

CYPRUS MEDICAL ASSOCIATION

**THE MEDICAL PRACTITIONERS (ASSOCIATIONS, DISCIPLINE AND
PENSIONS FUND) LAWS OF 1967 AND 1970**

CHAPTER FIRST
REGULATIONS UNDER ARTICLE 13(1) (B)

**Medical Professional Ethics Regulations
of 1991**

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THE MEDICAL PRACTITIONERS (ASSOCIATIONS, DISCIPLINE AND PENSIONS FUND) LAW (LAWS OF 1967 AND 1970)

CHAPTER ONE
GENERAL RULES FOR PRACTISING THE
PROFESSION

Regulations under section 13(1)(b)

The Board of the Medical Association, exercising the powers vested in it by paragraph (b) of sub-section (1) of section 13 of the Doctors (Associations, Discipline and Pensions Fund) Laws of 1967 and 1970 issues the following Regulations which may be cited as the Medical Professional Ethics Regulations of 1991.

Article 1

A medical practitioner shall be devoted to the care of the health of citizens as individuals and as a whole and for this reason he performs a calling which is regulated by the Law and its professional provisions.

Article 2

The medical profession is by its nature a free profession. This requires that the medical practitioner should carry out his work consciously and in a humanitarian manner according to medical customs and practices

Article 3

A medical practitioner shall set an example of honest and dignified citizen in his conduct in his private and in his public life.

Every act or omission of his contrary to his duty as medical practitioner shall involve sanctions against him commensurate to the gravity of the offence, in accordance with the relevant provisions of the practice of the medical profession code and the Registration of Medical Practitioners Law (Cap 250).

Article 4

A medical practitioner shall not sacrifice his scientific and professional independence which he should preserve intact.



Partnership or any improper cooperation of a medical practitioner with pharmacists or other persons for the purpose of improperly profiteering at the expense of the patient shall be prohibited.

The cover up or in any way protection of persons who unlawfully practice medicine or any cooperation or agreement with such persons shall be prohibited.

The use of middle men or other improper or undignified means for attracting clients shall be prohibited.

CHAPTER TWO
DUTIES TO PATIENTS
Article 5

A medical practitioner must show to all patients the same care, diligence and devotion regardless of each one's economic position and his own personal feelings.

- (a) In no case shall a medical practitioner be allowed to use the means and possibilities of the science of medicine for the promotion of improper interests.
- (b) Causing addiction to drugs because of negligence or for the purpose of deriving illegal profit shall be prohibited.

Article 6

A medical practitioner must facilitate medical consultancy and also the holding of a medical board whenever a patient or his relatives request this.

Article 7

The attending doctor should respect the patient's right to replace him with another medical practitioner.

Article 8

A medical practitioner may refuse to offer his services to a patient except in emergencies or humanitarian duty cases..

CHAPTER THREE
PROFESSIONAL SECRET

Article 9

The medical practitioner-patient relationship is sacred. In this relationship the patient trusts and gives all the necessary information to the medical practitioner in order to help him make a diagnosis and prescribe the treatment with the certainty that he shall keep absolute secrecy.

Only with the written consent of the patient or his lawful representative may the medical practitioner reveal this information. The same obligations for absolute



secrecy the medical practitioner should convey to his assistants also or to persons who are training for the medical profession.

Article 10

If many medical practitioners at the same time or successively have the same patient under treatment they are mutually relieved of the obligation for secrecy. The medical practitioner has moreover the obligations to give another medical practitioner information when the patient requests this.

Article 11

The history, the clinical picture and the results of tests of the patient may be announced at medical conferences, in magazines or in discussions of a medical character only when the identity of the patient is not directly or indirectly revealed unless the patient or his lawful representative gives his consent for this purpose in writing

Article 12

The same secrecy should be kept by the medical practitioner also in case he issues certificates or reports to insurance companies or other public or private law organisations or for court purposes unless the patient gives his consent to the contrary.

Article 13

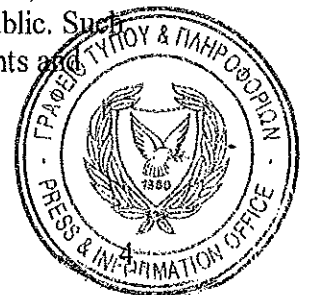
In case of examination of a person by a medical practitioner in the capacity of a consultant to a company or organisation for the purpose of his recruitment for employment or return to work after a sick leave, the medical practitioner shall be entitled to give the employer only information connected with the ability or not of the person to do the job for which he shall be employed.

