

THE CODE OF MEDICAL DEONTOLOGY

THE ROMANIAN COLLEGE OF PHYSICIANS

CHAPTER I

SCOPE AND GENERAL PRINCIPLES

Art. 1 The present code includes the compulsory rules of behaviour concerning the doctor's practice of rights and professional duties.

Art. 2 The provisions of the present code, both those which recall the moral rules that every doctor should obey, and those regarding technical matters, as well as the behaviour towards colleagues, are compulsory for all doctors registered in the Romanian College of Physicians. As to the observance of the provisions in the present code, doctors having didactical activities are held responsible for everyone under their guidance.

Art. 3 Man's health is the supreme aim of the medical act. The doctor's obligation lies in defending man's physical and mental health, easing his suffering, respecting human life and dignity, without discriminations related to age, sex, race, ethnical affiliation, religion, nationality, social rank, political ideology or any other reason, in time of peace as well as in time of war.

Art. 4 In practicing his profession, the doctor has the patient's best interest as the main priority, which is superior to any other interest.

Art. 5 In practicing his profession, the doctor must respect man's fundamental rights as well as the ethical principles in the bio-medical field. The Romanian College of Physicians will update the provisions of the present Code, in accordance with the conventions and declarations that Romania has agreed to, related to the biomedical field.

Art. 6 In practicing his profession, the doctor is forbidden to impose his opinions on his patient, no matter the nature of these opinions.

Art. 7 All along his professional life, the doctor should never cease to assimilate the discoveries of the medical science, with a view to improve his medical knowledge.

Art. 8 In accordance with his knowledge and abilities, the doctor should contribute to the objective information of the public and medical authorities in what concerns medical problems. The doctor giving medical information to the mass-media must verify the way in which his statements are made public, and react in case of their distortion.

CHAPTER II **GENERAL OBLIGATIONS**

SECTION A **ABOUT THE DOCTOR'S PROFESSIONAL INDEPENDENCE** **AND RESPONSIBILITY**

Art. 9 The doctor has absolute professional independence, absolute freedom of prescriptions and medical acts, those which he considers necessary, according to his competence, and is held responsible for the above mentioned. In case of limitations of his independence, through constraints of administrative and/or economic nature, the doctor cannot be held responsible.

Art. 10 The doctor will not guarantee the healing of the disease for which the patient has addressed to him.

Art. 11 As to the medical activity which is performed within a team (hospital sections, medical education of the residency type), the responsibility for the medical acts belongs to the head of the team, according to the administrative attributions regarding coordination and to the doctor who practically makes the medical act, according to his professional competence and role which has been given by the head of the team. Within interdisciplinary teams, the head of the team is considered to be the doctor in the specialty given by the major diagnosis on hospitalization, if there are not special regulations to dispose differently.

Art. 12 Entrusting one's obligations totally or partially, personal control missing, is considered to be a deontological flaw.

Art. 13 The patient's expression of the informed consent for the treatment does not eliminate the doctor's responsibility for the possible professional mistakes.

SECTION B THE PROFESSIONAL SECRET

Art. 14 The professional secret is compulsory, except the situations in which the law stipulates differently.

Art. 15 The professional secret implies the intimate life of the patient, of his family and relatives, as well as matters of diagnosis, prognosis, treatment, different problems related to the disease.

Art. 16 The professional secret must be also kept away from relatives, if the patient does not wish otherwise.

Art. 17 The professional secret must be kept away from colleagues, sanitary staff and medical institutions that are not involved in the medical act of the respective patient.

Art. 18 During scientific presentations, the cases will be told in such a manner so as the patient's identity cannot be recognized.

Art. 19 If it is not contrary to the patient's best interest, the doctor will allow the access of media to the patient, only with the latter's consent. The doctors-chiefs of medical institutions must take all the measures so as the access of media to the patient should only be made with the doctor's and patient's permission. Giving information about a certain case can be made only with the patient's, the doctor's permission and that of the chiefs of that medical institution.

Art. 20 The medical records must be kept as secret professional documents.

SECTION C

GENERAL RULES OF BEHAVIOUR IN THE MEDICAL ACTIVITY

Art. 21 The doctor cannot treat a patient without his personal medical pre-examination. Only in exceptional cases, of emergency or major force (sickness on sailing ships, on flying planes, off-the map places or in real time), indications on the treatment will be given through means of telecommunication.

