



CEOM DEONTOLOGICAL GUIDELINES

Madrid, November 2018

In 2010, the CEOM decided to update the Principles of European Medical Ethics of 1987 by distinguishing between Ethics, meaning the moral thought which subtends action of what constitutes the Deontology, which is a codified concrete action inspired by moral thought.

In June 2011, the European Charter of Medical Ethics was adopted. Since then, the CEOM participants draft Deontological Guidelines.

In June 2013, the CEOM adopted its first Deontological Guidelines. These Guidelines have been updated in November 2018.

INFORMED CONSENT

Given the European Charter of Medical Ethics (Kos, 2011), principles 8, 9, 14, 15,

ADULTS AND CONSCIOUS PATIENTS

The consent of the examined or treated patient must be sought in all cases, including in the context of the telemedicine.

It must be free and informed by fair and understandable information.

It may be withdrawn by the person at any time. Refusal to consent to a medical procedure does not remove the patient's right to receive quality care.

It must be written and recorded in the patient's medical record, especially for situations according to National Laws.

MINORS OR INCAPACITATED PATIENTS

The physician must strive to contact patient's parents or legal representative to obtain their consent in the same cases as those required for an adult and conscious patient.

The minor or incapacitated patient should always be involved in decision-making regarding a medical procedure to be used to treat him/her. The communication should be commensurate with the patient's receptive skills.

EMERGENCY SITUATIONS

In emergency situations and if there is uncertainty about the willingness of the patient, the doctor makes any necessary intervention in the interest of the patient.

PROFESSIONAL SECRECY

Given the European Charter of Medical Ethics (Kos, 2011), principle 5,

The physician must ensure the patient absolute secrecy on all the information he has collected.

Confidentiality covers everything that physicians have learned in the exercise of their profession that is to say not only what they were told in trust, but also what they may have observed, heard or understood.

Medical confidentiality is not abolished by the death of patients.

The physician informs people assisting him about their obligations as regards secrecy, asking, whenever possible to give a written undertaking.

Derogations*, when they exist, are strictly provided for in national legislations.

*Derogations will be analysed specifically.

DOPING IN SPORT

The physician should not advise, prescribe or administer pharmacological treatments or substances, or of a different nature, directly or indirectly modifying the natural psychophysical balance of the subject in order to modify the performances related to the sporting activity.

For the same reason, the physician should protect athletes against any external pressure encouraging them to use such methods, by informing them about the serious health consequences.

RELATIONS WITH COLLEAGUES

Given the European Charter of Medical Ethics (Kos, 2011), principles 2 and 15,

Fraternity rules are laid down in the interest of patients.

The physician must ensure that his behaviour is characterised by respect and discretion towards his colleagues and by dignity towards himself, keen on defending the honour of the medical profession.

The physician should avoid situations leading to direct or indirect customer poaching.

The physician who experiences a disagreement with a colleague should, first and discreetly, seek conciliation. Any public conflict should be prevented.

The physician who notices serious breaches of ethics, deontology or medical practice from a colleague, likely to endanger the patient, should inform the fraternal competent authority.

Physicians should mutually assist and aid each other.

ENVIRONMENT AND HEALTH

Given the European Charter of Medical Ethics (Kos, 2011), principle 4,

The physician should take into account the environment in which the human being lives and works, and should participate in preventive initiatives in order to safeguard citizens' live outside or on the workplaces.

The physician commits himself to favor individual and collective health through an adequate communication on environmental risks, by suggesting an appropriate usage of natural resources. This should ensure the ecosystem balance and make it livable, also for future generations.

REFUSAL OF TREATMENT

Given the Convention for the Protection of Human Rights and Fundamental Freedoms, art. 14,

Given the European Charter of Medical Ethics, principles 1, 2, and 3, 13, 14,

CEOM members recommend:

Except in emergency cases and when he/she fails to fulfill his/her duties of humanity, a physician may refuse his care for professional or personal reasons.

A refusal of medical treatment has to be grounded on regulatory or deontological texts.

A refusal of medical treatment, either explicit or implicit, may under certain circumstances be considered as discriminatory conduct by the physician.

The physician who finds himself/herself obliged to licitly refuse to treat a patient has to explain the reasons of the refusal to the patient, and seek the most appropriate solutions to the situation of the person, especially concerning the continuity of care.

