

DEVELOPMENT OF CODES OF CONDUCT AND ETHICAL GUIDELINES

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THE HIPPOCRATIC OATH (c. 400 B.C.)

Ethical code attributed to the ancient Greek physician Hippocrates, adopted as a guide to conduct by the medical profession throughout the ages and still used in the graduation ceremonies of many medical schools.

The classical version (The genuine works of Hippocrates. Translated by F Adams. London: Sydenham Society, 1849. Republished: Birmingham, AL: Classics of Medicine Library, 1985:778-80.) differs from contemporary versions, which are reviewed and revised frequently to fit with changes in modern medical practice.

THE HIPPOCRATIC OATH COVERS SEVERAL IMPORTANT ETHICAL ISSUES BETWEEN DOCTORS AND PATIENTS.

The oath first establishes that the practitioner of medicine give deference to the creators, teachers, and learners of medicine. This ensures that the practitioner does not forget his place in the long line of tradition in health. The oath serves as a contract for doctors to work towards the benefit of the health of the public. Other important tenets include maintaining the integrity of the doctor, ensuring the consent of the patients, preventing the exploitation of the patient, maintaining privacy and discretion, and forbidding deadly drugs, abortions, and the act of playing god.

During the post Second World War and immediately after its foundation, the World Medical Association (WMA) -an association of national medical associations- showed concern over the state of medical ethics in general and over the world.

The WMA took up the responsibility for setting ethical guidelines for the world's physicians.

It noted that in those years the custom of medical schools to administer an oath to its doctors upon graduation or receiving a license to practise medicine had fallen into disuse or become a mere formality.

The World Medical Association **Declaration of Geneva** (1948) Physician's Oath

Adopted by the General Assembly of the World Medical Association, Geneva, Switzerland, September 1948 and amended by the 22nd World Medical Assembly, Sydney, Australia, August 1968.

At the time of being admitted as a member of the medical profession:

- I solemnly pledge myself to consecrate my life to the service of humanity;
- I will give to my teachers the respect and gratitude which is their due;
- I will practice my profession with conscience and dignity; the health of my patient will be my first consideration;
- I will maintain by all the means in my power, the honor and the noble traditions of the medical profession; my colleagues will be my brothers;
- I will not permit considerations of religion, nationality, race, party politics or social standing to intervene between my duty and my patient;
- I will maintain the utmost respect for human life from the time of conception, even under threat, I will not use my medical knowledge contrary to the laws of humanity.

I make these promises solemnly, freely and upon my honor.

The World Medical Association **Declaration of Geneva** (1948)

Physician's Oath

Adopted by the General Assembly of the World Medical Association, Geneva, Switzerland, September 1948 and amended by the 22nd World Medical Assembly, Sydney, Australia, August 1968.

This oath seems to be a response to the atrocities committed by doctors in Nazi Germany. Notably, this oath requires the physician to "not use [his] medical knowledge contrary to the laws of humanity"

This document was adopted by the World Medical Association only three months before the United Nations General Assembly adopted the Universal Declaration of Human Rights (1948) which provides for the security of the person.

The **Nuremberg Code (1946)** is a set of research ethics principles for human experimentation set as a result of the Subsequent Nuremberg Trials at the end of the Second World War.

- 1) Required is the voluntary, well-informed, understanding consent of the human subject in a full legal capacity.
- 2) The experiment should aim at positive results for society that cannot be procured in some other way.
- 3) It should be based on previous knowledge (like, an expectation derived from animal experiments) that justifies the experiment.
- 4) The experiment should be set up in a way that avoids unnecessary physical and mental suffering and injuries.
- 5) It should not be conducted when there is any reason to believe that it implies a risk of death or disabling injury.
- 6) The risks of the experiment should be in proportion to (that is, not exceed) the expected humanitarian benefits.
- 7) Preparations and facilities must be provided that adequately protect the subjects against the experiment's risks.
- 8) The staff who conduct or take part in the experiment must be fully trained and scientifically qualified.
- 9) The human subjects must be free to immediately quit the experiment at any point when they feel physically or mentally unable to go on.
- 10) Likewise, the medical staff must stop the experiment at any point when they observe that continuation would be dangerous.

The **Belmont Report** (1978) is a report created by the National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research.

