of Physicians, objectively and with due discretion. This action does not involve failing in his/her duty of fellowship, for the good of patients is always a priority.

Article 23

1. The doctor must have freedom of prescription, respecting scientific evidence and authorized indications enabling him/her to act independently and ensuring quality.
2. Collaboration with the pharmaceutical industry is necessary and convenient in research, development and drug safety. It is contrary to medical ethics to
solicit or accept gifts in exchange for prescribing a medication or use a medical device.

3. The incentives linked to prescription aimed at alleviating health spending should improve efficiency while safeguarding the quality of care and the freedom of prescription.

4. Doctors with responsibilities in management and resource management will act always guided by the common good and equity. They have an ethical duty of honesty and exemplary.

5. The doctor cannot accept remuneration based on standards of productivity, schedule performance or any other provision that objectively threatens the quality of care.

6. The prescription is the corollary of the medical act; therefore, the doctor is responsible for the prescription. If the prescription is modified in any of its contents in a way that could affect the treatment, the ethical responsibility of the physician will cease.

7. When developing scientific and educational activities funded by for-profit entities, the nature and scope of the sponsorship shall be clearly and transparently explained. The organizers of the medical activity guarantee the independence of content and freedom of the speakers.

8. It is the duty of the physician involved in research or pharmacological studies sponsored by the pharmaceutical industry to inform both scientific circles and general media of his/her links with this industry by the appropriate declaration of interests.

9. When a doctor is involved in scientific research sponsored by a pharmaceutical company, he/she should condition his/her participation to have full freedom for publication, regardless of whether the results are favorable or not from the perspective of the sponsoring company.

10. The physician who, as an expert, makes recommendations for a specific product, both in scientific circles and general media, must communicate his/her links to the healthcare industry, if any, by the appropriate declaration of interests.
Article 24

Specialized medical acts should be reserved for physicians who possess the appropriate title, without prejudice to any person holding a degree in medicine who may occasionally perform them. No doctor, if they have the skill and knowledge necessary to the level of use required, can be prevented from applying them for the benefit of their patients. In no case doctors may attribute themselves the condition of specialists in this technique or field.

Article 25

1. All physicians, whatever their professional activity, must also address preventive and educational aspects. In promoting healthy lifestyles, they will collaborate with the health authorities, the media, families and educational institutions.
2. The physician should provide loyal and competent advice to patients so that they assume their responsibilities in health, including health promotion and preventive activities of proven value. The doctor will inform of the risk that certain habits can mean for health.
3. The promotion of preventive activities is correct deontologically only when they have proven scientific value.
4. Physicians have a duty to promote health education of patients, this being an important component of quality medical practice.

Article 26

1. The physician should preferably use procedures and prescribe drugs whose effectiveness has been scientifically proven.
2. Practices inspired by quackery, those lacking scientific basis that promise healing the sick, illusory or insufficiently tested procedures proposed as effective, simulating medical treatment or surgery and use of products whose composition is not known are not ethical.
3. The clinical practice of medicine through consultation exclusively by letter, telephone, radio, newspapers or the Internet, is contrary to the ethical standards. The correct action inevitably involves personal and direct contact between doctor and patient.
4. It is ethically acceptable, in the case of a second opinion and medical examinations, the use of email or other means of virtual communication and telemedicine, whenever clear mutual identification and privacy are ensured.
5. Patient guidance systems through telemedicine or telephone consultation, are consistent with medical ethics when used solely as an aid in decision-making.

6. The rules of confidentiality, security and secrecy shall apply to telemedicine in the manner prescribed in this Code.

7. Doctors must not facilitate or permit the use of their office or somehow cover someone engaged in the illegal practice of the profession.

