

CANADIAN MEDICAL ASSOCIATION

CODE OF ETHICS

1945

Transcribed from the original by

A Keith W Brownell MD, FRCPC and Elizabeth "Libby" Brownell RN, BA

April 2001

Code of Ethics

“He should be modest, sober, patient, prompt to do his whole duty without anxiety; pious without going so far as superstition; conducting himself with propriety in his profession, and in all the actions of his life.” – Hippocrates.

Introductory

“As ye would that men should do you, do ye even so to them,” is a Golden Rule for all men. A Code of Ethics for physicians can only amplify or focus this and other golden rules and precepts to the special relations of practice. As a stream cannot rise above its source, so a code cannot change a low-grade man into a high-grade doctor, but it can help a good man to be a better man and a more enlightened doctor. It can quicken and inform a conscience, but not create one. Only in a few things can it decree ‘thou shalt.’ or ‘thou shalt not’, but in many things it can urge ‘thou shouldst’, or ‘thou shouldst not’.

While the highest service they can give to humanity is the only worth-while aim for those of any profession, it is so in a special sense for physicians, since their services concern immediately and directly the health of the bodies and minds of men.

Of the Duties of Physicians to Their Patients

For the honourable physician the first consideration will always be the welfare of the sick. On his conscience rest the comfort, the health and the lives of those under his care. To each he gives his utmost in science and art and human helpfulness. Their confidences are safe in his keeping, except in those rare instances when the safe-guarding of society imposes a higher law. He does not multiply costs without need, nor raise needless fears, nor allay fears without full consideration. Even when he cannot cure he will alleviate, and be counselor and friend.

It is a special duty for one who stands guard over the lives of men to keep his science and his art in good repair, to enlarge and refresh his knowledge constantly, and to give his patients treatment that is not only sympathetic, but the best possible in the circumstances. To this end he will always be willing to check and supplement his diagnosis, treatment and prognosis by consultation. No excellence in one respect can excuse slipshod, ignorant or out-dated service.

Every patient is entitled to adequate examination by the physician. The physician should aim to give to his patient the same quality of service which he hopes, in time of need for himself or his family, to receive from another physician.

If a practitioner is confining his study and practice to a special branch, he must be sure that his special knowledge and outlook are suitable and adequate to all the needs of the sick person under his care.

In short, the greatest well-being of the sick person should be the whole study and care of the honourable physician.

“The greatest trust between man and man is the trust of giving counsel.”
- Francis Bacon.

Of the Duties of Physicians Regarding Consultations

It is the duty of the attending physician to accept the opportunity of a second opinion in any illness that is serious, obscure or difficult, or when consultation is desired by the patient or by persons authorized to act on the patient's behalf. While the physician should name the consultant he prefers, he should not refuse to meet the physician of the patient's choice, though he may urge, if he so thinks, that such consultant has not the qualifications or experience that the existing situation demands.

In the following circumstances, it is particularly desirable that the attending physician, while dealing with an emergency when this exists, should, whenever possible, secure consultation with a colleague:

- a. When the propriety of performing an operation or of adopting a course of treatment which may entail considerable risk to the life, activities or capacities of the patient has to be considered, and particularly when the condition which it is sought to relieve by this treatment is in itself not dangerous to life.
- b. When operative measures involving the death of the foetus or an unborn child are contemplated, particularly if labour has not begun.
- c. When the propriety of prescribing, or repeating a prescription for any drug scheduled under the Opium and Narcotic Drug Act, in the case of a person seeking relief from the symptoms of addiction to that drug, is under consideration.
- d. When there are grounds for suspecting that the patient
 - i. Has been subjected to an illegal operation or
 - ii. Is the victim of criminal poisoning.

Since consultation is planned wholly for the good of the sick person, there should enter into it no trace of insincerity, rivalry or envy. Before seeing the patient, the attending physician should, as a rule, give the consultant a brief history of the case. On entering the room of the patient, the attending physician should precede the consultant, and should, if necessary, introduce him to the patient. After joint examination, the physicians should discuss the case in private, then the joint decision

should be communicated to the patient and his family by the attending physician, supplemented, if necessary, by the consultant. If agreement as to diagnosis and treatment should not be possible, and if the consultant is convinced that the future well-being of the patient is concerned in his so doing, he should inform the patient and his family in the presence of the attending physician of the points of disagreement.