It summarizes ethical principles and guidelines for research involving human subjects.

Three core principles are identified: **respect for persons, beneficence, and justice.**

Three primary areas of application are also stated: **informed consent, assessment of risks and benefits, and selection of subjects.**

"A brief review of the *Belmont Report*" (Sims J. *Dimensions of Critical Care Nursing* 29 (4): 173–4, 2010).

- 1) Ensure the study is approved by an independent ethics committee
- 2) Get informed consent from the patient
- 3) Ensure that the patient understands the full extent of the experiment, and if not, will contact the study coordinator
- 4) Ensure the patient wasn't coerced into doing the experiment by means of threatening or bullying
- 5) Be careful of other effects of the clinical trial that was not mentioned, and report it to the proper study coordinator
- 6) Support the privacy of the patients identity, their motivation to join or refuse the experiment.
- 7) Ensure that all patients at least get the minimal care needed for their condition

The World Medical Association (WMA) has developed the **Declaration of Helsinki** as a statement of ethical principles for medical research involving human subjects, including research on identifiable human material and data.

- ✓ **Helsinki** Declaration (Finland), 1964.
- ✓ **Tokyo** Declaration (Japan), 1975.
- ✓ **Venice** Declaration (Italy), 1983.
- ✓ **Hong Kong** Declaration (China), 1989.
- ✓ **Somerset West** Declaration (Republic of South Africa), 1996.
- ✓ **Edinburgh** Declaration (Scotland), 2000.
- ✓ Note of clarification of paragraph 29, **Washington** (USA), 2002.
- ✓ Note of clarification of paragraph 30, **Tokyo** (Japan), 2004.
- ✓ **Seoul** Declaration (South Korea), 2008.
- ✓ **Fortaleza** Declaration (Brazil), 2013.

More ethical guidelines

(most are about the ethics of testing)

- ✓ **Oviedo Convention** (1996) and additional protocols related to it
- ✓ **Good clinical practice** (GPC) for trials on medicinal products in European Community (2001)
- ✓ **International Ethical Guidelines for Biomedical Research Involving Human Subjects** (2002)
- ✓ **Universal Declaration on Bioethics and Human Rights of UNESCO** (2005)
- ✓ **Documents of the National Bioethics Committee** (NBC) in Italy (1992-2012)

The **Italian Code of Medical Deontology (CMD)** is a set of self-discipline rules prefixed by the medical profession, that are mandatory for the members of the medical registers, who must conform to these rules. The history of the CMD dates back to the beginning of the last century. In **1903** it appeared in the form of a "Code of Ethics and Deontology" and was prepared by the Board of the Medical Register of Sassari (Sardinia). About ten years later, in **1912**, the Medical Register of Turin (Piedmont) elaborated a Code which constituted the basis for a subsequent elaboration leading to a Unified Code of Medical Ethics (**1924**). After World War II the idea prevailed in Italy that the codes of medical deontology should undergo periodical review, updating and dissemination, and the new **1947** text (Turin) was for the first time amply diffused among Italian physicians. The next national code dates back to **1958**, and twenty years later a revision was published. In the **1989** Code new topics appeared, including organ transplantation, artificial in vitro insemination and the role of police doctors; these and other issues were later developed in the **1995**, **1998** and **2006** versions of the Code. The last available edition of the Italian Code of Medical Deontology is that of May **2014**.

Saturday 20-27 December 1997

BMJ

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An ethical code for everybody in health care

A code that covered all rather than single groups might be useful

Perhaps there was a time when professional ethics alone gave health care a sufficient moral compass. If so, that time has passed. The fate of patients and the public's health depends now on interactions so complex that no single profession can credibly declare that its own code of ethics is enough. We think that we need an ethical code to cover everybody involved in health care, and we have embarked on the search for such a code.

With this encouragement, we have decided to proceed with our inquiry, and we invite readers of the *BMJ* to write to us promptly with their own views about a code of ethics for all. Is one needed? What should it include? Who can create it, and to whom should it apply? Perhaps most important, how can it be implemented and become alive? We propose this inquiry to be international, yet we are aware that nations may differ in important and rational ways, even when it comes to ethics. Therefore, we welcome ideas about how a code of ethics might vary from nation to nation and culture to culture.