8. The doctor has the duty to report to the College whoever, not being a doctor, exercises medical activities and doctors who do not possess the appropriate qualifications for their usual practice. Doctors should never collaborate or hire professionals who do not have adequate qualifications.
Chapter V
MEDICAL SECRECY

Article 27

1. Medical secrecy is one of the pillars on which the doctor-patient relationship and mutual trust is based, whatever the mode of practice.
2. For doctors, the secret implies the obligation to maintain reserve and confidentiality about everything revealed by the patient, what they have seen and deduced as a result of their work related to the health and privacy of the patient, including the contents of the medical record.
3. Being a doctor does not authorize to obtain confidential information about another doctor’s patient.
4. In health institutions with computerized records, medical managers shall ensure a clear separation between clinical and administrative documentation.
5. Doctors cannot collaborate in any health database if the preservation of the confidentiality of the information stored in it is not guaranteed.
6. The doctor may cooperate in epidemiological, economics, management studies, etc., with the express condition that the information used does not identify directly or indirectly, any patient.
7. The doctor will preserve the confidentiality of patients in their social life, work and family.

Article 28

1. The medical director of a health center or service shall ensure the establishment of the necessary controls for privacy and confidentiality of patients and their related documentation.
2. The doctor will ensure that the public presentation of medical documentation in any format, does not include any data to facilitate patient identification.
3. It is permitted the presentation of medical cases that have been photographed or filmed for teaching or scientific disclosure purposes after obtaining explicit authorization to do so or preserving anonymity.
4. When a health problem occurs with people of public notoriety, the doctor responsible for their assistance or specifically designated for it, may provide information with the authorization of the person concerned or responsible.
for him/her. In any case the doctor should have extreme caution in his/her informative task.
5. The patient's death does not relieve the physician from the duty of professional secrecy.

Article 29

1. Doctors should require from their health and non-health collaborators absolute discretion and scrupulous observance of professional secrecy.
2. In the exercise of team medicine, each physician has a duty and responsibility to preserve the confidentiality of all known patient data.
3. The doctor should have a reasonable justification for communicating to another physician any confidential patient information.

Article 30

1. Professional secrecy should be the rule. However, the doctor may reveal the secret exclusively to whom he/she has to, within reasonable limits, with the advice of the College, if necessary, in the following cases:
   a. Notifiable diseases.
   b. Certificates of birth and death.
   c. If silence could result in injury for the patient or for others or in collective danger.
   d. When the doctor is unfairly harmed by secrecy and the patient allows such a situation.
   e. In case of abuse, especially in children, the elderly and mentally disabled or sexual assault.
   f. When the doctor is called by the College to testify in disciplinary matters.
   g. Although the patient authorizes it, the doctor will try to keep the secret due to the importance of the confidence of society in professional confidentiality.
   h. By law:
      1. In the part of injuries, every doctor is obliged to send to the judge when attending an injured.
      2. When acting as expert, inspector, medical examiner, coroner, or the like.
      3. Upon the request on trial for alleged offense, which needs the contribution of the patient's medical history, the doctor will inform the judge who is ethically obligated to professional
secrecy and he/she will only provide the necessary data for that specific case.

Article 31

1. The results of the medical examinations required by law, must be explained to the patient. Only the company or relevant institution shall be informed regarding work competence or limitations or risks to job assignment.

2. The results of the tests performed as part of health monitoring will be communicated exclusively to the person concerned. However, the doctor of a center of preventive medicine or occupational medicine should convey any results that are useful for the patient, with his/her consent, to his/her physician.
Chapter VI

CONSCIENTIOUS OBJECTION

Article 32

1. Conscientious objection is the doctor’s refusal to submit, for ethical, moral or religious convictions, to a required conduct, either legally mandated by an authority or by an administrative decision, that seriously forces his/her conscience.
2. The recognition of doctors’ conscientious objection is an essential premise to ensure the freedom and independence of their practice. No collective or institutional objection is admissible.

Article 33

1. Conscientious objection has always a moral sense, therefore those acts obeying criteria of convenience or opportunism should be rejected as acts of real objection,
2. The science objection has an ethical protection under the right to freedom of method and prescription, being different from conscientious objection.
3. The physician should inform the responsible person for ensuring healthcare and, optionally, the College of Physicians his/her status as a conscientious objector. The College of Physicians will provide advice and support needed.

