

Code of Ethics of the Canadian Medical Association

Approved by the CMA Board of Directors, October 15, 1996

Preface

The Canadian Medical Association accepts the responsibility for delineating the standard of ethical behaviour expected of Canadian physicians and has developed and approved this Code of Ethics as a guide for physicians.

The Code is an ethical document. Its sources are the traditional codes of medical ethics such as the Hippocratic Oath, as well as developments in human rights and recent bioethical discussion. Legislation and court decisions may also influence medical ethics. Physicians should be aware of the legal and regulatory requirements for medical practice in their jurisdiction. However, the Code may set out different standards of behaviour than does the law.

The Code has been prepared by physicians for physicians. It is based on the fundamental ethical principles of medicine, especially compassion, beneficence, non-maleficence, respect for persons and justice. It interprets these principles with respect to the responsibilities of physicians to individual patients, family and significant others, colleagues, other health professionals, and society.

The Code is not, and cannot be, exhaustive. Its statements are general in nature, to be interpreted and applied in particular situations. Specific ethical issues such as abortion, transplantation and euthanasia are not mentioned; they are treated in appropriate detail in CMA policy statements.

Physicians may experience conflict between different ethical principles, between ethical and legal or regulatory requirements, or between their own ethical convictions and the demands of patients, proxy decision makers, other health professionals, employers or other involved parties. Training in ethical analysis and decision making during undergraduate, postgraduate and continuing medical education is recommended for physicians to develop the knowledge, skills and attitudes needed to deal with these conflicts. Consultation with colleagues, licensing authorities, ethicists, ethics committees or others who have expertise in these matters is also recommended.

The Code applies to physicians, including residents, and medical students.

General Responsibilities

1. Consider first the well-being of the patient.
2. Treat all patients with respect; do not exploit them for personal advantage.
3. Provide for appropriate care for your patient, including physical comfort and spiritual and psychosocial support even when cure is no longer possible.

4. Practise the art and science of medicine competently and without impairment.
5. Engage in lifelong learning to maintain and improve your professional knowledge, skills and attitudes.
6. Recognize your limitations and the competence of others and when indicated, recommend that additional opinions and services be sought.

Responsibilities to the Patient

Initiating and Dissolving a Patient-Physician Relationship

7. In providing medical service, do not discriminate against any patient on such grounds as age, gender, marital status, medical condition, national or ethnic origin, physical or mental disability, political affiliation, race, religion, sexual orientation, or socioeconomic status. This does not abrogate the physician's right to refuse to accept a patient for legitimate reasons.
8. Inform your patient when your personal morality would influence the recommendation or practice of any medical procedure that the patient needs or wants.
9. Provide whatever appropriate assistance you can to any person with an urgent need for medical care.
10. Having accepted professional responsibility for a patient, continue to provide services until they are no longer required or wanted; until another suitable physician has assumed responsibility for the patient; or until the patient has been given adequate notice that you intend to terminate the relationship.
11. Limit treatment of yourself or members of your immediate family to minor or emergency services and only when another physician is not readily available; there should be no fee for such treatment.

Communication, Decision Making and Consent

12. Provide your patients with the information they need to make informed decisions about their medical care, and answer their questions to the best of your ability.
13. Make every reasonable effort to communicate with your patients in such a way that information exchanged is understood.
14. Recommend only those diagnostic and therapeutic procedures that you consider to be beneficial to your patient or to others. If a procedure is recommended for the benefit of others, as for example in matters of public health, inform your patient of this fact and proceed only with explicit informed consent or where required by law.
15. Respect the right of a competent patient to accept or reject any medical care recommended.

16. Recognize the need to balance the developing competency of children and the role of families in medical decision-making.
17. Respect your patient's reasonable request for a second opinion from a physician of the patient's choice.
18. Ascertain wherever possible and recognize your patient's wishes about the initiation, continuation or cessation of life-sustaining treatment.
19. Respect the intentions of an incompetent patient as they were expressed (e.g., through an advance directive or proxy designation) before the patient became incompetent.
20. When the intentions of an incompetent patient are unknown and when no appropriate proxy is available, render such treatment as you believe to be in accordance with the patient's values or, if these are unknown, the patient's best interests.
21. Be considerate of the patient's family and significant others and cooperate with them in the patient's interest.

Confidentiality

22. Respect the patient's right to confidentiality except when this right conflicts with your responsibility to the law, or when the maintenance of confidentiality would result in a significant risk of substantial harm to others or to the patient if the patient is incompetent; in such cases, take all reasonable steps to inform the patient that confidentiality will be breached.
23. When acting on behalf of a third party, take reasonable steps to ensure that the patient understands the nature and extent of your responsibility to the third party.
24. Upon a patient's request, provide the patient or a third party with a copy of his or her medical record, unless there is a compelling reason to believe that information contained in the record will result in substantial harm to the patient or others.

Clinical Research

25. Ensure that any research in which you participate is evaluated both scientifically and ethically, is approved by a responsible committee and is sufficiently planned and supervised that research subjects are unlikely to suffer disproportionate harm.
26. Inform the potential research subject, or proxy, about the purpose of the study, its source of funding, the nature and relative probability of harms and benefits, and the nature of your participation.
27. Before proceeding with the study, obtain the informed consent of the subject, or proxy, and advise prospective subjects that they have the right to decline or withdraw from the study at any time, without prejudice to their ongoing care.

Professional Fees

28. In determining professional fees to patients, consider both the nature of the service provided and the ability of the patient to pay, and be prepared to discuss the fee with the patient.

Responsibilities to Society

29. Recognize that community, society and the environment are important factors in the health of individual patients.

30. Accept a share of the profession's responsibility to society in matters relating to public health, health education, environmental protection, legislation affecting the health or well-being of the community, and the need for testimony at judicial proceedings.

31. Recognize the responsibility of physicians to promote fair access to health care resources.

32. Use health care resources prudently.

33. Refuse to participate in or support practices that violate basic human rights.

34. Recognize a responsibility to give the generally held opinions of the profession when interpreting scientific knowledge to the public; when presenting an opinion that is contrary to the generally held opinion of the profession, so indicate.

Responsibilities to the Profession

35. Recognize that the self-regulation of the profession is a privilege and that each physician has a continuing responsibility to merit this privilege.

36. Teach and be taught.

37. Avoid impugning the reputation of colleagues for personal motives; however, report to the appropriate authority any unprofessional conduct by colleagues.

38. Be willing to participate in peer review of other physicians and to undergo review by your peers.

39. Enter into associations only if you can maintain your professional integrity.

40. Avoid promoting, as a member of the medical profession, any service (except your own) or product for personal gain.

41. Do not keep secret from colleagues the diagnostic or therapeutic agents and procedures that you employ.

42. Collaborate with other physicians and health professionals in the care of patients and the functioning and improvement of health services.

Responsibilities to Oneself

43. Seek help from colleagues and appropriately qualified professionals for personal problems that adversely affect your service to patients, society or the profession.