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Comment in

An ethical code for everybody in health care. A universal declaration of patients' rights is a complementary approach. [BMJ. 1998]

An ethical code for everybody in health care. Patients should help to shape such a code. [BMJ. 1998]

An ethical code for everybody in health care. The code should follow the moral principles of law abiding citizens. [BMJ. 1998]

An ethical code for everybody in health care. Three crucial limitations need to be considered. [BMJ. 1998]

An ethical code for everybody in health care. The role and limitations of such a code need to be recognised. [BMJ. 1998]

An ethical code for everybody in health care. Hippocratic Oath translated into poetry. [BMJ. 1998]

An ethical code for everybody in health care. The healer's promise. [BMJ. 1998]

An ethical code for everybody in health care. A universal code should start with basic human rights. [BMJ. 1998]

Comment on

Swearing to care: the resurgence in medical oaths. [BMJ. 1997]

An ethical code for everybody in health care

The role and limitations of such a code need to be recognised

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This article has been [cited by](#) other articles in PMC.

EDITOR—Ethics are not optional in medicine: they are an essential and integral part of health care. A common ethical code for everybody involved in health care, as proposed by Berwick et al,¹ is potentially valuable and is to be welcomed, but the role and limitations of such a code need to be recognised.

An ethical code cannot provide the answer to specific ethical problems. Rather than dictating particular actions a code should describe the ethical environment for the delivery of health care and reflect its character and general approach. An ethical code should not try to make subjective aspects of care more objective or separate value from practical situations: it is in the nature of the work of professions that there remains individual responsibility for ethical practice. If challenged, ethical codes cannot explain why moral judgments should be made or give a firm justification for making those judgments; considered, individual moral judgments themselves are more basic and require no more profound reference.

Ethical codes can give shape and structure to our moral environment and summarise our ethical position while leaving ethical responsibility with the individual practitioner. Looked at in this way, individual variation and personal issues can be taken into account. An ethical code can facilitate the discussion of ethical issues in difficult cases, and distinctive ethical positions can be established and argued, leading to broader and more secure moral conclusions. An ethical code can describe the ethical attitudes that are shared by healthcare workers, and in this it can be immensely valuable and influential. But what it cannot do is provide the certain answers for the many ethical problems encountered in the course of medical practice.

Three crucial limitations need to be considered

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EDITOR—The call by Berwick et al for the development of a new ethical code for everybody in health care raises a few crucial practical issues.¹⁻¹

The first is that a simple ethical code capable of providing the answers to all ethical dilemmas, both present and future, has been sought in vain since Greek times. The confounding factor is still that it is impossible to predict all possible future circumstances and to construct a code to cater for them. If this is what the authors seek they will also fail.

The second practical issue is that of gaining consensus among all the different groups within health care. The wider the scope of the intended code the less specific it can be. Compromises will have to be made and wording modified in order to satisfy all the groups. This process can only lead to a code whose agreed text, no matter how long, will be too general to be of use in many specific cases.

Of course, if the authors want their code to be used and remembered it will have to be short. If it is to be short it will have to be general since there will not be space for details. Thus the most that can be achieved is something like a heavily revised Hippocratic Oath (the BMA's recent attempt¹⁻² is still only for doctors) or, in modern jargon, an international mission statement for health care: something very general and quite useless next time I have a specific problem to resolve.

Still, if its limitations are accepted the development of a new code might be useful. If the process makes more people reflect on ethical issues, that will be more useful than the end product itself. This then leads on to the third practical issue: who will be involved in developing the code? It should be everyone, not just the cognoscenti.

BMJ. 1998 May 9; 316(7142): 1458. » Patients should help to shape such a code

1998 May 9; 316(7142): 1458.

Patients should help to shape such a code

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EDITOR—I was delighted by the proposal of Berwick et al of an ethical code to cover everybody rather than single groups in health care.²⁻¹ I have thought for sometime that an examination of the values base in health care, followed by the beginnings of the formulation of such a widely held code of ethics, is now an urgent task on our agenda. The King’s Fund, in partnership with others, is proposing to work on values in the NHS during its 50th anniversary to stimulate debate.