Artículo 34

1. Conscientious objection refers to the rejection of certain actions, but it can never mean a rejection of people who demand that action depending on their individual characteristics: age, race, sex, lifestyle, ideology or religion.
2. In the event of a supervening objection, the objector physician should inform the patient in an understandable and reasoned way the objection to the action requested.
3. Although he/she refrains from practicing the disputed act, the objector doctor is obliged, in case of emergency, to look after that person, even if such care is related to the challenged action.
Article 35

From conscientious objection cannot derive any damages or benefits for the doctor who invoked it.
Chapter VII
HEALTH CARE AT THE END OF LIFE

Article 36

1. The physician has a duty to try to cure or improve patients' health whenever it is possible. When it is no longer possible, an obligation remains to implement appropriate measures to achieve their welfare, even though it could result in a shortening of life.

2. The doctor shall not undertake or continue useless or obstinate diagnostic or therapeutic actions without hope for the benefit to the sick. He/she must take into account the explicit will of patients to refuse treatment to prolong their life. When the state of patients does not allow them to make decisions, the doctor will consider and assess the indications previously made and the opinion of related responsible persons.

3. The doctor shall never intentionally cause the death of any patient, even if expressly requested by the latter.

4. The doctor is obliged to respond to requests reflected in the patient's advance directive, unless they go against good medical practice.

5. Sedation in agony is scientifically and ethically correct only when there are refractory symptoms to available treatment resources and the patient's implicit, explicit or delegated consent.

6. Although the doctor who has had the greatest care burden of the patient is the one with the highest ethical responsibility to complete the death certificate in all sections, it is not deontologically acceptable to avoid certifying it when it occurs if the doctor has witnessed it, the doctors knows the patient or the doctor has the medical history.
1. Chapter VIII

MEDICAL RELATIONS BETWEEN THEMSELVES AND OTHER HEALTH PROFESSIONALS

Article 37

1. Fellowship among physicians is a primary duty and it only takes precedence to patient rights.
2. Physicians should treat each other with due deference, respect, loyalty, whatever the hierarchical relationship between them. They have an obligation to defend a colleague who is under attack or unfair complaints.
3. Doctors shall refrain from criticizing the actions of their colleagues. Doing so in front of their patients, their relatives or others is an aggravating circumstance.

Article 38

1. Doctors will share their scientific knowledge for the benefit of patients.
2. Doctors who share the responsibility for a patient care will provide the necessary information in a clear and understandable manner, avoiding acronyms and unusual terminology. Illegible handwriting is never acceptable.
3. Discrepancies between physicians are not to encourage their public disrepute. Damage or scandal should be avoided. Injuries to a colleague will never be justified. Public polemics should be avoided; differences will be resolved at professional or collegial level.
4. Doctors notifying discreetly to their College violations of their colleagues against the rules of medical ethics or professional practice is not a failing of the fellowship duty.

Article 39

1. The doctor shall not interfere in the assistance being provided by another colleague. Urgent care or free consultation by the patient to another doctor is not considered interference, but the patient should be warned of the prejudice of multiple non-consensual medical care.
2. When the doctor needs a second opinion, he/she may propose the most appropriate colleague as a consultant or accept the one chosen by the patient. If their opinions differ substantially and the patient or his/her family decide to follow the opinion of the consultant, the doctor who has been treating the patient is released from continuing assistance.

Article 40

1. The practice of team medicine should not lead to excessive medical actions.
2. The ethical responsibility of the physician does disappear or dissolves because of teamwork.
3. The hierarchy of the medical team shall be respected, but it can never be an instrument of domination or personal aggrandizement. Whoever is in command will take care that there is an atmosphere of ethical demand and tolerance for the diversity of professional opinions.

Article 41

1. The physician should maintain good relations with other healthcare professionals and take into consideration their views about patient care.
2. The physician shall respect the sphere of competence of his/her collaborators and shall ensure that each member of the team meets their specific obligations correctly.

