

Principles of Medical Ethics

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Queens university, Kingstōn, Ont.

THE following code of ethics is presented by the Faculty of Medicine of Queen's University to its graduates as a proper guide in their relations to their patients, to the public, and to each other.

Oct., 1906.

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PRINCIPLES OF MEDICAL ETHICS.

CHAPTER I.

The Duties of Physicians to their Patients.

1. THE PHYSICIAN'S RESPONSIBILITY.

A physician should ever be ready to obey the calls of the sick and injured, and should be mindful of the high character of his mission and of the responsibility he incurs in the discharge of his momentous duties. In his ministrations he should never forget that the comfort, the health and the lives of those intrusted to his care depend on his skill, attention and fidelity. In deportment he should unite tenderness, cheerfulness and firmness, and thus inspire patients and their friends with confidence, respect and gratitude. These obligations are the more sacred because there is no tribunal, other than his own conscience, to adjudge penalties for unkindness, carelessness or neglect.

2. HUMANITY, DELICACY AND SECRECY NEEDED.

Every patient committed to the charge of a physician should be treated with attention, steadiness and humanity, and reasonable indulgence should be granted to the caprices of the sick. Secrecy and delicacy 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 guarded with the most scrupulous fidelity and honor.

3. SECRECY TO BE INVIOULATE.

The obligation of secrecy extends beyond the period of professional services. None of the privacies of individual or domestic life, no infirmity of disposition or flaw of character observed during medical attendance, should ever be divulged by a physician, except when he is imperatively required to do so by the law of his country.

4. FREQUENCY OF VISITS.

Frequent visits to the sick are often requisite, since they enable the physician to arrive at a more perfect knowledge of the disease, and to meet promptly every change which may occur. Unnecessary visits are to be avoided, as they give rise to undue anxiety to the patient; but to secure the patient against irritating suspense and disappointment the regular visits of the physician should be made as nearly as possible at the hour when they may be reasonably expected by the patient.

5. HONESTY AND WISDOM IN PROGNOSIS.

A physician should not be forward to make a gloomy prognosis, but should not fail, on proper occasions, to give timely notice of dangerous manifestations to the friends of the patient if absolutely necessary. This notice, however, is at times so peculiarly alarming when given by the physician that its deliverance may often be preferably assigned to another person of good judgment.

6. ENCOURAGEMENT OF PATIENTS.

The physician should be a minister of hope and comfort to the sick, since life may be lengthened or shortened not only by the acts, but by the words or manner of the physician, whose solemn duty it is to avoid all utterances and actions having a tendency to discourage and depress the patient.

7. INCURABLE CASES NOT TO BE NEGLECTED.

The physician ought not to abandon a patient because the case is deemed incurable ; for his continued attendance may be highly useful to the patient and comforting to the relations around him, even in the last period of a fatal malady, by alleviating pain and other symptoms, and by soothing mental anguish. To decline attendance, under such circumstances, would be sacrificing to fanciful delicacy and mistaken liberality, that moral duty which is independent of and superior to all pecuniary conditions.

8. JUDICIOUS COUNSEL TO PATIENTS.

The opportunity which a physician has of promoting and strengthening the good resolutions of patients suffering under the consequences of evil conduct ought never to be neglected. Good counsels, or even remonstrances, will give satisfaction, not offence, if they be tactfully proffered and evince a genuine love of virtue, accompanied by a sincere interest in the welfare of the person to whom they are addressed.

CHAPTER II.

The Duties of Physicians to Each Other and to the Profession at Large.

1. OBLIGATION TO MAINTAIN THE HONOR OF THE PROFESSION.

Every one who enters the profession becomes entitled to full professional fellowship, and incurs an obligation to uphold its dignity and honor, to exalt its standing and to extend the bounds of its usefulness. It is inconsistent with the principles of medical science and it is incompatible with honorable standing in the profession for physicians to designate their practice as based on an exclusive dogma or a sectarian system of medicine.

2. OBSERVATION OF PROFESSIONAL RULES.

The physician should observe strictly such laws as are instituted for the government of the members of the profession ; should honor the fraternity as a body ; should endeavor to promote the science and art of medicine, and should entertain a due respect for those seniors who, by their labors, have contributed to its advancement. He should identify himself with the organized body of his profession as represented in the community in which he resides.

3. PURITY OF CHARACTER AND MORALITY REQUIRED.

There is no profession from the members of which greater purity of character and a higher standard of moral excellence are required than the medical ; and

to attain such eminence is a duty every physician owes alike to the profession and to patients. It is due to patients, as without it their respect and confidence cannot be commanded ; and to the profession, because no scientific attainments can compensate for the want of correct moral principles.

4. TEMPERANCE IN ALL THINGS.

It is incumbent on physicians to be temperate in all things, for the practice of medicine requires unremitting exercise of a clear and vigorous understanding ; and in emergencies—for which no physician should be unprepared—a steady hand, an acute eye and an unclouded mind are essential to the welfare and even to the life of a human being.

5. ADVERTISING METHODS TO BE AVOIDED.

It is incompatible with honorable standing in the profession to resort to public advertisement or private cards inviting the attention of persons affected with particular diseases ; to promise radical cures ; to publish cases or operations in the daily prints, or to 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 employ any of the other methods of charlatans.

