

The Code of Doctor's Professional Conduct

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“...Despite the richness of the country in natural resource, if human rights and duties are obscure, unclear and disputable, the success and welfare of local population will daily grow worse or be definitely impeded.”

Ilia Chavchavadze

“The Life and the Law,” Iveria Newspaper, #1, 1877

Introduction

The rule of law, respect for human rights, adherence to ethical norms and rules of conduct represent prerequisites for the establishment of civil society and reaching progress and welfare in every area, including the health care.

Understanding and application of legal provisions, universally recognized ethical principles and code of conduct serves as the foundation for successful and dignified medical practice as well as ensuring the high quality medical care. This can be achieved by developing a manual, which would set forth the principles and the rules of relationship with a patient, his/her family members and close people, colleagues, students, resident physicians as well as with the representatives of media, law enforcement bodies, medical and pharmaceutical industry, etc.

The above mentioned has determined the need for the development of present “Code of the Doctor's Professional Conduct”. In particular, the document shall ensure the following:

- ◇ Protection of supremacy of patient's interests while performing a doctor's duties;
- ◇ Optimal standardization of communication skills among the doctors;
- ◇ Making the right decision in cases, when a doctor faces legal and ethical dilemmas such as informing a patient about lethal disease diagnosis or relationship with prisoners, termination of life support, definition and implementation of action strategy after determining brain death, human organ procurement and transplantation, etc.

The Code of the Doctor's Professional Conduct is based upon the regulations provided by the healthcare legislations of Georgia, as well as the principles defined under the Doctors Code of Ethic of Georgia and recommendations by international organizations concerning rights and responsibilities of a doctor and a patient.

The recommendations provided under the Code of the Doctor's Professional Conduct which are based upon the requirements specified under Georgian legislation are of binding nature.

To the extent possible, the government shall support the implementation of the recommendations provided under the Code of the Doctor's Professional Conduct by creating relevant environment at medical facilities and motivating doctors.

Community of doctors and professional associations shall play the major role in the implementation of the given recommendations. The recognition of the recommendations by the members of such associations and their implementation can be considered as one of the criteria for professional medical association's membership.

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In the late 90's the newly independent country of Georgia started the development of healthcare legislation regulating doctor's professional practice and patient's rights in accordance with the legal and ethical standards recognized by international societies.

Since 1999 the staff of Healthcare Legislation and Bioethics Department of the National Healthcare Management Center, as well as the members of the Georgian Health Law and Bioethics Society launched their effort to elaborate a draft of Doctor's Code of Ethics of Georgia. On May 6, 2003 the First Congress of Georgian Physician approved the Doctor's Code of Ethics of Georgia.

The USAID Health System Support Program (HSSP) initiated the development of the Code of the Doctor's Professional Conduct. On July 5, 2010 HSSP signed a memorandum on the development of the Code of the Doctor's Professional Conduct with the following non-governmental organizations: **Georgian Health Law and Bioethics Society, Association of Family Doctors of Georgia, Georgia Family Medicine Association, Georgian Medical Association and National Association of Cancer Control.**

The representatives from the above listed organizations created a working group with the following composition: Givi Javashvili (Chairman of the Working Group and a representative of the Georgian Health Law and Bioethics Society), Guram Kiknadze (Association of Family Doctors of Georgia), Irina Karosanidze and Tamar Gabunia (Georgia Family Medicine Association), Revaz Tataradze and Giorgi Tsilosani (Georgian Medical Association).

The work on the first draft of the Code of the Doctor's Professional Conduct was finalized in December 2010. The public review of the Code of the Doctor's Professional Conduct was launched from January 2011.

The final version of the document was developed in April 2011 based on the feedback and recommendations received as a result of public review.

The Code of the Doctor's Professional Conduct was prepared without any remuneration by the goodwill of representatives from the above listed organizations.

1. GENERAL PROVISIONS

1.1. THE GOAL OF THE CODE OF DOCTOR'S PROFESSIONAL CONDUCT

The goal of the Code of the Doctor's Professional Conduct is to support the compliance of doctor's professional practice in Georgia with widely recognized professional, ethical and legal standards in order to ensure the following:

- ◇ Improving the quality of medical care;
- ◇ Patient's protection;
- ◇ Creating the environment between a doctor and a patient that is favorable for the establishment of mutual trust and partnership;
- ◇ Strengthening the doctor's image.

1.2. THE SCOPE OF THE CODE OF DOCTOR'S PROFESSIONAL CONDUCT

The Code of the Doctor's Professional Conduct is designed for doctors working in Georgia, as well as for any individual performing the duties of a physician, such as: resident physicians, doctoral candidates and medical students.

It is also desirable that other healthcare professionals apply the Code of the Doctor's Professional Conduct. However, their professional practice might be regulated by rules of conducts specially designed for their area of work.

The Code of the Doctor's Professional Conduct might be interesting for general public as well, since the latter should have good understanding and knowledge of doctor's professional practice.

1.3 PRINCIPLES OF THE CODE OF DOCTOR'S PROFESSIONAL CONDUCT

The Code of the Doctor's Professional Conduct is based upon the internationally recognized and locally accepted values and views concerning doctor-patient relationship, health care, human rights and doctors professional practice.

At the same time, the rules were developed in accordance the Doctor's Code of Ethic of Georgia, providing the fundamental ethical principles for doctor's professional practice in Georgia.