Article 42

1. Physicians who hold management positions are required to promote the common interest of the medical profession. Their behavior will never mean favoritism or abuse of power.
2. If a doctor becomes aware that another colleague is being subjected to harassment or coercion in his/her professional practice, he/she shall inform the College.
Chapter IX
RELATIONS WITH MEDICAL COLLEGES

Article 43

1. Doctors, whatever their professional or hierarchical position, have a duty to appear at the request of the College.
2. It is the duty of registered doctors to participate in collegiate activities and contribute to the corresponding financial burdens.
3. Health institutions shall facilitate the process of updating knowledge and improving professionally that is required of doctors. The College of Physicians shall ensure this.

Article 44

1. The directors of the Medical Association (Boards of Colleges, of Regional Councils and the General Council) are required to maintain the ethical unity of the whole professional association and must adjust their decisions to the statutory and ethical standards.
2. The directors of the Medical Association shall ensure the right to privacy and anonymity of doctors involved in a trial whose guilt is not proven.
3. The Medical Association shall defend members who are harmed because of compliance with this Code.
4. Given obviously serious medical behaviors that violate the rules of this Code, the Medical Colleges should act ex officio instituting the corresponding file.
5. Members of the Ethics Committees and the directors of the Medical Association have a duty to preserve secret information and documentation related to the ethical issues of their members.
6. The directors of the Medical Association have a duty to ensure the quality of Medicine teaching, which should not miss Medical Ethics teaching.
7. The directors of the Medical Association have a duty to intervene in health organization and all aspects that may affect the health of the population.
8. The doctor elected to institutional organs of the Medical Association shall fulfill the task with diligence and impartiality in the interest of the collective, observe caution and reserve in the development of his/her own duties and not disappoint the expectations of voters.

Code of Medical Ethics
9. These positions should not be used for purposes other than institutional interest; it is required to account for management to the corresponding General Assemblies.

10. The Medical Association directors will respect the legitimate activities of the Boards or Assemblies and the responsible exercise of their right to decide matters by voting. They will take into account and be respectful to the opinions of college minorities.
Chapter X

WORK IN HEALTH INSTITUTIONS

Article 45

1. The physician who serves on the National Health System must ensure that he/she contributes to quality, adequacy and compliance with ethical principles. He/she shall support standards aimed to improve patient care.
2. The doctor will inform the health center management of deficiencies of all kinds, including those of an ethical nature, which jeopardize proper assistance. He/she may also denounce them before his/her College, and ultimately to health authorities, before trying other ways.
3. It is highly recommended that the doctor is involved in the governance and operations of the health center to promote, in addition to continuous improvement in the quality of care, adequate defense of the values of the patient and the physician in health institutions.

Article 46

1. To achieve and maintain professional quality assistance, the latter should be supplemented by continuous training. In addition to care work, doctors must have time in their workday to update knowledge as well as for teaching and research.
2. The rules of the health institution shall respect the professional freedom of the doctor and point out that he/she exercises effective authority over staff in his/her area of competence.
3. Doctors working for others should not have their independence limited or the quality of their work compromised by the perception of incentives.
4. The College will not accept the intervention of any other institution from the point of view of the ethical conduct of its members, nor permit external interference in this matter.

Article 47

1. Doctors in management positions in health institutions should ensure that services are tailored to real care needs of the population and real funding...
possibilities, preventing health services from being offered without proper provision of human and material resources.

2. It is the duty of the medical director of the health institution to remove any obstacle that prevents a direct, immediate doctor-patient relationship, at the right place and time, preserving the privacy of the patient and the safety of the physician.
Chapter XI

ORGAN TRANSPLANT

Article 48

Organ transplant is sometimes the only therapeutic alternative. The physician should encourage and promote organ donation preserving the anonymity of the donor. Doctors will not consent organs or tissues to be traded.