6. PATENTS AND SECRET NOSTRUMS.

It is derogatory to professional character for physicians to hold patents for surgical instruments or medicines ; to accept rebates on medicines or surgical appliances ; to assist unqualified persons to evade

legal restrictions governing the practice of medicine ; or to dispense, or promote the use of, secret medicines ; for if such nostrums are of real efficacy, any concealment of them is inconsistent with beneficence and professional liberality ; and if mystery alone give them public notoriety, such craft implies either disgraceful ignorance or fraudulent avarice. It is highly reprehensible for physicians to give certificates attesting the efficacy of secret medicines or other substances used therapeutically.

7. PHYSICIANS DEPENDENT ON EACH OTHER.

Physicians should not, as a rule, undertake the treatment of themselves, nor of members of their family. In such circumstances they are peculiarly dependent on each other ; therefore, kind offices and professional aid should always be cheerfully and gratuitously afforded. These visits ought not to be obtrusively made, as they may give rise to embarrassment or interfere with that free choice on which such confidence depends.

8. GRATUITOUS SERVICES TO FELLOW PHYSICIANS.

All practicing physicians and their immediate family dependants are entitled to the gratuitous services of any one or more of the physicians residing near them.

9. COMPENSATION FOR EXPENSES.

When a physician is called from a distance to attend a colleague in easy financial circumstances, a compensation, proportionate to travelling expenses

and to the pecuniary loss entailed by absence from the accustomed field of professional labor, should be made by the patient or relatives.

10. ONE PHYSICIAN TO TAKE CHARGE.

When more than one physician is attending another, one of the number should take charge of the case, otherwise the concert of thought and action so essential to wise treatment cannot be assured.

11. ATTENTION TO ABSENT PHYSICIANS' PATIENTS.

The affairs of life, the pursuit of health and the various accidents and contingencies to which a physician is peculiarly exposed sometimes require temporary withdrawal from daily professional labor and the appointment of a colleague to act in the interval. The colleague's compliance is an act of courtesy which should always be performed with the utmost consideration for the interest and character of the regular physician.

12. HUMANITY IN EMERGENCIES.

The broadest dictates of humanity should be obeyed by physicians whenever and wherever their services are needed to meet the emergencies of disease or accident.

13. CONSULTATIONS.

Consultations should be promoted in difficult or doubtful cases, as they contribute to confidence and more enlarged views of practice. The utmost punctuality should be observed in the visits of physicians when

they are to hold consultations, and this is generally practicable, for society has been so considerate as to allow the plea for a professional engagement to take precedence over all others. As professional engagements may sometimes cause delay in attendance, the physician who first arrives should wait for a reasonable time, after which the consultation should be considered as postponed to a new appointment.

14. CANDOR IN CONSULTATIONS.

In consultations no insincerity, rivalry or envy should be indulged; candor, probity and all due respect should be observed toward the physician in charge of the case. No statement or discussion of the case should take place before the patient or friends, except in the presence of all the physicians attending, or by their common consent; and no opinions or prognostications should be delivered which are not the result of previous deliberation and concurrence.

15. DUTY OF ATTENDING PHYSICIAN.

No decision should restrain the attending physician from making such subsequent variations in the mode of treatment as any change in the character of the case may demand. But at the next consultation reasons for the variations should be stated. The same privilege, with its obligations, belong to the consultant when sent for in an emergency during the absence of the attending physician. The attending physician, at any time, may prescribe for the patient; not so the consultant, when alone, except in a case of emergency or when called from a considerable dis-

tance. In the first instance the consultant should do what is needed, and in the second should do no more than make an examination of the patient and leave a written opinion, under seal, to be delivered to the attending physician.

16. DISCUSSIONS AND DIFFERENCES OF OPINION.

All discussions in consultation should be held as confidential. Neither by word or manner should any of the participants in a consultation assert or intimate that any part of the treatment pursued did not receive his assent. In the event of a conflict of opinion as to the nature of a case and the treatment to be pursued a third physician should, if practicable, be called in. None but the rarest and most exceptional circumstances would justify the consultant in taking charge of the case. He ought not to do so merely on the solicitation of the patient or friends.

17. RIGHTS OF THE ATTENDING PHYSICIAN.

A physician who is in consultation should observe the most honorable and scrupulous regard for the character and standing of the attending physician, whose conduct of the case should be justified, as far as can be, consistently with a conscientious regard for truth, and no hint or insinuation should be thrown out which would impair the confidence reposed in the attending physician.

18. INTERFERENCE WITH PATIENTS OF OTHER PHYSICIANS.

The physician, in his intercourse with a patient under the care of another physician, should observe

the strictest caution and reserve ; should give no disingenuous hints relative to the nature and treatment of the patient's disorder, nor should the course of conduct of the physician, directly or indirectly, tend to diminish the trust reposed in the attending physician. The same care should be observed when, from motives of business or friendship, a physician is prompted to visit a person who is under the direction of another physician. Indeed, such visits should be avoided, except under peculiar circumstances ; and when they are made no discussion of the nature of the disease, or the remedies employed, should take place.

