

# **CANADIAN MEDICAL ASSOCIATION**

## **CODE OF ETHICS**

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Transcribed from the original by

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## CODE OF MEDICAL ETHICS

### Chapter A OF THE DUTIES OF PHYSICIANS TO THEIR PATIENTS

### Chapter B Of THE DUTIES OF PHYSICIANS TO EACH OTHER, AND TO THE PROFESSION AT LARGE.

### Chapter C OF THE DUTIES OF THE PROFESSION TO THE PUBLIC

## CHAPTER A OF THE DUTIES OF PHYSICIANS TO THEIR PATIENTS

1. A physician should not only be ready at all times to obey the calls of the sick, but his mind should be ever attuned to the greatness of his mission and its responsibilities. These obligations are the greater, because if he should be neglectful there is usually no tribunal to be appealed to other than his own conscience. He ought, therefore, to have due regard to the responsibilities of his office, considering that the comfort, the health, and even the lives of those committed to his charge depend his upon his skill, attention and fidelity. A physician should unite tenderness with firmness, and consideration with authority, thus inspiring his patients alike with confidence and gratitude.
2. Every case committed to the charge of the physician should be treated with serious attention and humanity. Reasonable allowance should be made for the mental infirmities and caprices of the sick. Secrecy and delicacy, when required by peculiar circumstance, should be strictly observed, and the familiar and confidential intercourse to which physicians are admitted in their professional visits should be used with discretion, and with most scrupulous regard to fidelity and honour. The obligation to secrecy extends beyond the period of professional services. No circumstance connected with the privacies of personal or domestic life, no infirmities of disposition, or stain of character, observed during professional attendance, should ever be divulged by the physician, except when he is imperatively required to do so. So reasonable and necessary is this obligation, that, under certain circumstances, the physician's observance of secrecy is protected by courts of justice.
3. Frequent visits to the sick are sometimes necessary to arrive at a more complete knowledge of the disease, to deal promptly with different phases as they occur and to preserve the confidence of the patient. But

unnecessary visits are to be avoided as they cause needless anxiety to the patient, tend to lessen the authority of the physician and leave him open to suspicion of interested motives.

4. A physician should studiously avoid making gloomy prognostications, as they savour of empiricism, and magnify the importance of his services in the treatment of the disease. But he should not fail, on proper occasions, to give to the friends of the patient timely notice of danger when it is really present; and even to the patient himself, if necessary. This office, however, is so peculiarly alarming when executed by him, that it ought to be declined whenever it can be assigned to any other person of sufficient judgment and delicacy. For the physician should be a minister of hope and comfort, should bring cordial to the drooping spirit, soothe the bed of death, revive expiring life, and counteract the depressing influence of those maladies which often disturb the tranquility of the most resigned in their last moments. The life of a sick person can be shortened, not only by the acts, but also by the words and manner of a physician. It is therefore, a sacred duty of the physician to avoid as far as possible what may tend to discourage and depress the patient.
5. A physician ought not to abandon a case because the disease is deemed incurable, for his attendance may continue to be highly useful to the patient, and comforting to the relatives around him, even to the end of a fatal malady, by alleviating pain, allaying symptoms, and soothing mental anguish. To refuse attendance in such extremity is to sacrifice to fanciful delicacy and mistaken liberality, that moral duty which is independent of, and far superior to, all pecuniary considerations.
6. Consultations in difficult or protracted cases should be encouraged in difficult or protracted cases, as the experience a consultant may have had may be of advantage to the patient; besides which they increase confidence, share responsibility and enlarge views of practice.
7. The opportunity a physician not infrequently enjoys of promoting and strengthening the good resolution of patients, suffering under the consequences of vicious conduct, ought never to be neglected. His counsels, or even remonstrances, will give satisfaction, not offence if proffered with politeness, with a genuine love of virtue, and a sincere interest in the welfare of the patient.

## Chapter B

### OF THE DUTIES OF PHYSICIANS TO EACH OTHER, AND TO THE PROFESSION AT LARGE.

#### Article I. – Duties for the support of professional character.

1. The obligation assumed on entering the profession requires the physician to comport himself as a gentleman, to uphold the dignity and honour of his vocation, to exalt its standards, and extend its sphere of

usefulness. A physician should not base his practice on an exclusive dogma or sectarian system, for “sects are implacable despots. To accept their thralldom is to take away all liberty from one’s action and thought.” (Nicon, father of Galen.)