Article 49

1. It is an ethical duty to verify the death of the donor with the methods and means demanded by current science.
2. Doctors responsible for the removal of organs or tissues must verify that the donor did not express his/her rejection to the donation.
3. In the case of living donors, special care should be taken to:
   a. Ensure that there is a reasonable proportion between the risk to the donor and the benefit to the recipient.
   b. Act following a protocol agreed with all professionals involved in the process, in consultation with the Healthcare Ethics Committee of the institution and, if appropriate, the Ethics Committee of the College.
   c. Ensure that the reporting process is sufficiently clear and detailed, and that there is no coercion, emotional or economic pressure or any other defect in the consent.

Article 50

Facial structure transplant will only be done in the case of a serious health or functionality problem, not only for aesthetic reasons, always as a last therapeutic alternative.
Chapter XII
HUMAN REPRODUCTION

Article 51

1. The human being is an end in itself at all stages of the life cycle, from conception to death. Doctors are obliged, in any proceeding, to safeguard the dignity and integrity of persons under their care.

2. The obligations of the doctor in the education and health prevention fields, should include creating individual and collective awareness on the benefits derived from responsible procreation and safe sex practices in disease transmission.

3. The physician is responsible for providing proper medical advice to a patient with a disease for which pregnancy is not advisable. In the event that, despite the risk, the patient desires to carry a pregnancy, the doctor has the duty to pay proper attention.

4. Given the progress of new techniques and advances in understanding the human genome, the doctor has to keep in mind that not everything that is technically feasible is ethically acceptable. His/her behavior is guided by ethical criteria.

5. The physician shall inform patients with sexually transmitted diseases of the obligation to communicate them to their partners and warn them that, otherwise, the doctor has a duty to disclose that information to protect their health.

Article 52

On sexuality, it is not lawful to interfere in the conscience of couples from the ideology of the doctor. He/she must intervene advising or recommending those practices or measures that result in a benefit for patients or for future offspring. He/she is obliged to inform patients about all the benefits to which they are entitled in terms of procreation and pregnancy.

Article 53
1. Genetic manipulation that has no therapeutic purpose, and the manipulation of the embryo or fetus which has no clear diagnostic or therapeutic purpose and that does not result in a profit for it is not ethical.

2. Doctors shall not participate directly or indirectly in any process of human cloning. They cannot create new embryos for experimental purposes.

**Article 54**

1. Prenatal testing for preventive, diagnostic or therapeutic purposes, will be preceded by a thorough information to the couple by a specialist in this field, including predictive value of the test, reliability, consequences of genetic disease for the fetus and future offspring. In the case of intrauterine tests, women must be informed about the risks of the test for the mother and the fetus.

2. Genetic testing with eugenic purpose, for underwriting insurance policies or capable of generating employment discrimination is not ethically acceptable.

3. The doctor shall inform clearly and precisely the couple when doubts arise, from the difficulty of understanding a technical report, in decision-making related to genetic counseling.

**Article 55**

1. The doctor must preserve the life entrusted to him/her at any stage. If a woman chooses voluntarily to terminate her pregnancy, this does not relieve the physician of the duty of informing her about the social benefits to which she would be entitled if she continues the pregnancy and about somatic and psychological risks that may reasonably arise of her decision.

2. The doctor who legitimately opts for conscientious objection, to which he/she is entitled, is not exempt from informing women about the rights that the State grants in this area or to solve by himself or with the help of another doctor, the medical problems that abortion or its consequences could cause.

3. The physician must provide pregnant women adequate, reliable and complete information on the evolution of pregnancy and fetal development. It is not in accordance with medical ethics to deny, hide or manipulate information to influence the mother's decision about continuing her pregnancy.

**Article 56**

*Code of Medical Ethics*
1. 1.- Assisted reproductive techniques will only be indicated as methods to solve the couple infertility after exhausting natural procedures. The doctor should not promote artificial procreation in women who have reached natural menopause and in no case after 55 years old.
2. The physician should not fertilize more eggs than those that are planned to be implanted, avoiding spare embryos.