But, given the stated desire of all healthcare professionals to protect patients and the argument of Berwick et al that such a code should unify all those “who shape the experience of patients and the social investment in care,” it seems extraordinary that patients and users of services do not figure among those who are to help to shape such a code. Without active patient and user participation, this exercise, albeit very welcome, runs the risk of being overly academic and yet again being a code for those who are licensing themselves to do things to other people rather than work in participation with them.

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BMJ. 1998 May 9; 316(7142): 1458. » A universal declaration of patients' rights is a complementary approach

1998 May 9; 316(7142): 1458.

A universal declaration of patients' rights is a complementary approach

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EDITOR—An ethical code for everybody in health care is a laudable goal,³⁻¹ but it addresses only one aspect of the health care problem. A professional code of ethics that establishes worldwide obligations of healthcare providers continues to place protection of patients in the hands of the professionals. An alternative and complementary approach is the development of a universal declaration of patients' rights. Global Lawyers and Physicians, a transnational health and human rights organisation, has adopted this as one of its major goals. A human rights approach to patients centres on their shared humanity and dignity and derives the obligations of providers from their relationship to patients. See our web page (www-busph.bu.edu/Depts/LW/GLPHR.HTM) for details.

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The code should follow the moral principles of law abiding citizens

[M F Brewster](#), Retired general practitioner

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EDITOR—Berwick et al discussed the idea of an ethical code for everyone in health care.⁴⁻¹ The lack of a stated ethical code with clear basic guiding principles is the main cause of difficulties facing doctors in resolving ethical conflicts in medicine. Furthermore, the failure to apply such codes to planned policies and actions often causes such conflicts to arise.

A code should follow the moral principles which a country's government expects its law abiding citizens to observe, some being ideals not achievable by all but others being legally binding and carrying a legal penalty. The right to freedom of speech and opinion is fundamental and must extend to the professional opinions and working conditions of medical staff. To maintain public trust, the facts of any issue must be available for scrutiny, unless there are overriding rights to personal privacy.

Here the nationally accepted codes are Judaeo-Christian in origin. Some will prefer to describe them as humanitarian. Medical situations have traditionally been governed by the pronouncements of Hippocrates. For other nations, religions, and cultures the basic general standards may vary as appropriate, but the Hippocratic Code should remain the foundation for the ideal to be observed by the medical professions.

An international statement of human rights already exists. Underpinning international laws, there could be an ethical code governing the ideal behaviour that a government might expect from its citizens. The next step would be a world code of medical ethics and ideals for all health professionals.

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The code should follow the moral principles of law abiding citizens

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Some 40 years ago my non-medical father, a social security civil servant, decided the final appeal settlements of all disputed benefit claims in Scotland. I recall remarking that without formal qualification in medical and legal matters he must find it difficult to make acceptable judgments. However, his department had given him two final criteria to be satisfied in all disputes: decisions had to be truthful and fair but they had also to be clearly seen by ordinary citizens as being so. Fulfilling these two criteria had greatly simplified his task of arbitration. Such concepts seem to be in short supply nowadays.

In summary, an ethical code for medical professionals should:

- Conform with the accepted codes and standards of behaviour for the country concerned
- Conform with a new international standard
- Incorporate the principles of Hippocrates
- Encapsulate the rights of free speech and freedom of opinion
- Insist on truth in resolving ethical difficulties
- Reflect fairness to the ordinary citizen in its solutions to problems.

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BMJ. 1998 May 9; 316(7142): 1458. » A universal code should start with basic human rights

1998 May 9; 316(7142): 1458.

A universal code should start with basic human rights

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EDITOR—Berwick et al invited readers of the *BMJ* to express their views about a code of ethics for all.⁵⁻¹ Given the increasingly complex ethical issues raised by emerging medical developments, we believe such a code would be widely welcomed by all those concerned with making decisions about health care.

We suggest a universal code of ethics should first consider basic human rights because such rights cut across political and cultural boundaries and would therefore be acceptable to international organisations such as the World Health Organisation. We would define these as fundamental human rights necessary for successful existence in human society. If Maslow's hierarchy of needs⁵⁻² are adapted to consider human rights, people have basic rights to physiological requirements (healthy food, warmth, shelter, clean air, clean water, sanitation, and others), to security needs (protection from physical and mental abuse), and to social needs (education, support through the growing years, a social framework, adequate health care, and others). Maslow's higher needs of a desire for self esteem and self fulfilment, though important to the individual person, cannot be deemed basic human rights.