2. The medical profession should yield to none in the purity of character and high moral standards required of its practitioners. This they owe alike to themselves, their profession and their patients.
3. It is derogatory to the dignity of the profession to resort to public advertisements, or private cards, or handbills inviting the attention of individuals affected by particular diseases, publicly offering advice and medicine to the poor gratis, or promising radical cures; to publish cases and operations in the daily prints, or suffer such publication to be made; to invite laymen to be present at operations, to boast of cures and remedies; to adduce certificates of skill and success, or to perform any other similar acts. These are the ordinary practices of empirics, and in a regular physician, are highly reprehensible. However, in the case of a physician or surgeon beginning the practice of his profession or removing to a new locality, a simple announcement by an unobtrusive card in the public prints is unobjectionable.
4. Equally reprehensible is it for a physician to receive remuneration from a patient for any surgical instrument or medicine, or to dispense a secret nostrum, whether it be the composition or exclusive property of himself or others. It is reprehensible also for physicians to give certificates attesting the efficacy of patent or secret medicines, or in any way to promote their use.
5. It is the duty of every physician to associate himself with local, provincial, and Canadian medical associations, that he and his fellow practitioners may thus the better equip themselves for the work of their profession.

#### Article II. – Professional Services of Physicians to Each Other – Physicians Dependent on Each Other

1. Experience shows it is unwise for a physician to treat members of his own family or himself. A brother practitioner should therefore always be willing to render professional service freely to any physician practising in his vicinity or to the immediate family dependents of physicians.

#### Compensation for Expenses

2. When a physician from a distance is called to advise another physician or one of his family dependents, and the physician to whom the service is rendered is in easy circumstances, a compensation that will at least meet the traveling expenses of the visiting physician should be proffered. When such a service necessitates absence of the visitor

from his accustomed field of professional work that might reasonably be expected to entail pecuniary loss, such loss should, in part at least, be provided for in the compensation offered.

#### One Physician to Take Charge

3. When a physician or a dependent member of his family is seriously ill, he or his family should select from among his neighboring colleagues one to take charge of the case. Other physicians may be associated in the care of the patient as consultants.

#### Article III. – Of the duties of physicians regarding consultations.

1. On no condition should a physician consult with other than a regularly qualified practitioner.
2. In a consultation the good of the patient is the sole object.
3. No rivalry or jealousy should be indulged; candour, probity, and all due respect should be held toward the physician in charge of the case.
4. Consultants should retire to a private place for deliberation. The one in attendance should communicate the directions agreed upon to the patient or his friends, as well as any opinions it might be thought proper to express. But no statement or discussion should take place before the patient or his friends, except in the presence of all the consultants attending, and by their common consent, and no opinions or prognostications should be given which are not the result of previous deliberation and concurrence.

#### ATTENDING PHYSICIAN RESPONSIBLE

5. The Physician in attendance is in charge of the case and is responsible for the treatment. Consequently he may prescribe for the patient at any time and is privileged to vary the mode of treatment outlined and agreed on at a consultation, whenever, in his opinion such a change is warranted. However, at the next consultation, he should state his reasons for departing from the course decided upon at the previous conference. When an emergency occurs during the absence of the attending physician, a consultant may provide for the emergency and the subsequent care of the patient until the arrival of the physician in charge, but should not do more than this without the consent of the physician in charge.
6. A physician who is called upon to consult should observe the most honourable and scrupulous regard for the character and standing of the practitioner in attendance. The practice of the latter, if necessary, should be justified as far as consistent with a conscientious regard for truth, and no hint or insinuation should be thrown out which would impair the confidence reposed in him, or affect his reputation. The consulting physician should also carefully refrain from any of those

extraordinary attentions or assiduities too often practiced by the dishonest for the base purpose of gaining applause, or ingratiating themselves into the favour of families and individuals.

#### CONSULTANT AND ATTENDANT

7. When a physician has been present as a consultant in a case, he should not attend the patient during that illness except with the consent of the physician who was in charge at the time of the consultation.
8. When a patient is sent to one especially skilled in the care of the condition from which he is thought to be suffering, and for any reason it is impracticable for the physician in charge to accompany the patient, the physician in charge should send to the consultant by mail, or in care of the patient under seal, a history of the case, together with the physician's opinion, and an outline of the treatment, or as much of this as may possibly be of service to the consultant. As soon as possible after the case has been seen and studied, the consultant should address the physician in charge and advise him of the results of the consultant's investigations of the case.