Article 57

Permanent sterilization, both in men and women, is an act that belongs to the intimate and personal sphere of patients. Physicians should only intervene informing and advising loyally about that decision.
Chapter XIII

GENETIC TESTING

Article 58

1. The analysis of biological samples will be conducted only for the intended purpose and with the patient’s consent. If, by necessity, a biological sample should be obtained for genetic analysis for another purpose, it will be essential to obtain explicit consent.

2. If consent has been obtained for the sample to be used in research, proper precautions shall be taken to preserve its anonymity.

3. The doctor should keep secret patients’ genetic data. These are owned by the patient and the physician is only its custodian.

4. The doctor can never allow that genetic data are used as a discriminatory element.

5. Biological samples of DNA to be used in identifying persons must be obtained from genomic regions that demonstrate greater reliability.

6. Parenthood tests should be performed with the consent of all parties involved.

7. The physician must take into account that information revealed by DNA analysis is not only owned by the donor of the sample, but it is shared with other family members.
Chapter XIV
MEDICAL RESEARCH ON HUMANS

Article 59

1. Medical research is necessary for the advancement of medicine; it is a social good that should be promoted and encouraged. Research with human beings should be performed when scientific progress is not possible with alternative means of comparable effectiveness or in those phases of research in which it is essential.

2. The researcher must take all possible precautions to preserve the physical and mental integrity of research subjects. Special care should be taken to protect individuals belonging to vulnerable groups. The welfare of the subject participating in biomedical research must prevail over the interests of society and science.

3. Respect for research subjects is the guiding principle of research. Their explicit consent should always be obtained. Information provided shall include at least: the nature and purpose of research, objectives, methods, anticipated benefits and potential risks and discomforts. Subjects should also be informed of their right not to participate or withdraw from the research process freely at any time of the investigation, without detriment to them.

4. The researcher has a duty to publish the results of research through the normal channels of science, whether favorable or not. Data manipulation or concealment, either for personal or group benefits, or for ideological reasons is not ethical.

5. The creation of embryos in the laboratory in order to devote them to research practices and techniques of nuclear transfer and cloning is unethical.

6. The conservation of stem cells or cord blood requires to provide, in advance, complete information on present and future possibilities of these practices.
Chapter XV

TORTURE AND VEXATION

Article 60

1. The doctor should never participate, second or admit acts of torture or ill-treatment, whatever the arguments invoked. He/she is obliged to report them to the competent authority.

2. The doctor shall not engage in any activity that means a manipulation of the mind or the consciousness.
Chapter XVI

SPORTS DOPING

Article 61

1. It is not ethically acceptable that the doctor fraudulently contributes to improving the athlete’s performance.
2. The doctor is obliged to inform athletes of the harmful effects of different doping procedures.
3. The doctor who had knowledge of such practices by a colleague can never consider such conduct as acceptable; he/she is obliged to report it to the competent authority and his/her college.
4. The assessment of fitness for the practice of sport should be based on criteria of healthcare and physical and mental integrity of the subject. The physician should inform about any risks of practicing a particular sport.
Chapter XVII
MEDICAL EXPERTS

Article 62

1. The physician has a duty to attend the call from judges and courts; he/she shall assist public administration in those matters which, within his/her authority, redound to the common good.

2. Cooperation with justice and public administration should not mean undermining the rights of the patient. The medical expert shall respect professional confidentiality with the only exceptions detailed in this Code.

3. The doctor called as a witness by a judge is required to appear. He/she will present facts seen or heard as a doctor and that are relevant to the case. He/she will preserve medical confidentiality as far as possible and only reveal what is strictly necessary for the resolution of the court case. In civil lawsuits he/she may not give privileged information obtained confidentially for being a doctor.

4. The physician should not accept medical expertise for which he/she has no professional training or if unwilling to defend it at the trial. If required to do so, he/she will be entitled to invoke the objection of science.

5. The position of expert is incompatible with having acted as a doctor of the person in question.

6. If the medical expertise requires a medical examination, experts will communicate their personal and professional identification, who appointed them, the mission that has been entrusted to them, by whom, for what purpose and that their manifestations can be reflected in the report and made public. If the patient refuses to be examined, the expert will inform the person in charge.