If it is impossible for the attending physician and the consultant to make their examinations at the same time, the consultant's conduct must be especially careful and tactful. The consultant should in such case communicate his opinion and suggestions for treatment in a closed letter addressed to the attending physician. Responsibility for the patient's care rests with the physician in attendance. If he should retire from the case, the consultant must not replace him during the present illness, except at the request of the attending physician or with his approval.

Patients Referred to Physicians or Sent to Hospitals

When a patient has been sent either for office examination or admission to a hospital under the consultant's care, it is the duty of the consultant to report findings and discuss them with the attending physician so that the latter may have all possible advantage from the consultation. It is equally the duty of the physician referring a patient to give as full information as possible to the consultant. A hospital physician should see that findings or suggestions of value concerning any patient at the time under his care in hospital are sent to the physician usually in attendance on that patient.

The Induction of Abortion

The induction or procuring of abortion involves the destruction of life. It is a violation both of the moral law and of the criminal code of Canada, except when there is justification for its performance. The only justification is that the continuance of pregnancy would imperil the life of the mother. Such an operation should never be undertaken unless the attending physician and consultant agree as to the necessity for such action; the consultant must be a physician in good standing and his recommendation should be put in writing. Where hospital facilities are available the operation should be performed in a hospital, and, in such case, the superintendent or head of the institution should be notified in advance.

A Physician as Visitor

When a physician, as a personal friend, meets the patient of another physician, or calls upon him when ill, he must be careful not to be drawn into interference through suggestions or opinions. These should never be expressed except when he has been called in consultation in the authorized way.

“Let him be tender with the sick, honourable to men of his calling.”

--- Ambrose Pare.

Of the Duties of the Individual Physician to the Profession at Large

The physician should be jealous for the honour of his craft, for its devotion to truth and the high quality of its service to mankind. No profession or calling should demand higher standards of integrity or more constant devotion to the common good.

“I hold every man a debtor to his profession.” - Francis Bacon.

Of Professional Services of Physicians to Each Other

It is unwise for a physician to treat himself or members of his household in any serious illness when the services of another physician are available. Though such services are given cheerfully and fully, and rightfully so, yet if out-of-pocket expenses have been incurred, or if there has been loss through considerable absence, these should, if possible, be made good, at least in part.

If in such illnesses, whether because of friendship or to give advantages of special skill or experience, several members of the profession visit the sick physician or dependent, it must be made clear that some one designated physician has definite responsibility for the carrying on of the treatment.

Paid Advocacy

The paid advocacy of any commodity whatever its merits, cannot be reconciled with the ideals of a physician. He must be free to choose from all elements those best for his patient, not a merchandiser pushing one particular element for gain. It is precisely because he is a physician that his advocacy has extra market value. In thus advertising a commodity, he presumes to sell that which is not his to sell, the common tradition and inheritance of reputation, esteem and standing of the whole profession.

Secret Commissions

A secret arrangement between two physicians whereby unknown to the patient, one physician receives part of the fee paid to the other, is not consistent with the honour of the profession. Such a practice is dishonest and leads to trafficking in patients. The physician to whom a patient is referred may request the services of the referring physician as anaesthetist or assistant, and if the patient assents to the request, a fee may be charged by the referring physician for the services rendered. Occasions may arise when the complexity or obscurity of an illness demands the services of physicians practicing in different fields of medicine; in such case a composite fee may be arranged and distributed. Provided the patient is aware of this arrangement, the division of the composite fee does not conflict with the ethics of the profession.

The receiving of commissions connected with the sale of a commodity or with the referring of patients is entirely unethical conduct.

“It is undesirable that medical practitioners should have a proprietary interest in preparations or appliances which it may be their duty to recommend to patients.” (British Medical Association’s Decisions.)

Standards of Fees

General rules and standards regarding fees should be adopted by the profession in each province and district. It should be deemed a point of honour among physicians to adhere to these standards with as much uniformity as varying conditions admit.