#### Article IV. – Duties of physicians in case of interference.

1. A physician, in his intercourse with a patient under the care of another practitioner, should observe the strictest caution and reserve. No meddling inquiries should be made, no disingenuous hints given relative to the nature and treatment of his disorder, nor any course of conduct pursued that may directly or indirectly tend to diminish the trust reposed in the physician employed.
2. The same circumspection and reserve should be observed when, from motives of business or friendship, a physician is prompted to visit an individual who is under the direction of another practitioner. Indeed, such visits should be avoided, except under special circumstances, and when they are made no particular inquiries should be made as to the nature of the disease or the remedies employed, but the topics of conversation should be as foreign to the case as circumstances will admit.
3. A physician ought not to take charge of, or prescribe for, a patient recently under the care of another member of the faculty, during the same illness, except in emergency or in consultation with the physician previously in attendance, or when the latter has relinquished the case, or has been regularly notified that his services are no longer desired. Under such circumstances no unjust, illiberal insinuations should be made, as to the conduct or practice previously pursued; but these should be justified as far as candour and regard for truth and probity will permit.
4. When a physician is called to a case, because of urgency, when the family attendant is not at hand, he should, unless his assistance in

- consultation be desired, resign the care of the patient to the regular attendant immediately on his arrival.
5. In such emergencies as sudden onset of illness, recent accidents or injuries, it often happens that through alarm and anxiety of friends a number of physicians are simultaneously sent for. Under such circumstances courtesy should assign the care of the patient to the first to arrive, who may select from others present what assistants he may deem necessary. He should, however, request that the family physician, if there be one, be called, and resign the case to him on his arrival, unless his own further attendance has been requested. This rule shall apply equally when the patient has been taken to a hospital.
  6. When a physician is called to the patient of another practitioner, in consequence of the sickness or absence of the latter, he should, on recovery or return of the regular attendant relinquish the case.
  7. When a physician attends a woman in labour in the absence of another who has been engaged to attend, he should resign the patient to the one first engaged upon his arrival. Each physician is entitled to compensation for the professional services he may have rendered.

Article V. – Of differences between physicians.

1. Whenever there arises between physicians a grave difference of opinion which cannot be properly adjusted, the dispute should be referred for arbitration to a committee of impartial physicians preferably the Committee on Ethics of the Local Medical Society.

It is desirable that such a committee be appointed in each county or local society.

Article VI. – Of Standards of Fees

1. General rules and standards regarding fees should be adopted by the profession in every province and district. It should be deemed a point of honour to adhere to these standards with as much uniformity as varying circumstances and conditions will admit.
2. The payment of a commission to any person or persons who may be instrumental in influencing a patient or patients to apply for professional advice, is wrong in principle, and detrimental to the best interests of our profession.
3. When two or more practitioners are engaged in a case the disposition of the respective fees shall be made only with the knowledge and consent of the patient.
4. Physicians give their services free much more generally and generously than is usual in any other profession, but justice requires that some limit should be applied to such free services. Poverty, professional brotherhood, and certain public duties, should always be recognized as presenting valid claims for gratuitous services. But no

special profession or occupation can be considered as entitled to claim such privilege; nor can institutions endowed by the public or rich individuals, nor societies for mutual benefit for the insurance of lives. Certificates for such insurance should be paid for whether furnished by a medical advisor of the company or by the family physician. Nor can it be justly expected of physicians to furnish certificates of inability to serve on juries or to testify as to the state of health of persons wishing to insure their lives, obtain pensions or the like, without payment. But to individuals in indigent circumstances such professional services should always be cheerfully and freely given.

## CHAPTER C

### OF THE DUTIES OF THE PROFESSION TO THE PUBLIC

1. It is the duty of physicians as good citizens, with constant vigilance, to strive diligently for the general welfare and to bear their share in community institutions and burdens. In matters in which their work and training makes them experts, such as personal and community hygiene, health preservation or the prevention of epidemic and contagious diseases they should be ever ready to give counsel for the general good. When pestilence is upon the people it is their duty to continue their work for the alleviation of suffering even at the jeopardy of their lives
2. Physicians who are daily witnesses of the enormities committed by quackery, and the injury to health, and even loss of life, caused by the use of fraudulent and quack medicines and procedures, should consider it their duty to enlighten the public about these, and to expose injuries sustained by the unwary from the pretensions and devices of empirics and impostors. They should use all their influence, by exercising an option as to shops to which their prescriptions shall be sent, to discourage druggists and apothecaries from vending quack or secret medicines or from having a part in any way in their manufacture or sale.

### PRINCIPLES OF ETHICS

In conclusion it may be pointed out that such a Code of Ethics as has been outlined is based upon the Golden Rule, that the principles enunciated are primarily for the good of the patient and of the public at large, and that their observance and enforcement should be such as shall deserve and receive the hearty endorsement of the community.