Art. 22 The doctor can perform a medical activity only if he is trained to do it and has enough practice for it. This provision does not apply to cases of vital emergency, which cannot be solved otherwise.

Art. 23 The doctor can only use authorized diagnosis apparatuses and for the use of which he has enough practice.

Art. 24 If, after the examination or during the treatment, the doctor realizes that he doesn't have enough knowledge or experience so as to ensure an adequate assistance, he will ask for a consultation, by any means, with other specialists or will guide the patient towards them.

Art. 25 In case of imminent death, the doctor will stay by the patient for as long as his professional help is needed.

Art. 26 The cureless patient will be treated with the same care and attention as the one who has chances of healing.

Art. 27 The doctor will inform the patient on his disease, on the necessary treatment and the chances of healing. The doctor will avoid, through his behavior, making the disease look more serious than it really is.

Art. 28 The doctor will keep a strictly neutral and non-interfering attitude towards the patient's family problems, giving his opinion only if he is asked to and only if the intervention is motivated by the patient's best interest in his own health.

Art. 29 The doctor should not involve in problems related to the material interest of his patient's family.

SECTION D COMPULSORINESS OF GIVING MEDICAL ASSISTANCE

Art. 30 The doctor who finds himself in front of a sick or injured man in danger must give him medical assistance at the level of possibilities of that moment and place or assure that the sick man receives the necessary care.

Art. 31 In case of natural disasters or mass-injuries, the doctor must answer the calling and even offer willingly his medical services, as soon as he heard about the incident.

Art. 32 The doctor can refuse giving medical assistance, out of personal reasons or strong professional ones, guiding the patient toward other sources of medical care, except emergency situations. The doctor must give his colleague, who is taking over the patient, all the necessary information about his condition.

SECTION E MAINTAINING AND USING THE PROFESSIONAL KNOWLEDGE

Art. 33 Doctors have the obligation to improve their professional knowledge.

Art. 34 While using new therapeutical methods, the doctor should have in view his patient's best interest and the fact that these methods can be used only after the evaluation of the risk-benefit proportion.

SECTION F INTEGRITY AND DOCTOR'S IMAGE

Art. 35 The doctor should be a model of ethical and professional attitude, contributing to the development of his moral and professional height, of the authority and prestige of his medical profession in order to deserve the esteem and confidence of his patients and partners.

Art. 36 The doctor should not use an elective mandate, an administrative position or any other authority so as to increase his customers.

Art. 37 The doctor can use only the title which he has the right to use, according to his professional qualification.

Art. 38 Information about the medical services are accepted, provided that they are correct and can refer to:

- a) professional headquarters, working hours, board of the medical institution;
- b) doctor's specialty and title;
- c) diagnosis and treatment methods that have been used. This information should refer only to diagnosis and treatment methods that are scientifically proven and accepted in the medical world. It should not contain wrong information or that could misguide patients;
- d) gathered prices.

This information should not give patients the impression that they can be in physical or mental danger by not asking for the respective doctor's services.

Art. 39 The doctor cannot advertise for medicines or goods of medical consumption. The scientific mentioning of names, from those to which we referred above, in articles and books, is not considered to be an advertisement.

Art. 40 In the medical and non-medical mediums, the doctor should never convey some diagnosis or treatment procedures, insufficiently tested, without stressing also the reserves that are imposed.

Art. 41 It is contrary to the ethical aspect the agreement between two doctors, between a doctor and a pharmacist or between a doctor and a secondary staff, in order to get material advantages.

Art. 42 The physician doctor is forbidden to get involved in the distribution of any authorized or unauthorized remedies, apparatuses or medicinal products.

Art. 43 The doctor is forbidden to practice certain activities which disgrace the medical profession. Every doctor, even outside his professional life, should abstain from acts that might lead to its disdain.

Art. 44 The doctor cannot be forced to practice his profession in conditions which could compromise the quality of his medical care and professional acts, except medical-surgical vital emergencies.

Art. 45 The doctor cannot suggest or apply to his patient remedies considered by him to be riskless or healthy, illusory procedures or insufficiently tested. Any unscientific practice is forbidden.

Art. 46 It is forbidden to grant facilities, collaboration or help to somebody who is illegally practicing medicine. The doctor must inform the territorial college of physicians about the existence of such situations.