Medical Associations

A physician should associate himself with local, provincial and Canadian medical organizations to promote both his own and the general advancement in our science and art.

Advertising

The word ‘advertising’ in relation to the medical profession must be taken in its broadest sense. It includes all those methods by which a practicing physician is made known to the public, either by himself or by others without his objection, in a manner which can be fairly regarded as having for its purpose the obtaining of patients or the promotion in other ways of the physician’s individual professional advantage.

Excepting a plain card which conforms to local usages, any form of advertising is unprofessional for the practicing physician. Practice should not be gathered by any kind of solicitation, direct or indirect. The best

advertisement of a physician is a well-merited reputation for ability and probity in his profession.

Advertising may be very insidious. A physician should not procure, sanction, be associated with or acquiesce in, notices which commend his own or any physician's skills, knowledge, services and qualifications, or which deprecate those of others.

An honourable physician will never be guilty either of boasting of cures, or promising radical cures, or of self-praise in order to gather practice.

Physicians should be extremely cautious in dealing with the Press. A physician should insist, wherever possible, on seeing a proof of what is to be printed under his name or on his authority.

Communications to the Laity on Medical Subjects

All opinions on medical subjects which are communicated to the laity by any medium, whether it be a public meeting, the lay press, or radio, should be presented as from some organized and recognized medical society or association, and not from an individual physician. Such opinions should represent what is the generally accepted opinion of the medical profession.

"Discussion in the lay press on disputed points of pathology or treatment should be avoided by physicians; such issues find their appropriate opportunity in the professional societies and the medical journals." (British Medical Association's Decisions.)

"The practice of medical practitioners taking charge of columns in which answers to correspondents on medical questions are printed, is highly detrimental to the public interest and most improper from a professional point of view." (British Medical Association's Decisions.)

A physician acting in a public capacity, e.g., a Health Officer, may issue to the public warnings or notices regarding public health matters under his own name.

Radio Broadcasting

It is legitimate and even desirable that topics relating both to medical science and policy and to public health and welfare should be discussed by physicians who can speak with authority on the question at issue. In

any medium of discussion, but especially in radio broadcasting because of its vast range, it is essential that the physician who takes part should avoid methods which tend to his personal professional advantage. Not only should he personally observe this rule, but he should take care that the announcer in introducing him makes no laudatory comments and no unnecessary display of the physician's medical qualifications and appointments. There is a special claim that physicians of established position and authority should observe these conditions, for their example must necessarily influence the action of their less recognized colleagues. These remarks apply particularly to practising physicians. A physician serving in a public capacity is in a different position but even he should see to it that it is his office, rather than himself, that is exalted. "Live by the old ethics and the classical rules of honesty." - Sir Thomas Browne.

Discoveries

No advance or discovery in any branch of medical science made by a physician should ever be capitalized or marketed by him in any way for his personal gain, or kept secret for his private advantage. Such advance or discovery should be made common for the advantage of the whole profession, and for the progress of science. There are well recognized methods by which physicians can place their work and discoveries before those who are fitted by education and experience to judge them. The lay press is not the proper medium for the first announcement of a physician's work or discoveries.

Group Practice and Ethics

Whatever is right and becoming in a physician is equally right for any association of physicians in clinics or other groups, and whatever is obligatory upon the individual is equally obligatory upon the group.

Emergency Calls

When a physician is called in the absence of the attending physician, or in emergency, he will, on arrival of the attending physician, hand over all care and responsibility, and retire from the case.

In a case of sudden illness or accident when several physicians are called, the first to arrive should be considered to be in charge. However, he should withdraw in favour of the regular family attendant should he arrive, or of any other physician preferred by the patient.

Locum Tenency

A physician who has been locum tenens should not begin practice in the same neighbourhood unless with the written consent of the practitioner for whom he has substituted, or after the lapse of a considerable time. It is suggested that misunderstanding will be avoided if a written contract is entered into by the physician and the locum tenens before the locum tenency begins.

(The Canadian Medical Association upon request will be glad to give counsel in respect of contracts.)

