



CODE OF ETHICS OF THE MEDICAL PROFESSION

Jointly adopted and approved by the Philippine Medical Association and the Professional Regulation Commission



PREAMBLE

This Code of Ethics is promulgated to provide the physicians with proper ethical and professional standards in the practice of Medicine to ensure the safety and welfare of patients. This Code sets forth the fundamental ethical principles and the professional responsibilities of physicians towards patients, the healthcare system, the community, their colleagues and the profession, allied professionals and the health products industry. On entering the profession, a physician assumes the obligation of maintaining the honorable tradition that confers the well-deserved title of a “friend of mankind”. The physician should cherish a proper pride in the calling and conduct himself/herself in accordance with this Code and in the generally accepted principles of the International Code of Medical Ethics.

ARTICLE I FUNDAMENTAL PRINCIPLES

Sec. 1 The fundamental principles to guide the physicians in the practice of their profession.

- 1.1. *Principle of Respect for Life.* The right to life is inviolable. Life is a necessary condition for all other human goods. It must be protected and fostered at all its stages beginning from conception to its natural end.
- 1.2. *Principle of Respect for Person.* Every person has an intrinsic worth and dignity. Trust shall be central to the physician-patient relationship. Physicians shall respect patient autonomy.
- 1.3. *Principle of social justice.* All patients have a right to basic healthcare and a just process in the allocation of resources.
- 1.4. *Principle of Beneficence.* The interest of the patient shall be placed above those of the physician. Societal pressures, financial gains and administrative exigencies shall not compromise this principle.
- 1.5. *Primum Non Nocere.* The foremost responsibility of the physician is to do no harm to the patient.

ARTICLE II GENERAL PRINCIPLES

- Sec. 2 The general principles to guide the physicians in the practice of their profession.
- 2.1. The primary objective of the practice of medicine is service to mankind.
 - 2.2. Physicians should be upright, diligent, sober, modest, imbued with professionalism and well-versed in the science, the art and the ethics of the profession.
 - 2.3. Physicians shall promote the health of their patients as their primary consideration
 - 2.4. Physicians should fulfill the civic duties of a good citizen, must conform to the laws and cooperate with the proper authorities in the application of medical knowledge for the promotion of health and public safety.
 - 2.5. Physicians should work together in harmony and mutual respect.
 - 2.6. Physicians should cooperate with other healthcare professionals in the context of inter-professional and collaborative practice in support of better healthcare.
 - 2.7. Physicians, although they have certain rights in relation to their patients, shall always observe the dictum service beyond call of duty.

ARTICLE III PROFESSIONAL RESPONSIBILITIES TO PATIENTS

- Sec. 3 Physicians' responsibilities to patients:
- 3.1. ***Professional Competence.*** Physicians shall be committed to lifelong learning and dedicated to providing holistic, competent, compassionate medical care while upholding the highest professional and ethical standards and respect for human dignity.
 - 3.2. ***Patients' Trust.*** Physicians shall maintain a fiduciary relationship with their patients by displaying competence, reliability, integrity and open communication.

- 3.3. **Human Dignity.** Physicians shall be compassionate and approach patients in a courteous and professional manner. Physicians shall conduct physical examinations in a modest, caring and gender-sensitive manner. Physicians shall ensure that free and informed consent by the patients and precautions to preserve patients' dignity and anonymity prevail at all times.
- 3.4. **Professional Fees.** The physician shall ensure that professional fees are reasonable and commensurate to the services rendered, nature of the case, time consumed, risk involved, professional standing of the physician, and the financial status of the patient.
- 3.5. **Disclosure.** Physicians shall exercise good faith, honesty, and tact in expressing opinions as to diagnosis, treatment options, risks involved and prognosis to a patient under their care. Physician shall neither conceal, understate nor exaggerate the patient's condition. Timely notice of the worsening condition of the patient shall be revealed to him/her and/or his/her family. When foreseen and unforeseen complications arise during treatment, patients should be properly informed. Analysis of the cause of the complication shall provide the basis for appropriate prevention and treatment strategies. The physician shall inform the patient about the need for referral to an appropriate specialist in serious or difficult cases, or when the circumstances of the patient or the family so demand or justify. The physician shall make sure that all communications regarding diagnosis and treatment are understood by the patient and accompanying relatives. Physicians shall compose, understandable, legible and useful, written communications, *i.e.* chart notes, discharge summaries, treatment plans, referrals and patient instructions.
- 3.6. **Autonomy.** A physician shall obtain voluntary informed consent prior to performing any procedure or treatment. The patient's decision must be based on his/her free will and choice. The physician shall provide all relevant information in a simple and understandable manner leading patients to either accept or refuse a proposed action. The physician shall inform the patient about the consequences of his/her choices. When a patient is incompetent to decide, the consent must be given by the next of kin, or his/her legally authorized representative.
- 3.7. **Privacy and Confidentiality.** The physician shall hold as private and highly confidential whatever may be discovered or learned pertinent to the patient even after death, except when required by law, ordinance or administrative order in the promotion of justice, safety and public health. The commitment extends to discussion with persons acting on a patient's