SECTION G ABOUT FEES AND GAINING PATIENTS

Art. 47 It is forbidden the issuing of any medical document that could bring an unjustified or illicit material advantage for the patient.

Art. 48 The doctor is forbidden to practice an unfair competition, including practicing the lowest fees, conspicuously disproportionate against the real cost of the medical service, in order to gain customers.

The free service is allowed in charitable purposes, only by reporting it to the territorial college of physicians, no later than 3 days from the giving of the assistance.

CHAPTER III DUTIES TOWARDS THE PATIENTS

SECTION A RESPECTING THE PERSON'S RIGHTS

Art. 49 The doctor should respect the person's right regarding the free option for a personal doctor and even facilitate this possibility.

Art. 50 A doctor who is asked to examine or must examine a person who is under confinement, or give assistance inside a lock-up room cannot, directly or indirectly, be it only by his simple presence, bail or favor the alteration of the physical or mental integrity of any convict, including his/her dignity. If the doctor finds out that the prisoner has suffered ill-treatments, he has the obligation to inform the judicial authority.

SECTION B THE RELATION WITH THE PATIENT

Art. 51 The practicing of the medical profession must not be made impersonally, but trying to establish a human relation with the patient, so as, when needed, the doctor's compassion should not seem a formal act.

Art. 52 The doctor is forbidden to have sexual intercourse with his patients or to submit them to any degrading acts for the human being.

Art. 53 The doctor should prove maximum diligence in determining the diagnosis, the adequate treatment and in avoiding the predictable complications that might occur at the patient found in his care.

Art. 54 Medical prescriptions must be made as clear as possible, the doctor making sure that he has been completely understood by the patient and his company, going further to supervising the carrying out of the treatment.

Art. 55 From the moment he has accepted a calling, the doctor is morally engaged in giving the patient thorough and devoted care, including sending him to a medical institution or specialist with superior competences.

Art. 56 The patient's personal doctor has the obligation to take all the medical measures in order to facilitate his patient the acquiring of rights that result from his illness.

Art. 57 In case of war, disasters, epidemics and attempts, the doctor does not have the right to abandon his patients, except a formal command given by a competent authority, according to the law.

SECTION C CONSENT

Art. 58. For any medical diagnostic or therapeutical intervention, the informed consent from the patient is needed.

Art. 59 The patient's consent will be expressed according to the law.

Art. 60 The consent will be given after the patient has been informed on the diagnosis, prognosis, therapeutical alternatives as well as their risks and benefits.

Art. 61 In case of minor, incompetent patients or who cannot express their will, the consent will be given by the legal representatives. If the patient's personal doctor considers that the legal representative's decision is not for the patient's benefit, a specialized arbitration committee will be formed in order to assess the case and make the decision.

Art. 62 In cases of emergency, when the patient's life is endangered and he cannot express his will and the relatives or legal representatives cannot be contacted, the consent is implicit, and the doctor will make everything possible to save the patient, the latter's information being made subsequently.

Art. 63 The severe prognosis will be told to the patient with carefulness and delicacy, taking into account the patient's state of mind. The prognosis will be also told to the family only if the patient accepts this. In case it is considered that the revealing of the severe prognosis will harm the patient, or if he does not wish to know about it, the prognosis will be revealed to the family.

SECTION D
PROBLEMS RELATED TO MINORS' CARE

Art. 64 The doctor should be the defender of the sick child's medical interests when he considers the child's state of health is not well understood or insufficiently protected by his entourage.

Art. 65 If the doctor considers that a minor is the victim of an aggression or privation, he has the obligation to protect him, using prudence and announcing the competent authority.

SECTION E
THE ISSUING OF DOCUMENTS

Art. 66 It is forbidden the issuing for the patient of any perfunctory certificates or tendentious reports.

Art. 67 The doctor can issue certificates, receipts and documents accepted by the law, based on his personal findings and necessary exams with this purpose. It is forbidden that the medical information should be presented distorted or hidden. The medical documents will observe the form stipulated by the law. The medical documents should not contain more data than necessary for the purpose they were drawn up and issued.

Art. 68 The person to whom the issued medical document refers to has the right to be informed about its content.

 **CHAPTER IV**
DUTIES TOWARDS THE PUBLIC

Art. 69 The doctor who has come in a family or collectivity must take care of the observance of rules regarding hygiene and prophylaxis. He will point out to the patient and his company the responsibility which they have towards themselves and also towards the community and collectivity.