An exception to the obligation to keep the medical secrecy shall be allowed only in case the medical practitioner is ordered by a court to give specific information about the patient. In such case he may again refuse if he is prepared to suffer the consequences of the law. Such an attitude even though unlawful shall not be regarded as unethical.

Other cases where a medical practitioner may reveal information covered by medical secrecy are those in which its concealment may involve a serious danger to the health or physical integrity of other persons or may have serious repercussions on society as a whole.

Article 14

Reference by the mass media to specific news connected with the medical profession shall be regarded today an essential contribution to the information of the public. Such news shall concerns births, deaths and the involvement of persons in accidents and police cases.



A medical practitioner shall have an obligation in such cases to contribute to the transmission of the right information but without giving details which may have adverse effects on the individual or his family.

Thus, in cases of death he must avoid saying whether the death was natural or a suicide and in cases of injuries whether they were caused by the person himself or by another person

Statements that the persons concerned was an alcoholic or a person with AIDS or a psychopath should be avoided because they may stigmatise the person or his family socially.

Article 15

Medical secrecy should be secured also in the filling, keeping and use of medical records. The patient or his lawful representative shall have the right to be informed about the contents of his record unless the transmission of this information is regarded as harmful to the patient.

The continuously increasing use of computers for the recording of all the data of a patient creates new problems in ensuring medical secrecy and for this reason they should be codified and strict regulations should be observed regarding the manner of operation and the staff who will handle them so that the leak of information to unauthorized persons may be avoided.

CHAPTER FOUR

MEDICAL PRACTITIONER'S REMUNERATION-CONTRACTS- AGREEMENTS -COMMERCIAL ACTS

Article 16

A medical practitioner shall provide his services on payment. Given that the fixing of the level of the medical practitioner's remuneration is up to each doctor the criteria on which the medical practitioner should base himself in fixing the level of his remuneration should be, inter alia, the difficulties and the extent of the service provided, the local conditions as well as the economic position of the patient or the person who shall pay for him.

Article 17

The minimum remuneration of a medical practitioner in every specific case shall be fixed in favour of the financially weaker patients.

Regarding wealthier patients, whether they receive treatment in private or in state institutions, the remuneration should be higher depending on the circumstances in each case.



Article 18

The question of medical fee a medical practitioner should handle discreetly and with caution and avoid any action or claim which may justify a complaint against him for overcharging

Advance payment of a lump shall be prohibited except in cases of operation or delivery or special therapy.

Article 20

A medical practitioner may not receive payment from poor patients. In other cases, a medical practitioner must not act in breach of the regulations in force..

Article 21

Regarding laboratory tests, surgical interventions or medical practitioner's treatment fees in government or private institutions patients shall be obliged to pay only the actual expenses without the obligation to pay any medical fee..

Article 22

Every person who is entitled, under a law or regulation, to social insurance or medical treatment shall not be regarded a pauper in vis a vis the medical practitioner.

Article 23

Unfair competition shall be prohibited.

Article 24

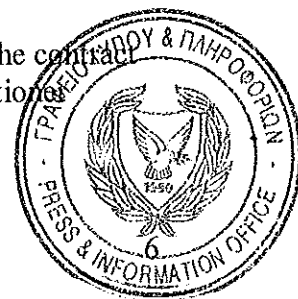
Before the conclusion of any agreement which concerns the practice of his profession a medical practitioner shall be obliged to submit it to the Committee of the respective Medical Association to be checked whether the dignity, authority and interests of the medical profession have been taken into consideration.

Article 25

A medical practitioner must also submit to the respective Medical Association for examination and ratification (a) Contracts under which he establishes cooperation with an enterprise which manufactures or distributes drugs or curative products (b) Contracts connected with the development, recommendation and advice regarding drugs or curative products..

Article 26

If the Committee of the Medical Association objects to the ratification of the contract submitted, the President of the Association must inform the medical practitioner



concerned the soonest possible and not later than 4 weeks after the submission of the contract.