The right to health care (social need), the right of the unborn child to life (physiological), the right to be properly informed (social), and the right to be protected from abuses of treatment or research are best defined as human rights. However, the so called rights to cosmetic surgery, to have a child, and to clone a dead relative cease to be classed as basic human rights and are best classed as a desire for self fulfilment.

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We recognise the limitations of this approach when we try to refine the right to life and introduce the concept of brain stem death or fetal viability. We also accept that in the future it will be possible to modify the individual's genetic potential, and this may be translated into a right to receive gene therapy when appropriate.

Society through its organisations has duties and responsibilities to all its residents, and these also need to be defined. Berwick et al cite examples where conflicts arise between the organisation's responsibilities and the individual person's rights.⁵⁻¹

A well informed public needs to determine what resources and which powers it wishes to allocate to its health service and health authorities. This requires an effective democratic process to be in place with proper accountability, which is woefully inadequate in many parts of the world.

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The healer's promise

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EDITOR—We of the National Federation of Spiritual Healers have developed a healer's promise, which I think is a suitable contribution towards an ethical code for everybody in health care, as discussed by Berwick et al.⁶⁻¹ Healers are the largest non-statutory complementary group of practitioners in the United Kingdom.⁶⁻² The federation accounts for 60% of all healers, and over the past year it has been reviewing the basis of its code of conduct. All members were invited to respond in writing with their vision of a better world and the values that underlie such a vision. We had 300 replies, or a 5% response. Reviewing the established code of conduct and the postal replies, we were able to form a good idea of the qualities that members past and present thought were important. At the council conference, with representatives from all 14 regions participating, a working group discussed how these values could be communicated to healers and the general public and a healer's promise was created.

The Healer's Promise

All who come to me for healing I will treat with compassion, Regardless of colour, creed, or race. My attitude will be non-judgmental and caring. I shall be honest in my dealings, And all that is said to me shall be confidential I will act with integrity and kindness. I shall consider my own wellbeing to be important, And I will endeavour to be true to myself. I will attune with the source of Peace and Love.

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BMJ. 1998 May 9; 316(7142): 1458. » Hippocratic Oath translated into poetry

1998 May 9; 316(7142): 1458.

Hippocratic Oath translated into poetry

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EDITOR—Berwick et al suggested that an ethical code for all those in health care would be timely and orienting and asked who could create it and how it could be implemented and become alive.¹⁻¹ Hurwitz and Richardson also discussed the resurgence in medical oaths, noted that the Hippocratic Oath is being re-examined afresh for moral guidance, and included the BMA's draft revision.¹⁻² We think that this draft reads more as a mission statement, is too detailed, very difficult to learn, and will have little unifying effect among all of us working in health care. Instead, we support Dr Mark Porter, member of BMA council, who suggested that "an oath to be taken by millions of doctors over decades needs to be translated into poetry as a ringing declaration of principle" and that a poet should be commissioned to produce a better version.¹⁻³ The *Observer* commissioned one of us (DH) to do this.¹⁻⁴ We are grateful for permission to reproduce it with minor amendments to encompass all of us working in health care. We hope it will resonate in the heart of anyone who reads or recites it.

I Swear By The Music

BMJ. 1998 May 9; 316(7142): 1458. » Hippocratic Oath translated into poetry

1998 May 9; 316(7142): 1458.

Hippocratic Oath translated into poetry

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I swear by the music of the expanding universe and by the eloquence of the good in all of us that I will excite the sick and the well by the severity of my kindness to a wholeness of purpose. I shall apply my knowledge, curiosity, ignorance and ability to listen. I shall cooperate with wondering practitioners in the arts and the sciences, with all who care for people's bodies and souls, so that the whole person in relationship shall be kept in view, their aspirations and their unease. The secrets of the universal mind I shall try to unravel to yield beauty and truth. The fearful and sublime secrets told to me in confidence I shall keep safe in my own heart. I will not knowingly do harm to those in my care, I will smile at them and encourage them to attend to their dreams and so hear the voices of their inner strangers. If I keep to this oath I shall hope for the respect of my teachers, and of those in my care and of the community, and to be healed even as I am able to heal.

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Homework

First, take a look at the Codes of conduct and Ethical guidelines, then write your own oath