behalf. Safeguards shall be applied especially when using electronic information systems for compiling patient data, and when dealing with genetic information.

- 3.8. *Emergent Cases.* In an emergency, provided there is no risk to his or her safety, a physician shall administer at least first aid treatment and then refer the patient to the primary physician and/or to a more competent health provider and appropriate facility if necessary.

3.8.1 In emergencies, when a decision must be made urgently, when the patient is not able to participate in decision making, and the patient's kin/authorized representative is not available, physicians may initiate treatment without prior informed consent in such situations provided that the physicians should inform the patient/authorized representative at the earliest opportunity and obtain consent for ongoing treatment, and document the informed consent in the medical record of the patient.

- 3.9. *Decorum and Behavior of a Physician.*

- 3.9.1. The physician shall be free to choose whom they will serve, except in cases of emergency;
- 3.9.2. The physician shall demonstrate professionalism at all times when dealing with patients;
- 3.9.3. The physician shall demonstrate humility, empathy and compassion toward patients;
- 3.9.4. The physician shall attend to patients within the limits of his capabilities;
- 3.9.5. The physician shall respect the patient's right to seek a second opinion;
- 3.9.6. The physician shall not exploit patients for any personal gain.

**ARTICLE IV
PROFESSIONAL RESPONSIBILITIES
TO THE HEALTH CARE SYSTEM**

Sec. 4 Physicians' responsibility to the health care system:

- 4.1. *Improving Quality of Care.* Physicians shall be dedicated to continuous improvement in the quality of healthcare. This entails maintaining clinical competence through lifelong study and working collaboratively with other professionals to enhance patient safety, optimize outcomes of care, and the proper use of healthcare resources. Physicians shall actively participate in the development and application of better measures of quality of care.
- 4.2. *Improving access to care.* Physicians must contribute to improving access to equitable healthcare by providing appropriate medical services within the different levels of the healthcare system, in both the public and private sectors.
- 4.3. *Cost-effective management of limited healthcare resources.* Physicians should place paramount consideration on the cost of diagnostic tests and procedures, and of management and treatment modalities recommended. Physicians shall avoid superfluous tests and procedures, unnecessary medical services, unproven remedies, which expose patients to possible harm, additional expense and inappropriate utilization of limited resources.
- 4.4. *Research.* Physicians should obtain the approval of the Institutional Review Board or Institutional Ethics Board before conducting any form of research, while operating in accordance with national and/or local regulations, as well as with International Council on Harmonization (ICH) Good Clinical Practices (GCPs) guidelines. The physician participating as principal investigator shall exercise full disclosure and ensure that patients/participants are well informed about the difference between physician-patient relationship in clinical practice and patient participation in any form of research.

The physician as a researcher should ensure that the research shall be scientifically sound and must meet the following criteria:

- 4.4.1. The objectives of the research shall be relevant;
- 4.4.2. There shall be sufficient proof of the concept tested;
- 4.4.3. Results shall contribute to the solution of the research problem;

- 4.4.4. The research design is appropriate and feasible;
- 4.4.5. Research subjects shall be exposed to minimal risks in relation to any benefits that might result from the research;
- 4.4.6. Research results that improve patient care shall be shared with colleagues in the health profession.