Article 27

A medical practitioner shall not be allowed to sell samples of drugs..

Article 28

A medical practitioner must make sure that the opinions or the certificates he issues about pharmaceutical goods and curative products are not used by non medical practitioners for propaganda purposes.

Article 29

Providing non necessary and scientifically non appropriate services and also providing quantitatively and qualitatively inferior medical care aimed at the economic exploitation of the patient shall be regarded as unethical.

Article 30

In case the economic interests of a medical foundation are in conflict with the true interests of the patient the medical practitioner should act always in order to secure the interests and welfare of the patient.

Article 31

A medical practitioner shall have the right to be owner or shareholder of a clinic or of other medical foundation but he shall have an obligation to inform the patient about this before recommending to him to use them for his medical-pharmaceutical treatment. The patient must have the right to chose another diagnostic or treatment unit if he so wishes.

To serve the patient and to provide to him every possible care should be put above any economic benefit that may result.

Article 32

The payment or collection of commission for referring patients to another colleague, laboratory or pharmacy or for writing prescriptions for purchase of drugs, eye glasses, orthopedic and other treatment goods shall be prohibited. The referral must be based on the scientific and professional skills of the colleague and the writing of a prescription on the effectiveness and quality of the drug or other curative product and not on any economic trades off.



CHAPTER FIVE
DUTIES TO COLLEAGUES
Article 33

A medical practitioner should maintain with his colleagues relations of courtesy and generosity and should refrain from any action likely to damage their standing, dignity or lawful interests.

Article 34

A medical practitioner has a moral obligation to defend the professional dignity of his colleagues against any slander or criticism. If a colleague is accused in medical or non medical circles of acts or omissions harmful to a patient's health or contrary to the morality and honour of the medical community the medical practitioner who comes to know about this should immediately inform the administration of the respective Medical Association.

Article 35

Medical practitioners employed by the Government or by semi state or other organisations have to comply with the ethical Regulations.

Article 36

A medical practitioner who is involved in a professional dispute with colleagues must exhaust all the peaceful means at his disposal for settlement of the dispute through a compromise. If no satisfactory settlement of the dispute is achieved the medical practitioner should apply to the competent Medical Association. In no case should professional disputes be given publicity...

Article 37

Any visit by a medical practitioner to a patient who is receiving treatment from another medical practitioner without the knowledge of the attending doctor or without his express consent shall be prohibited unless the patient or a relative of his does not definitely want the services of the attending doctor and prove that they have carried out their economic obligations to him.

Article 38

In emergency cases giving urgent help to a patient whose attending doctor is not present or has some impediment shall be allowed. The medical practitioner who is called has to inform the attending doctor in this connection and when the latter returns he should stop visiting the patient.

Article 39

Whenever the patient or his relatives request the setting up of a medical consultative board the attending doctor has the right to nominate a doctor of his choice as consultant but he is obliged to accept the choice of the family of the patient if this is



different from his own. The patient's or his family's choice is also predominant whenever there arises a need to call a specialist medical practitioner...

Article 40

A medical board shall be convened by the attending doctor.

The board shall be directed by the eldest of the medical practitioners or the hierarchically most senior

In case a divergence of views arises, the attending doctor shall make this known to the patient or preferably to his family and asks for the setting up of another board. If the patient's family accepts the view of the consultant medical practitioner and rejects the establishment of a new board the attending doctor shall be entitled to withdraw or to disclaim responsibility if he considers that the opinion of the consultant doctor is wrong or harmful.

CHAPTER SIX

INFORMATION-SELF PROMOTION-ADVERTISING AND MASS MEDIA

Article 41

A medical practitioner has a duty to inform the public at large about the latest developments and progress in medical diagnosis, treatment and prevention by all means at his disposal. This he should do in an objective manner without promoting his own positions only when there are conflicting views on the matter under discussion. His photograph or other particulars other than his name, his specialty and the post he holds should not accompany such statements. These restrictions do not apply when the medical practitioner deals with a matter not connected with medicine.

Article 42

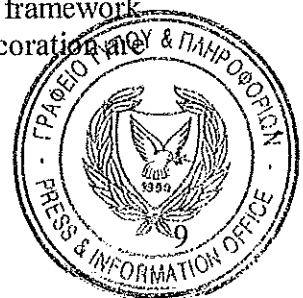
In no case should reference be made to the skills and achievements of a medical practitioner in relation to other colleagues in an effort to promote himself and to diminish the others. Statements which imply that he is the only one who uses a treatment method, a pharmaceutical treatment or other treatment are unethical.