19. DUTY AS TO CALLS ON PATIENTS OF OTHER PHYSICIANS.

A physician ought not to take charge of, or prescribe for, a patient who has recently been under the care of another physician, in the same illness, except in case of sudden emergency, or in consultation with the physician previously in attendance, or when that physician has relinquished the case or has been dismissed in proper form. The physician acting in conformity with this rule should not make damaging insinuations regarding the practice adopted, and, indeed, should justify it if consistent with truth and probity ; for it often happens that patients become dissatisfied when they are not at once relieved, and, as many diseases are naturally protracted, the seeming want of success, in the first stage of treatment, affords no evidence of a lack of professional knowledge or skill.

20. EMERGENCY CASES.

When a physician is called to an urgent case, because the usual attendant is not at hand, unless assistance in consultation is desired, the former should resign the care of the patient immediately on the arrival of the regular physician. It often happens, in case of sudden illness, and of accidents and injuries, owing to the alarm and anxiety of friends, that several physicians are called at the same time. Under these circumstances courtesy should assign the patient to the first who arrives, and who, if necessary, may ask the aid of some of those present. In such case, however, the acting physician should request that the family physician be called, and should then withdraw unless requested to continue in attendance.

21. DUTY TO REGULAR ATTENDANT.

When a physician is called to the patient of another physician during the enforced absence of that physician the case should be relinquished on the return of the latter. While visiting in the country a physician may be asked to see another physician's patient because of sudden aggravation of the disease. The immediate needs of the patient should be attended to and the case relinquished on the arrival of the attending physician. When a physician who has been engaged to attend an obstetric case is absent and another is sent for, delivery being accomplished during the vicarious attendance, the acting physician is entitled to the professional fee, but must resign the patient on the arrival of the physician first engaged.

22. DIFFERENCES BETWEEN PHYSICIANS.

Diversity of opinion and opposition may, in the medical as in other professions, sometimes cause controversy and even contention. Whenever such unfortunate cases occur and cannot be immediately adjusted, they should be referred to the arbitration of a sufficient number of impartial physicians. A peculiar reserve should be maintained by physicians toward the public in regard to certain professional questions, and neither the subject matter of differences nor the result of an arbitration should be made public.

23. COMPENSATION.

By the members of no profession are gratuitous services more liberally dispensed than by the medical, but justice requires that some limit be placed to their performance. Poverty, mutual professional obligations and certain public duties should always be recognized as presenting valid claims for gratuitous services; but neither institutions endowed by the public or the rich, or by societies for mutual benefit, for life insurance or for analogous purposes, nor any profession or occupation, can be admitted to possess such privilege.

It can not be justly expected of physicians to furnish certificates of inability to serve on juries, or to perform militia duty; to testify to the state of health of persons wishing to insure their lives, obtain pensions, or the like, without due compensation. But to persons in indigent circumstances such services should always be cheerfully and freely accorded.

General rules should be adopted by the physicians in every town or district relative to the minimum pecuniary acknowledgment from their patients; and it should be deemed a point of honor to adhere to these rules with as much uniformity as varying circumstances will admit.

It is derogatory to professional character for physicians to pay or offer commissions to any person whatsoever who may recommend patients to them. It is equally derogatory to professional character for physicians to solicit or to receive such commissions.

CHAPTER III.

The Duties of the Profession to the Public.

As good citizens it is the duty of physicians to be very vigilant for the welfare of the community, and to bear a part in maintaining its laws, institutions and burdens; especially should they be ready to cooperate with the proper authorities in the administration and observance of sanitary laws and regulations; and they should also be ever ready to give council to the public in relation to subjects especially appertaining to their profession, as on questions of sanitary police, public hygiene and legal medicine.

It is the province of physicians to enlighten the public in regard to quarantine regulations; to the location, arrangement and dietaries of hospitals, asylums, schools, prisons, and similar institutions; in regard to measures for the prevention of epidemic

and contagious diseases ; and when pestilence prevails, it is their duty to face the danger and to continue their labors for the alleviation of the suffering people, even at the risk of their own lives.

Physicians, when called on by legally constituted authorities, should always be ready to enlighten inquests and courts of justice on subjects strictly medical, such as involve questions relating to sanity, legitimacy, murder by poison or other violent means, and various other subjects embraced in the science of medical jurisprudence. It is but just, however, for them to expect due compensation for their services.

It is the duty of physicians who are frequent witnesses of the great wrongs committed by charlatans, and of the injury to health and even destruction of life caused by the use of their treatment, to enlighten the public on these subjects, and to make known the injuries sustained by the unwary from the devices and pretensions of artful impostors.

Physicians ought to recognize and by legitimate patronage to promote the profession of pharmacy, on the skill and proficiency of which depends the reliability of remedies, but any pharmacist who, although educated in his own profession, is not a qualified physician, and who assumes to prescribe for the sick, ought not to receive such countenance and support. Any druggist who dispenses deteriorated or sophisticated drugs, or who substitutes one remedy for another designated in a prescription, ought thereby to forfeit the recognition of physicians.