ARTICLE V
PROFESSIONAL RESPONSIBILITIES
TO THE COMMUNITY

Sec. 5 The physicians' responsibility to the community:

- 5.1. ***Government.*** Physicians' shall assist the State by:
 - 5.1.1. Participating in the formulation and proper implementation of health policies;
 - 5.1.2. Acting as expert witness or *amicus curae* when requested in the administration of justice;
 - 5.1.3. Providing up-to-date and accurate information on health issues.
 - 5.1.4. Assisting in the promotion of health and safety.
- 5.2. ***Duly Constituted Health Authorities.*** Physicians shall cooperate with the duly constituted health authorities by:
 - 5.2.1. Educating the community, enforcing measures for the prevention, promotion, management, and rehabilitation, in accordance with existing laws, rules, and regulations;
 - 5.2.2. Attending to victims in times of epidemic and calamity, except when his/her personal safety is at stake;
 - 5.2.3. Increasing the level of awareness of the public and the duly constituted health authorities on the dangers of communicable and non-communicable diseases;
- 5.3. ***Protection against unlicensed practitioners.*** It is unprofessional for physicians to aid and abet the practice of the medical profession by unqualified and unregistered individuals. Physicians have the duty and

obligation to expose and report to the proper government agencies unlicensed medical practitioners, charlatans and quacks, for the protection of the public.

5.4. ***Promotion of Practice.*** Physicians shall be involved in the promotion of the medical profession.

5.4.1. Physicians shall not employ agents in the solicitation and recruitment of patients.

5.4.2. For the promotion of medical practice, physicians may use professional cards, internet, directories and signboards.

5.4.3. Signboards shall not exceed one by two (1x2) meters in size. However, these signboards may be placed by physicians within the confines of his clinic or residence.

5.4.4. Signboards and internet postings should contain only the name of the physician, field of specialty, office hours and/or office or hospital affiliations.

5.4.5. The act of physicians in publishing their personal superiority, special certificates or diplomas, postgraduate training, specific methods of treatment, operative techniques is not allowed. However, these matters may be placed by physicians within the confines of his clinic or residence.

5.5. ***Media Exposure.*** Physicians involved in media must be well informed of the subject matter under discussion. Only the name of the physician and membership to a society or institution may be mentioned or posted. Articles written by physicians must be evidence-based. They should disclose any potential conflicts of interest if relevant. Physicians shall not commercially endorse any medical or health product.

ARTICLE VI PHYSICIAN RESPONSIBILITIES TO THE PROFESSION

Sec. 6 Responsibilities to the profession:

- 6.1. *Continuing Professional Development.* Physicians should engage in Continuing Professional Development (CPD) activities that will result in the maintenance of their competence and their fitness to practice the profession on their own or with the support of their own institutions or professional societies.
- 6.2. *Professional Interactions.* Physicians have an obligation to maintain the good image of the profession, and should recognize, avoid, disclose to the general public, any conflicts of interest that may arise in the course of their professional duties and activities. Proper disclosure of relationships between physicians and businesses should be stated when engaging in activities such as, but not limited to:
 - 6.2.1. Conducting clinical trials,
 - 6.2.2. Serving in relevant committees,
 - 6.2.3. Writing research papers, editorials or therapeutic guidelines,
 - 6.2.4. Serving as an editor of scientific journals,
 - 6.2.5. Engaging in discussions, or in
 - 6.2.6. Delivering presentations.
- 6.3. *Professional Decorum.* A physician shall practice self-regulation and be upright, diligent, sober, and modest when dealing with the public. He shall be well-groomed and dressed appropriately in the workplace. He shall avoid using offensive language.

ARTICLE VII
PROFESSIONAL RESPONSIBILITIES TO
COLLEAGUES IN THE MEDICAL PROFESSION

Sec. 7 Physicians' responsibilities to their colleagues in the medical profession.

- 7.1. *Protecting the good name of a colleague.* Physicians should strive to protect the good name of colleagues. However, when complaints are brought to one's attention, the physician is duty bound to refer such complaints to the proper forum for resolution.
- 7.2. *Professional Courtesy to Colleagues.* A physician shall provide courtesy to colleagues and waive his professional fee when providing essential and evidence-based medical care to colleagues, spouse, minor and disabled children, and parents. This includes waiving the professional fees in package deals.

7.3. ***Conflict Management among Physicians.*** Whenever there is an unsettled difference of opinions or conflicts among physicians, it should be referred to the proper forum for due process. The conflict may be settled within the Ethics Committee/Commission of the following:

- 7.3.1. Department/s;
- 7.3.2. Institution;
- 7.3.3. Philippine Medical Association;
- 7.3.4. Professional Regulation Commission.

7.4. ***Substitution for Suspended Patient Care.*** In cases where a physician has to suspend service in his clinic or hospital, he must make sure that the reliever or substitute physician shall have similar qualifications and shall treat the patients with the same dedication and quality of care extended to his own patients. Moreover, the patient should be duly informed. If the patient consents to the substitution, the care of the patient should be returned to the primary physician as soon as possible. Alternatively, the patient may request transfer of care or handover to his physician of choice.