INFORMATION AND ADVERTISING

Given the European Charter of Medical Ethics (Kos, 2011), principles 6, 11, and 15,

"Advertising" refers to any form of communication made by a physician or by a third person for the physician's profit, in order to promote his/her services or to increase the value of his/her image.

Comparative advertising is forbidden.

The information given by the physician must only concern objective data; it should be careful, precise, clear and in accordance with actual scientific data.

Advertising cannot encourage the use of tests and treatments for commercial ends.

The physician should not participate in medicine or health product promotion.

Patient's dignity and private life should not be harmed in any way.

This guideline applies to all media.

MEDICAL RESEARCH AND THERAPEUTIC TESTS

Given the Oviedo Convention, article 2,

Given the WMA Helsinki Declaration,

Given the European Charter of Medical Ethics (Kos, 2011), principles 6, 9 and 11,

The physician involved in medical research must, in compliance with the laws of his/her country, ensure that:

- There is no conflict of interest with the project initiator,
- Research has been the subject of a protocol duly examined by an independent ethics committee,
- There is no other alternative technique to bring into play than research on the Human Being,
- Expected benefits outweigh the risks incurred by the person undergoing research.
- Free and informed consent was obtained in the manner of the European Deontological Recommendation on informed consent.
- Medical research involving persons physically or mentally incapable of giving consent can only be conducted in the manner of the Helsinki Declaration.
- The consent of an incapable person must always be obtained in addition to the consent of his/her legal representative.
- The physician agrees to publish exhaustively the research results and to make them publicly available.

CONFLICT OF INTEREST

Given the European Charter of Medical Ethics (Kos, 2011), principles 11 and 15,

The obligation to practice with independence, the need of public trust in the medical profession, and the art of caring for one's health as a mission of public interest require doctors to let not personal interest influence their medical judgment.

Doctors spontaneously and seamlessly make public any interest link likely to generate doubt as to their independence, especially regarding research and training.

APPROPRIATE PRESCRIBING OF MEDICATIONS

Given the European Charter of Medical Ethics (Kos, 2011), principles 3 and 7,

When prescribing examinations and treatment, the physician must take into account the latest tested scientific knowledge, make optimal use of resources, while respecting the principles of clinical efficacy, safety, suitability and humanization.

The physician has the duty to always inform the patient, who must be able to give consent to the treatment, and to adjust the prescription to his/her specific needs.

PROFESSIONAL UPDATING AND CME/CPD

Given the European Charter of Medical Ethics (Kos, 2011), principles 6, 7 and 8,

The professional updating and the continuing medical education are a duty for all physicians during their professional life.

The physician must keep herself/himself constantly updated on the evolutions of science within the socio-economic context so as to maintain and develop knowledge and new skills in order to ensure the best quality of care, in respect of the trust relationship with citizens.

COMPLEMENTARY AND ALTERNATIVE MEDICINES

1. The physician who believes he can treat a patient with non-conventional practices in the medical field should fairly inform the patient about the scientifically validated treatments.
2. The physician cannot exclude the patient from scientifically validated treatments if this is harmful to his health.
3. The physician who uses non-conventional practices in the medical field must have acquired a special training and be able to present the documentation certifying his training program.

THE VULNERABLE OR FRAGILE PATIENT

Concerned about the protection of the child against all forms of violence, physical or mental, the physician acts with caution, objectivity and kindness. The relationship of trust with the child is essential.

He or she demonstrates availability, listening skills and welcomes the child in an adapted environment that guarantees confidentiality.

The physician informs the child's relatives, or even the competent public authority, only in his or her interest.

When caring for frail elderly people or those in psycho-physical, social or civil vulnerable conditions, the physician adopts an empathetic attitude, attentive to possible injustices to which the patient may be subjected and concerned to improve his living conditions.

He provides conscientious diagnostic and therapeutic care.

MODIFICATION OF THE BODY ASPECT

When the doctor performs non-therapeutic acts intended to strengthen a patient's physical and cognitive capacities, he or she shall act with respect for the dignity, identity, integrity and genetic characteristics of the individual, guided by the principles of specificity and proportionality.

The physician must obtain the written consent of the patient who has been informed about the risks inherent in the acts performed.

The physician must refuse any disproportionate or excessively risky request.

In this assessment, it takes into account the invasive degree and potential irreversibility of the treatment, in the face of non-therapeutic but supposedly improving benefits.