Article 43

The urge of third persons by a medical practitioner to mention his name publicly, to express admiration or thanks to him and generally to advertise him through the mass media or in another manner and also the tolerance of such actions when he knows about them shall not be allowed.

Article 44

The display of notices with the name, qualifications and visiting hours should be done inside the medical practitioner's office or clinic and should be within the framework of dignity and reasonable size. Exaggerations in lighting, colours and decoration are not in keeping with the medical profession.



Article 45

The insertion of the name and specialty of medical practitioners in the telephone directory should be uniform for all without special promotion which shall be secured by extra payment.

Besides, the inclusion of a medical practitioner's name on payment in commercial and advertising pamphlets in which only a limited number of colleagues is included who are thus advertised at the expense of others shall not be regarded as appropriate because it prevents the objective and free choice of a medical practitioner by the patient.

Article 46

The careful and limited information of the public about the professional activities of a medical practitioner shall be allowed when it is of such a nature as not to be regarded as defaming the profession and shall not have as direct or indirect target the exploitation either of the trust of the patient or of his lack of medical knowledge.

The contents of the information given should be lawful and honest and should not downgrade other colleagues or contain personal evidence of superiority in favour of the writer. The frequency of the publications should not be such as to cause nuisance.

Article 47

If he has any doubt a medical practitioner who intends to publish something is advised to consult the ethics committees.

CHAPTER SEVEN MEDICAL-SOCIAL PROBLEMS

Article 48

Artificial dissemination with a donor's sperm constitutes an established method of dealing with child bearing problems which are due mainly to the husband. The identity of the donor is not usually revealed to the couple or to the child which will be born but not all agree with this tactic. In any case, a medical practitioner has a duty to be in direct touch with the donor and to carry out a complete check of his family record and history as well as all the available necessary clinical and laboratory tests which will exclude the transmission of family, hereditary and contagious diseases to the child.

Also this should be preceded by a full discussion with the couple about the psychological and social effects and problems which may arise, and moreover all the legal and other rights of the child should be protected. The consent of all the parties is indispensable.

The donors should give sperm only in one case or in very few cases so that the pregnancies which will result from each donor may be limited in numbers and involve



very small risks of incest, The sale of sperm is impermissible and only basic expenses for the service offered should be covered.

With the establishment and maintenance of a sperm bank its operation should be supervised by a supreme body which shall also issue the regulations which shall govern its operation.

Article 49

Fertilisation in vitro and the transfer of the fertilized eggs to the womb is today a scientifically acceptable method for child bearing by couples in whose case other methods failed. Due to the many social, moral and psychological problems which are connected with this method it is necessary that it should be done in centres recognised and controlled by a supreme body which should be established for this purpose.

The medical practitioner has a duty to discuss with the couple all the practical aspects and success rates of the method as well as the possible psychological-social problems which may arise. The written consent of the couple should be secured and the rights of the child which will be born should be safeguarded. Trading in fertilized eggs shall be prohibited.

Abortion is ethically acceptable provided this is done according to all the rules and the practice which ensure the best possible conditions for the mother and it is carried out within the framework of the legislation in force.

Article 51

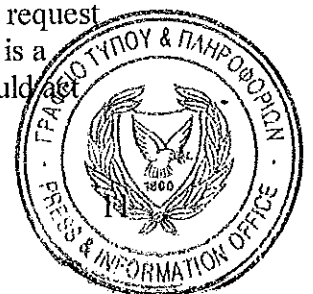
The medical practitioner's role in the last stages of life before an impending death may today create serious moral and ethical dilemmas particularly due to the existence of high technology mechanical means which help the prolongation of the functions of life even in the case of brain death..

It is the duty of the medical practitioner to make every effort to save the sick person or if this is not feasible, to relieve the pain, physical and emotional.

The active acceleration of death on the part of the medical practitioner shall not be allowed by any means. This does not include the cases of brain death which is established on the basis of the various scientific criteria and in which the interruption of the functioning of mechanical means of prolongation of the functions of life shall be allowed within the framework of the legislation in force.