Contract Practice

While not in itself unethical, contract practice becomes so if there is solicitation for patients, underbidding, interference with the choice of physician, or if the compensation is so low that adequate service cannot be given, or if professional services are made to yield profits to controlling lay groups.

Differences Between Physicians

"I prefer to attribute high motives to my friends' acts." - Pasteur.

Differences between physicians which cannot be adjusted after fair discussion should be referred to the Committee on Ethics of the local medical society. Complaints of unprofessional conduct should be referred in writing to the same committee and must be signed.

Medical Witnesses

It is advisable that medical witnesses should confer and if possible reach an understanding about facts, however much they may differ in opinions based on the facts. The medical witness should be actuated by a desire to assist the court in arriving at a just decision and not merely to further the interests of the party on whose behalf he has been summoned.

Patent Preparations

"A physician should not make use of, or recommend, any remedy, the principal ingredients of which are not disclosed to the profession."
(British Medical Association's Decisions.)

Succeeding Another Physician

A physician is not free to assume care of a patient who has had another attendant in the current illness, unless he has satisfied himself that those responsible have notified the other physician that his services are no longer required.

Care in Comment

When one physician succeeds another in the care of a patient he should make no adverse comment upon the treatment already given.

Of the Relations of Physicians In and With Hospitals

The modern hospital is a new element in the care of the sick and may not yet have become rightly adjusted in all its relations. Mutual understanding and co-operation between the profession and the hospitals are most essential.

Inasmuch as the positions held by members of the honorary attending staff give them unique opportunities for enlarging knowledge, such positions should be held as a trust for the advancement and teaching of medical science and for the general good of the community.

A physician may rightly apply for such an appointment but should not canvass for it. An appointment should never be given on account of party or favoritism but solely on account of professional standing, industry, the spirit of co-operation and the ability and willingness to teach.

The Board of Management of a hospital has no right to dispose of the free services of physicians except as approved by the organized profession. It is the duty of hospital boards or executives to see that the free services of physicians are not asked for, or given to, or exploited for those who can and should pay, or for whom payment should be made.

While 'God's Poor' should always be cared for with charity it should be understood that the physician gives his services as an act of courtesy but not of obligation.

Nurses and Nursing

The profession of nursing has grown up to share in the care and prevention of illness, and the betterment of general health. In this large undertaking the services of the two professions, being complementary to one another, are, and must be, closely inter-related. If the spirit in both doctors and nurses is one of courtesy, understanding, appreciation, co-operation and zeal for the welfare of the people, differences should not arise, or, if they do, should be quickly adjusted.

Of the Duties of the Profession to the Public

The vision of the good physician should reach beyond the welfare and cure of humanity. The New Medicine is social as well as clinical, with new ways of distribution to the needs of the people. The New Medicine asks how the utmost possible in service can be made most widely and instantly available, reaching beyond those who ask to those who need but do not ask, and to those who need yet do not know they need. Any wastage of health or life anywhere is a challenge to our profession. Our public health measures, local and general, are practical humanitarianism, influences for race improvement as potent as the world has even known. Every physician, whatever his special training, should be officially or unofficially a servant of the State for the betterment of health. It is our privilege to be preventers of disease as well as curers, statesmen and ambassadors of health, planners of new worlds, counselors of the people of a new day.

General Principles

Any general medical service for a nation should aim to prevent no less than to cure disease, guard individual choice of doctor, provide consultant and specialist service, demand from the profession regulation of the quality of professional services, interpose as little as possible between doctor and patient, advise with the organized profession and, if possible, arrange for nursing and hospital care.

Everything that can be urged rightly for the advance of medicine or for the higher ideals and higher standing of the profession of medicine is, in the long run, for the greater good of the whole community.

It is the Art and Mission of Medicine to take all that is known in fact and science and to apply it skillfully, wisely, gratefully and beautifully to the needs of sick people, and to the ways of life for men and nations.

“Though a cup of water from some hand may not be without its reward, yet stick not thou for Wine and Oil for the wounds of the Distressed.” - Sir Thomas Browne.

The Oath of Hippocrates 460 – 370 B.C.

“I SWEAR by Apollo Physician, by Aesculapius, by Health, 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 craftsman 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 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."