Art.70 The doctor has the moral obligation to announce the competent authorities about any situation that he is aware of and might be a possible danger for the public health.

CHAPTER V

DOCTOR'S RELATIONS WITH COLLEAGUES AND FELLOWS, THE MEDICAL CONSULTATION, RULES OF BEHAVIOUR WITH OTHER PROFESSIONALS IN THE SANITARY FIELD, OBLIGATIONS TOWARD THE ROMANIAN COLLEGE OF PHYSICIANS

SECTION A

DOCTOR'S RELATIONS WITH COLLEAGUES AND FELLOWS FELLOWSHIP

Art. 71 The doctor will have to treat his colleagues the way he wants to be treated by them. Based on the professional solidarity, doctors owe each other moral aid.

Art. 72 The exchange of information between doctors regarding patients, should be made objectively and in due time, so that the patients' medical assistance should be optimum.

Art. 73 If a doctor has a disagreement with a fellow doctor, conciliation must prevail, according to the Statute of the Romanian College of Physicians.

Art. 74 It is forbidden to expose a negative opinion that might offend the professional dignity of a fellow doctor. Doctors will protect their colleagues who have been groundlessly or wrongfully accused.

Art. 75 Blaming and slandering the colleagues (criticism regarding the medical preparation and activity), in front of patients, family, sanitary staff as well as any act or expression made to ruin the confidence in the doctor and in his authority is considered to be a violation of the ethical rules.

Art. 76 If a doctor learns that a fellow doctor has made any ethical or professional mistakes that should cause damage to the image of the profession, he must tactfully take up attitude, trying to discuss the problem

with the fellow involved in the matter. If irregularities are not eliminated, the doctor has the obligation to discuss the case within the Romanian College of Physicians, before going to the competent authorities.

SECTION B THE MEDICAL CONSULTATION

Art. 77 Each time the doctor thinks necessary to ask for a colleague's opinion, in order to make a therapeutical plan or an indication for intervention, he will ask for a consultation with his fellows, in accordance with the patient and his family and taking into account his preferences.

Art. 78 The consultation is made by the personal doctor and it is advisable that all the other doctors, summoned for the consultation, should examine the patient in front of the patient's personal doctor. Then, doctors withdraw in order to discuss about the case. After they agree on a conclusion, the patient's personal doctor will tell the patient or his family, the result of the consultation. If there are disagreements, examinations will be completed, hospitalization will be made, extension of consultation by inviting other specialists will be performed.

Art. 79 An atmosphere of mutual esteem and respect will be kept all along the medical consultation, in order to avoid showing self-assertion towards the patient's personal doctor. The discussion about the case and the critical observations will not be made in front of the patient or any unknown persons, even if they are subordinated doctors.

Art. 80 A doctor who has been called for a consultation should not come to see the patient afterwards, on his own initiative and without the patient's personal doctor's permission.

Art. 81 When several doctors collaborate in the examination or treatment of the same patient, each practitioner assumes his own personal responsibility. It is forbidden the transfer of duties and responsibilities regarding indications for investigations, medicine prescriptions or sick leave, given by other doctors who have not taken part in the medical consultation.

Art. 82 If the doctors called to make a consultation have expressed a fundamentally different opinion from that of the patient's personal doctor the patient must be informed. The patient's personal doctor is free to withdraw if the doctors that have come to the consultation have expressed an opinion which prevails in the patient's opinion or his entourage.

Art. 83 The patient who is nursed by a colleague may be assisted by any fellow-doctor for any incidental, emergency problems after having previously or subsequently informed the doctor about it.

Art. 84 If the proposal for a medical consultation is made by the patient or his entourage, the doctor has the obligation to organize the way in which the consultation is to be made. In case the patient's personal doctor does not agree, he can withdraw without explanations. After the consultation, the doctors will make a written paper which is signed by all of them. If the paper is not made, it is considered that the doctors involved in the consultation agree with the patient's personal doctor's point of view.

SECTION C RELATIONS WITH OTHER SANITARY PROFESSIONALS

Art. 85 Doctors will have good relations with the other professionals in the medical field, for the patients' best interest.

SECTION D OBLIGATIONS TO THE ROMANIAN COLLEGE OF PHYSICIANS

Art. 86 Doctors who are members of the Romanian College of Physicians must support the organization from all points of view.