Acceleration of death shall not occur in cases of brain death in which the medical practitioner interrupts the functioning of the mechanical means which were necessary for the maintenance of certain other functions of life.

The interruption and the non commencement of administration of medicaments or other means capable of prolonging life, in cases of an incurable disease at the request of the patient himself or his close relatives in the case of non reversible coma is a matter of intensive discussions internationally,. The medical practitioner should



always for the best interests of the sick person, trying to boost his morale and to relieve as far as possible the physical and emotional pain, continuously keeping in touch both with the patient and his family. Dignified and painless death should be sought in these cases.

Article 52

Transplant of organs from living or dead donors should be encouraged and carried out always within the framework of the legislation in force..

Article 53

The Acquired Immune Deficiency Syndrome (AIDS) has created serious ethical problems. A medical practitioner has a duty to secure the protection of the patient but also the best interests of society as a whole. Thus, he should keep the medical secret as provided in another chapter. Besides, the use of blood for diagnosing AIDS without the consent of the person from whom it has been taken shall not be allowed except in cases of anonymous epidemiological studies. A medical practitioner's refusal to treat a person with AIDS is unethical taking into account that the dangers of transmission of the disease to him are minimal if and when the right precautions are taken.

Article 54

Jehovah's Witnesses. In cases an adult Jehovah's Witness, despite the repeated explanations of the medical practitioner regarding the necessity and the dangers he runs, insists on refusing blood transfusion his wish should be respected. In cases of minors a Court's order should be sought before the medical practitioner goes ahead with the necessary treatment.

When a sick Jehovah's witness loses consciousness and the medical practitioner is of the opinion that there is an immediate need for blood transfusion then the wish of the patient, if this is in writing before him, should be taken into consideration otherwise he may go ahead with the transfusion after previously getting the signature of another colleague about the necessity for the transfusion.

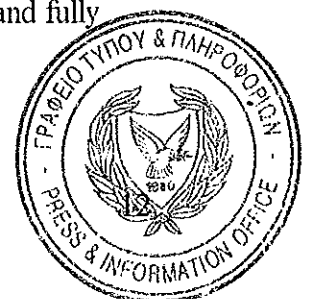
CHAPTER EIGHT DUTIES TO THE MEDICAL ASSOCIATION

Article 55

No medical practitioner may accept appointment to Government Boards or Bodies in which representation of individual medical practitioners is envisaged without being previously nominated by the Cyprus Medical Association.

Article 56

A medical practitioner should comply with the decisions which have been lawfully taken by the respective association or by the Cyprus Medical Association and fully carry out his obligations and duties to them.



Article 57

More specifically a medical practitioner has a duty to register immediately as member of the Medical Association of the town or the District in which he practices his profession and to regularly attend the meetings of the respective medical association and the Cyprus Medical Association, to participate in their events and to contribute by his knowledge and zeal to the promotion and attainment of their objects. He should also undertake and carry out willingly every service which shall be entrusted to him, carry out his financial obligations to the respective Association regularly and on time and participate in the votes for the election of the most suitable in his opinion administrative bodies.

Article 58

A medical practitioner should every year and by the end of February submit to the respective Medical Association a statement containing the following particulars: Name, surname, father's name, mother's name, place and date of birth, whether he is married or not, number and age of children, citizenship, residence and clinic address, medical specialty and a statement whether he practices the medical profession or not.

Changes in the address of the clinic and long absences should also be notified to the respective Medical Association.

Article 59

Every matter which is connected to the professional conduct of medical practitioners and is not covered by these Regulations shall be regulated by a decision of the Cyprus Medical Association.

Article 60

Amendment, addition to or deletion of articles of these Regulations shall be effected only by the Cyprus General Meeting of general practitioners.

Article 61

Complying with and implementing these Regulations shall be obligatory for all medical practitioners and any breach of them shall involve sanctions.

These Medical Professional Ethics Regulations were approved by a specially convened Extraordinary General Meeting on 13 December 1990.

The Medical Professional Ethics Regulations of 1972, which were published in the Official Gazette of the Republic with no. 972 and date 10.11.72 shall be annulled as from the date of publication of these Regulations.

Kypros Psyllas
E. Stamatou
5/12/03