7. Ethical rules for patients to preserve their privacy and modesty are extremely rigorous, since patients, by their legal status, are at a disadvantage against the expert.

8. The physician should not act as a witness-expert.

9. If, in the course of his/her performance, the expert doctor discovers any fact or circumstance involving a significant risk to the life or health of the patient or of third parties he/she shall notify the person concerned first and eventually the appropriate authority.
Chapter XVIII

Medical Teaching

Article 63

1. Medical students should know and practice the ethical standards of this Code and should be treated with respect and dignity by their teachers.
2. The teacher should take advantage of any circumstance in the course of medical practice to inculcate students with the ethical values and knowledge of this Code. He/she should be aware of the educational value of his/her example and of the fact that every medical act has an ethical component.
3. Doctors in training can perform their formative tasks under the supervision of their teachers.
4. The teacher should not be corrected in the presence of patients or medical staff regarding medical practice.
5. Those responsible for clinical teaching shall ensure that teaching and learning processes are developed minimizing inconveniences to patients.
Chapter XIX

PROFESSIONAL PUBLICATIONS

Article 64

1. The physician has a duty to communicate discoveries made or conclusions drawn from scientific studies, whatever their results, to professional circles in the first place.

2. The doctor cannot use any data enabling the identification of the patient in written, oral or visual scientific publications. When this possibility of identification cannot be avoided, the doctor must have the explicit consent of the person concerned or his/her legal representative.

3. The following behaviors are against medical ethics:
   a. Introducing prematurely or sensationalistically procedures whose efficacy is unproven yet or exaggerate it.
   b. Falsifying or fabricating data.
   c. Plagiarism of research published by other authors.
   d. Being included as an author without having contributed substantially to the design and performance of the research.
   e. Not mentioning all funding sources supporting the publication.
   f. Publishing repetitive publications.
   g. Covert misleading advertising or promotion of a product without sufficient scientific support or insufficient information.
Chapter XX

MEDICAL ADVERTISING

Article 65

1. The medical profession has the right to use advertising. Advertisement must pursue the balance between publicize the services that a doctor is trained to provide and the information a patient or user must have to choose their health care.

2. Advertising is reserved for spaces and resources specifically dedicated to this purpose. The citizen must see clearly that it is an advertising message. An advertising message should be clearly differentiated from a communication of scientific progress.

3. Medical advertising must be objective, prudent and truthful, so not to raise false hopes or spread unfounded concepts. The doctor may give information about his/her professional activities to the press and other general media.

4. It is unethical for physicians to provide their services as a prize of a contest or business promotion of any kind.

5. The doctor will not use advertising to promote deceptive healing hope nor to promote false health-related needs.

6. The doctor will not use advertising messages demeaning the dignity of the medical profession.

7. When doctors offer their services through ads, they will have an informative character, including their identity and the specialty under which they are registered in their college.
Chapter XXI

ECONOMY AND FEES

Article 66

1. The medical act must not have the sole purpose of profit.
2. The practice of medicine is the livelihood of doctors and they are entitled to be paid according to the importance and circumstances of the service provided as well as their own competences and qualifications.
3. Medical fees will be worthy and not abusive. Dichotomous practices, fees earned for acts not performed and referral of patients between institutions and centers for profit are prohibited.
4. Following the noble Hippocratic tradition, it is a manifestation of good fellowship professional courtesy to exempt from payment of fees to colleagues and first-degree relatives.
5. Doctors who, in their capacity as managers, officers, administrators or consultants, are involved in the determination or regulation of fees of other doctors and decide on fees that are not worthy or appropriate to their qualification undermine medical ethics.
6. Doctors shall not receive any fee for prescriptions or for materials used in patient care. They must not require or accept remuneration from intermediaries.
7. Direct sale to patients of drugs or any other product for therapeutic purposes is prohibited.
8. Complaints and disputes may be submitted to colleges for mediation.
Cuadernos CGCOM : Code of Medical Ethics

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