Art. 87 The doctor who finds himself under professional investigation must collaborate with the persons assigned by the college and give all the necessary data so as the end of the inquiry should be made in no more than 14 days from the request.

CHAPTER VI **SPECIAL SITUATIONS**

SECTION A **RULES REGARDING MEDICAL RESEARCH** **ON HUMAN SUBJECTS**

Art. 88 Medical research on human subjects is made with observance of the provisions in the international conventions and declarations that Romania has signed up.

Art. 89 The doctor involved in the biomedical research has the duty to promote and protect the life, health, privacy and dignity of the human subjects who are taking part in the research.

Art. 90 During the medical research on human subjects, a special attention will be given to vulnerable populations, such as:

- a) persons who are disadvantaged from the medical and social point of view;
- b) persons who cannot give their consent for their participation in a medical research (minors, incompetent persons, other people who cannot express their will due to their state of health);
- c) persons who are capable of giving their consent under pressure (e.g. convicted persons, soldiers);
- d) persons who do not have a personal gain from the research;
- e) persons for whom the medical research is combined with medical care.

Art. 91 All along the medical research, the individual welfare prevails on the welfare of the society in general and of the science.

Art. 92 Medical research for the medical progress must be made on human subjects only in the last resort. This will be made according to the present scientific data, to other relevant sources of information and the data taken from the research on animals, when this is possible.

Art. 93 The main purpose of the medical research on human subjects is to improve the preventive methods, those of diagnosis and treatment, the understanding of the etiology and pathogenesis of a disease.

Art. 94 A medical research on a human being can only be made if the following conditions are fulfilled:

- a) there is no alternative method for the research on human subjects, of a comparable effectiveness;
- b) the risks that the persons expose to are not out of proportion, as compared to the possible advantages of the research;
- c) the research project has been approved by the competent instance, after it has been the object of an independent examination on its scientific pertinence, including an evaluation of the importance of the research theme, as well as a multidisciplinary examination of its acceptability on the ethical plan;
- d) the person on whom the research is being done, has been informed about the rights and guarantees for his/her protection;
- e) there is the participants' consent.

Art. 95 The protocol of the research must be evaluated by a committee of ethics, made of persons who are independent from the researchers or sponsors. The committee of ethics which evaluates the project, must be informed about the progress of the research and has the right to analyze the on-going research.

Art. 96 The medical research on human subjects must be made only by qualified persons to do it. These persons have the responsibility of the subjects involved in the research, even if the subjects have expressed their informed consent for the participation.

Art. 97 The clinical experiment (research without therapeutical purpose) is accepted from the ethical point of view if it does not imply a predictable serious risk. The researchers leading the clinical experiment must stop it if there is the danger of harming the subject's health or when the latter asks for the experiment to stop. Medical research on human subjects can only develop if the potential benefits are superior to the risks involved.

Art. 98 Forcing or leading the experiment on humans into error is considered a serious violation regarding the principles of the medical ethics. Participation of human subjects in the research can only be made voluntarily and after they have been properly informed about: purpose, methods of the research, anticipated risks and benefits. At the same time, subjects must be informed that they can withdraw anytime from the research, without being

harmful by this in any way. The informed consent of the participants must be taken with the observance of the legal provisions.

Art. 99 A patient's refusal to take part in a research should not influence the quality of the doctor-patient relationship.

Art.100 When minors are involved, the consent will be taken from the family or the legal representative and the minor's acceptance is also necessary in order to take part in the research. There must be paid maximum of attention in using minors for medical experiments and only if the risks are minimum.

Art. 101 In case of incompetent persons or unable to express their will, the consent will be asked from the family or legal representatives.

Art. 102 Including in the medical research incompetent subjects or who cannot express their will, can only be made when the research is not possible to be made with competent persons (the physical or mental condition which stops the getting of the informed consent is a necessary characteristic of the population included in the study) and only if the risks are minor.

Art. 103 The doctor should take all the necessary measures in order to protect the participant subjects' intimacy, to keep the confidentiality of information about subjects and should minimize as much as possible the impact of the research on the subjects' physical, mental integrity and personality.

Art. 104 The research made for therapeutical purposes signifies the first application on man of some medical or surgical procedures and the latter will be made only for curative purposes. In such types of research, there must be a rightful proportion, for the patient's benefit, between the risks of the new procedure and the seriousness of the case; the possible dangers of the new procedures should not surpass in seriousness the probable evolution of the initial disease or the treatments that were known and carried out up to present day.