7.5. ***Professional compensation.*** The professional compensation should be reasonable and shall be guided by the patient's capacity to pay, the standard fees in the community and such other factors as physician's expertise, the difficulty of the case, and the patient's co-morbid conditions. Physicians shall not give nor receive any referral fees, rebates, engage in fee-splitting, charge exorbitant fees, and must not engage in ghost practice of the profession.

7.6. ***Emergencies.*** In an emergency, a physician shall examine and treat a patient and shall continue to provide that assistance until it is no longer required.

7.6.1. In case the patient has a private physician, the latter shall be notified of the diagnosis and for further management.

7.6.2. In case the patient's private physician is not available, referral to another physician should be made.

7.7. ***Sharing Expertise with colleagues.*** The physician shall share his expertise with his colleagues through scientific lectures, group discussions, bedside rounds and other educational activities.

ARTICLE VIII
PROFESSIONAL RESPONSIBILITIES
TO ALLIED HEALTH PROFESSIONALS

Sec. 8 Responsibilities of the physician to the allied health professionals:

- 8.1. *Teamwork.* Physicians shall work with other members of the allied health professions as a team in a climate of mutual acceptance, responsibility, support, respect, openness, and cooperation. Quality care involves active participation of the health team in promoting the well-being of the patient.
- 8.2. *Safeguarding Interest/Dignity.* A physician should cooperate with and safeguard the interest, reputation, and dignity of every allied healthcare professionals with whom he shares the common objective of promotion and maintenance of human health.
- 8.3. *Maintaining Propriety.* A physician shall observe appropriate relationship when dealing with other allied healthcare professionals. He shall avoid bullying, sexual harassment, abuse or exploitation, unethical practices, and abetment of any wrong-doing.
- 8.4. *Legitimate Practice.* Physician shall report to the proper authorities any illegal practice of medicine.

ARTICLE IX
PROFESSIONAL RELATIONSHIP WITH
THE HEALTH PRODUCT INDUSTRY

Sec. 9 Physicians' professional relationship with the health product health industry:

- 9.1. *Common Good.* Physicians and the Health Product Industry are partners in providing quality healthcare. Physicians have the responsibility to provide quality medical care by obtaining accurate, valuable scientific information on the health products to be used in the diagnosis and treatment of patients.
- 9.2. *Ethical and Professional Conduct.* Physicians must ensure that they should not take advantage of the health product industry, neither should they allow themselves to be exploited in this relationship. The physician should not solicit favors from the biopharmaceutical and medical device

companies for personal interest or gain. Physicians shall be guided by the following:

- 9.2.1. Physicians should exercise sound judgment, self-restraint, and discipline when participating in activities organized by biopharmaceutical and medical device companies, which may be misconstrued as influencing their prescribing practice.
- 9.2.2. Physicians shall not rely solely on financial support from biopharmaceutical and medical device companies in complying with their requirements for Continuing Professional Development (CPD).
- 9.2.3. Physicians may be engaged as resource persons in the biopharmaceutical and medical device companies to provide information or advice on topics such as therapeutics, specific needs of patients, product positioning, and pharmacovigilance. This relationship should not bind physicians to promote, prescribe or recommend a particular equipment/product.
- 9.2.4. Physicians shall not participate in any marketing strategies including but not limited to special prescription pads, rebates, commissions, or raffles.

Article X PENAL PROVISIONS

Violation of any section of the Code of Ethics shall constitute unethical and unprofessional conduct, and therefore be a sufficient ground for the reprimand, suspension, or revocation of the certificate of registration of the offending physician in accordance with the provisions of the Medical Act of 1959 as amended and Republic Act 8981 (PRC Modernization Act of 2000).

Article XI Amendments

This Code of Ethics may be amended as follows:

- a. Upon recommendation by PMA Commission on Ethics,

- b. Upon approval by the PMA Board of Governors duly ratified by the General Assembly, and,
- c. Upon approval by the Professional Regulation Commission through the Board of Medicine

Article XII
EFFECTIVITY

This Codes takes effect upon adoption by the Philippine Medical Association and the Professional Regulation Commission (through the Board of Medicine) and fifteen (15) days after posting in the PMA Website and/or publication in the Newsletter “The Physician” of the Philippine Medical Association, and publication in a reputable publishing establishment.

Recommended for approval by:

PMA COMMISSION ON ETHICS

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