REPORT
for the European Council of Medical Orders (ECMO/CEOM)

Towards a European Code of Medical Ethics
A preliminary feasibility assessment

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We start from the assumption that, taking into consideration the free movement of physicians and patients within the EU, a common **European Code of medical ethics** could represent a practical instrument to harmonize the national regulations of medical deontology/ethics of the EU Member States and Associated Countries. This common set of rules could contribute to guide the physicians’ medical practice across Europe, while safeguarding patients’ rights and needs.

Between November 2016 and January 2017, we have conducted a specific research at the Institute of Biomedical Ethics and History of Medicine of the University of Zurich for preliminarily assessing the feasibility of such a common Code.

1) We have selected a representative sample of six Codes of medical ethics/deontology in force in European countries (France, Germany, Switzerland, United Kingdom, Italy and Spain), in addition to two European documents relating to medical ethics (Council of Europe’s Oviedo Convention and ECMO/CEOM’s Kos Charter).

2) After that, we have compared the rules of the selected six Codes in the light of the two above mentioned European documents.

3) As a result of this survey we have elaborated four comparative tables on the Codes’ general information, structures, topics and articles.

4) Based on the analysis of these tables, we have found a number of similarities and differences among the selected six Codes. The similarities concern the Codes’ structures and several topics (see attached document).

In the light of the comparative analysis, we conclude that it is feasible to draft a common **European Code of medical ethics**. This Code should include the structure and the topics already shared by the Codes of medical ethics/deontology in force in the EU Member States and Associated Countries.

The selected six Codes of medical ethics/deontology (France, United Kingdom, Germany, Switzerland, Italy, Spain) share very similar structures. These documents start with the definition of the Code’s purposes and field of application. Then they focus on the general duties of physicians, their relationship with patients, relationship among colleagues and with other health
care professionals and third parties. At the end, other aspects and details of the medical profession and practice, especially in the Italian and Spanish Codes, are explained.

The main topics that are shared by all the analyzed Codes are listed as follows:
- physicians’ general tasks;
- medical education and updating;
- duties in emergency situations;
- doctor-patient relationship;
- information and communication to patients;
- confidentiality and professional secrecy;
- medical records and information materials;
- relationship among colleagues;
- medical advices and opinions;
- public medical information and advertisement;
- conflict of interests.

The main topics that are shared at least in three on six Codes are the following:
- description of Code’s aims and field of application;
- justice and equity;
- patients’ free choice of their doctors;
- physicians’ independence;
- physicians’ right to accept or decline a medical mandate;
- conscientious objection;
- awareness of own limits and skills;
- recognising and working within the limits of own competence;
- physicians’ duty to directly interact with patients;
- continuity of care;
- patients’ consent and dissent to medical interventions;
- vulnerable patients;
- patients’ legally representatives;
- treatments based on the available scientific evidence;
- physicians’ ban to mislead patients;
- adverse event and medical error recognition, clinical risk and risk to safety, prevention and responding;
- prescription;
- certificates;
- futility of care, withholding and withdrawing treatment;
- palliative care;
- advance directives;
- experimental research;
- public health and prevention;
- information to third parties;
- medical consultation;
- relationship with other health care professionals;
- medical fees;
- employed physicians;
- abuse of professional status;
- abusive exercise of medical profession;
- torture and inhuman treatments.

Bioethical topics are partially present in some Codes. The Italian and the Spanish Codes are the most detailed, followed by the French Code and then by the German, the Swiss and the English Codes. Among the widespread bioethical issues, we find palliative care, euthanasia, futility of care, withholding and withdrawing treatment and advance directives. Attention is also paid to voluntary interruption of pregnancy and experimental research. Less frequent are rules on transplantation, sexuality and reproduction.

We are ready to further contribute to the ECMO/CEOM’s efforts in the following steps of this challenging project. Thank to all of you. Best regards,

**Sara Patuzzo**

*with the supervision and collaboration of Roberto Andorno*