Art. 105 Using a placebo in the medical research, combined with patients' care is admitted only when there are not any prophylactic, diagnostic and therapeutical methods, proved for the participant subjects or when patients receiving placebo are not exposed to supplementary risks.

Art. 106 Participants in a medical research must have access to the benefits resulting from it, after the research has ended.

Art. 107 The publishing of the results after a medical research on human subjects will be made with the observance of the data accuracy and only if one respects the national and international ethical rules, which govern the medical research on human subjects.

Art. 108 It is forbidden to cause artificial illnesses to healthy people, for experimental reasons.

Art. 109 In all cases of clinical research, in order to verify the efficiency of some diagnostic or treatment methods on man, the condition of the subject's voluntary consent will be respected rigorously.

Art. 110 The human experiment should respect several rules:

- a) to be preceded by a serious experiment on animals;
- b) the subject should be major of age, accept voluntarily, be free and perfectly informed about the risks;
- c) in cases of incurable diseases, at subjects having a terminal state, the remedy should not provoke supplementary sufferings and there should be reasonable chances for it to be useful;
- d) there cannot be experimented remedies which could alter the mental or moral conscience.

Art. 111 It is forbidden the practicing of any therapeutical or experimental activity on humans for the sake of professional or scientific vanity, from the result of which the majority of people cannot enjoy or can harm the cultural and moral principles of the community.

Art. 112 Experiments regarding clonation of the human being are forbidden.

SECTION B
THE PRACTICE OF JUDICIAL EXAMINATION MEDICINE

Art. 113 The subject will be previously informed about the reason of the examination, by the expert who had never had any connection with the person being examined, which might have an influence on his judgment. In this case, the expert has the obligation of challenging himself, informing the competent instance about the causes of his challenge.

Art. 114 The person being examined can challenge the expert, the latter having to submit to the will of the examined person.

Art. 115 The final report will contain only reply elements to the matters requested in the decision of the expert's appointment. As to the rest of the matter, the expert is submitted to the professional secret.

SECTION C
THE PRACTICE OF PRIVATE MEDICINE

Art. 116 A doctor is forbidden to let his cabinet in a colleague's care in order to be managed by him. It is considered an exception the situation in which the holder-doctor is off the place for good reasons (holiday leave, sick leave, maternity leave, and educational trainings in other places or abroad) when he must use the replacement license, issued by the Romanian College of Physicians.

Art. 117 In group-cabinets, the practice of medicine remains personal, so as to ensure, on one hand, the professional independence, and on the other hand, the complete and individual professional responsibility. The freedom of choosing a certain doctor must be an ensured and respected fact.

Art. 118 Any association between doctors must be the object of a written contract, which has to respect the professional independence of each side. This act must be send to the territorial college of physicians, so that it should give its agreement from all points of view.

Art. 119 The doctor's professional commitment cannot surpass the professional competence, the technical capacity and also the capacity of

supplying the cabinet or the damaged material basis, through conventions or steady collaborations with other sanitary units.

SECTION D
ATTEMPT ON THE SICK MAN'S LIFE AND PHYSICAL
INTEGRITY. EUTHANASIA

Art. 120 The doctor should try to reduce the cureless sick man's suffering, ensuring the dying man's dignity.

Art. 121 It is forbidden the practicing of euthanasia, that is the use of substances or means in order to provoke the death of a sick man, regardless of the gravity and prognosis of the disease, even if this has been insistently asked by a perfectly conscious sick man.

Art. 122 The doctor will not take part in or counsel suicides or self-wounding through pieces of advice, recommendations, borrowing of instruments, offering the means. In this respect, the doctor will refuse any explanations or help.

Art. 123 No mutilation can be practiced without an obvious medical justification, seriously well-documented and without the informed consent from the patient, except emergency situations involving vital risks.

Art. 124 Through his professional acts, either therapeutical or of investigation, the doctor should not put his patient under any unjustified risk, even if the patient has particularly asked for it.

Art. 125 The abortion can only be made in cases and conditions stipulated by the law. Any doctor is free to refuse without explanations the request for an abortion.

CHAPTER VII ¹

PUBLICITY AND ADVERTISING

Art. 125¹ (1) Publicity of any forms of practise of the medical profession is meant to ensure the people with information related to the physicians' activity. Publicity must be accurate, non-deceitful, should respect professional secret and should be made with dignity and carefulness.

(2) Regardless of the means used to advertise, all praising or comparative mentions and all indications related to patients' identity are forbidden.

(3) The means of advertising the practise of the medical profession cannot be used as an advertisement in order to gain customers.

Art. 125² All types of professional practice advertisements may use one or more advertisement types, such as:

- a) placing a sign board;
- b) publicity notes, according to the present Code of Deontology;
- c) announcements and mentions in directories and phone books;
- d) professional and medical invitations, brochures and announcements of participation in conferences, colloquies, etc;
- e) professional correspondence and professional cards;
- f) Internet address.

(2) It is forbidden to use the following advertising means:

- a) offering one's services by personal presentation or by sending an intermediary at a person's home or residence or in a public place;
- b) customized proposal of services made by a form of practise of the medical profession, without having been asked for it by somebody, regardless if it is made or not for the purpose of gaining patients;
- c) giving medical consultation on any kind of material base as well as through any other means of mass-communication, including radio or TV shows, except those ones which have the notice of approval of the Romanian College of Physicians (RCP) or any other institutions accredited by the RCP for this purpose.

(3) while being present in the information media, the physician may present procedures of diagnosis and treatment, specific medical techniques and any other procedures and means of investigation but is not allowed to use this opportunity in order to advertise for himself or for any other firm involved in medicine or medical devices production.

Art.125³ (1) The sign board must have the following dimensions: 40/80 centimetres and will be placed at the entrance of the respective building

and/or the space held in order to practise the medical profession, as a main or secondary headquarters, or work station.

(2) The sign board must include the following specifications:

- a) The Romanian College of Physicians (RCP);
- b) territorial structure of the RCP;
- c) name of the form of practising the profession;
- d) details regarding the institution identification (floor, apartment);
- e) details regarding the professional, academic and scientific titles, medical specialities and competencies;
- f) details regarding: main and secondary headquarters.

Art.125⁴ (1) Any form of practising the medical profession may publish advertisements.

(2) Announcements in the professional directories are related to the activity of the forms of practice of the medical profession, name, main specialities and competencies in which the physicians are practising their profession as well as the working schedule.

Art. 125⁵ - (1) The contacts of the forms of practising the medical profession may include:

- a) Telephone and fax number, Internet address and e-mail;
- b) Mentions about the main headquarters and if necessary, the secondary headquarters or another work place;
- c) Specialities and medical competencies;
- d) Academic, scientific or professional titles;
- e) The emblem of the respective form of practising the profession.

(2) Professional cards of the physician who works within the respective form of the practice of the medical profession may include details that are allowed within correspondence, as well as the physician' role within the form of practice of the profession.

Art.125⁶ - (1) Physicians as well as any form of practice of the profession may hold an Internet address, which may contain details regarding the activity which is carried out, as well as the other details allowed in correspondence.

(2) Contents and the way of presenting the Internet address must respect the dignity and honour of the medical profession, as well as the professional secret.

(3) The Internet address cannot include any insertion having advertisement character or publicity mention for a product or service, apart from the activities that a physician or the respective form of practising the profession holds the right to provide.

(4) The Internet address cannot contain links to other Internet addresses, whose content would be contrary to the essential principles of the medical profession.

(5) In order to carry out the objectives mentioned in paragraph (4), the physician or the form of practise of the medical profession who holds the respective Internet address must ensure regularly visits and evaluations of its own pages and of the pages which can be accessed on the basis of the links realized by that personal address and must order their elimination if their contents and form are contrary to the essential principles regarding the practising of the medical profession.

CHAPTER VII **OTHER PROVISIONS**

Art. 126 In specific domains of some medical specialties, at the specialty commission's request, The National Council of the Romanian College of Physicians may adopt norms of detail which are published as annexes and are integrant part of the present code.

Art. 127 In case of disciplinary actions against him, the doctor should be sincere in all his declarations. Invoking the professional secret should not stop the development of the disciplinary examination which is taking place. Incorrect declarations, deliberately made, will be considered as serious infringements.

Art. 128 Any doctor who ceases the practice of the profession has the obligation to bring this fact to the knowledge of the Romanian College of Physicians.

Art. 129 The present Code has been adopted by the National General Assembly in its session of March 25th 2005 and will come into force at the time it is published in the Official Gazette of Romania, part I.