The Code of the Doctor's Professional Conduct includes the provisions defined under the following national and international documents having binding or declarative nature and aiming at legal and ethical regulation of doctor's professional conduct:

- a) The Law of Georgia on Medical Practice (2001), the Law of Georgia on Patient's Rights (2000) and the Law of Georgia on Health Care (1997); as well as the laws regulating the specific fields of healthcare, such as: the Law on Public Health (2007), the Law on HIV/AIDS (2009), the Law on Psychiatric Care (2006), the Law on Human Organ Transplantation (2000), etc;
- b) Legal instruments of the Council of Europe in the fields of healthcare, biomedicine and human rights, including the Convention on Human Rights and Biomedicine (1997) and its additional protocols;
- c) World Health Organization Declaration on the Promotion of Patient's Rights in Europe (1994);
- d) The United Nations Educational, Science and Cultural Organization (UNESCO) Universal Declaration on Bioethics and Human Rights (2005), United Nations Principles of Medical Ethics (1982);
- e) The World Medical Association International Code of Medical Ethics (1949) and declarations including Declarations of Geneva, Lisbon, Helsinki, Tokyo, Hamburg, etc.

1.4. THE GENERAL PRINCIPLES OF DOCTORS' PROFESSIONAL PRACTICE

1.4.1. FUNDAMENTAL PRINCIPLES OF MEDICAL ETHICS

While providing medical care to a patient, a doctor's activities and decisions shall be based upon the following four fundamental principles of medical ethics:

- a) **Respect for patient's autonomy** – Respect for patient's views and decisions; support of a patient in making an informed and independent decision;
- b) **Beneficence ("Doing Good")** – Making a decision that is the most beneficial for patient's life and health;
- c) **Non-Maleficence ("Do Not Harm")** – Avoiding harming to a patient. Almost every medical procedure is related to certain harm. However, the expected benefit should always exceed the possible harm; it should be a duty of a doctor to minimize such harm;
- d) **Justice** – Equal distribution of benefit, risk and burdens; a fair attitude towards the patients that are in equal conditions; on the other hand, taking into consideration the health needs of a patient while distributing scarce resources.

1.4.2. THE PURPOSE OF A DOCTOR'S PROFESSIONAL PRACTICE

The purpose of doctor's professional practice is to ensure the good health of an individual, a family or society at large; to maintain and restore their health and alleviate a suffering of a human being.

1.4.3 PROFESSIONAL INDEPENDENCE

A doctor shall be free and independent in making his/her professional decisions. He/she shall be guided by professional and widely recognized ethical standards only.

The doctor shall use all his/her efforts to stand against an action that contradicts with the principles and ethical rules defined under the Code of the Doctor's Professional Conduct.

1.4.4 PROFESSIONAL COMPETENCE

A doctor shall seek to upgrade and maintain professional competence (such as knowledge, skills and conduct) in his/her field in accordance with locally accepted standards. The doctor shall conduct his/her practice within his/her field of competence.

Moreover, a doctor shall decline from the provision of medical care, which, by his/her judgment, is beyond his/her knowledge and skills at the given moment though it falls under his/her area of study.

1.4.5 UNDERSTANDING AND UPHOLDING THE LEGISLATION

A doctor shall understand and uphold the local legislation regulating medical practice. Moreover, a doctor shall strive to facilitate the amendment and modification of those provisions of the law that, by a doctor's opinion, contradict a patient's and society's health interest and prevent a doctor from adhering to professional and ethical standards.

1.4.6 REPUTATION OF THE PROFESSION

Maintaining a good image and respect in doctor's profession is mandatory for doctor's practice. First and foremost it can be achieved through decent professional conduct, adherence to ethical and professional standards, good working relation with other colleagues and care about the patient and society healthcare interests.

2. SPECIFIC PROVISIONS

2.1. DOCTOR-PATIENT RELATIONSHIP WHILE PERFORMING DOCTOR'S DUTIES

The first consideration of a doctor shall be a patient, i.e. an individual who applies to a physician because of health problems. A physician shall always bear in mind that he/she deals with not only a disease, but a human being as well, who has his/her own values, views and expectations and is emotionally experiencing and understanding his/her sickness.

Successful medical practice requires the establishment of a doctor-patient relationship that helps building mutual trust, understanding, respect and partnership.

2.1.1. EQUAL AND FAIR RELATIONSHIP

Equal and fair relationship to a patient means, at one hand, elimination of any discriminations; on the other hand, taking into consideration the individual needs of a patient.

A physician shall not discriminate a patient because of his/her origin, social status, religious belief, opinion, sickness or any other features.

In addition to this, a physician, while providing a medical care, shall consider patient's individual needs that are related to his/her health as well as to his/her religious, ethnic, psychological, social and other personal needs.

2.1.2 RESPECT FOR PATIENT'S AUTONOMY

Respect for a patient, as a human being, definitely means the consideration of his/her thoughts, opinions and choices. Which on the other hand leads to the recognition of a patient's autonomy.

2.1.3. SHARING OF INFORMATION

2.1.3.1 Sharing Information with Patient

A patient is entitled to receive an objective, wholesome and timely information on his/her health state in a way that is clear and understandable for him/her.

Ask the patient whether he/she is willing to receive comprehensive information on his/her health condition. If the patient is willing to, provide him/her, in a way he/she can understand, with complete, objective and timely information including the following:

- Your (a doctor's) identity and expertise;

- Results of medical examinations, diagnosis and prognosis, as well as suggested preventive, diagnostic, treatment or rehabilitation options and the related risks and possible benefits;

- Alternative solutions for suggested options and their accompanying risks and possible benefits;

- Financial issues concerning the medical care, resources and routine of the medical facility.

You shall consider patient's understanding skills and avoid using unclear medical terminology while informing him/her. Make sure that a patient properly understands and evaluates information provided by you.

In case a patient is minor, you shall follow the guidelines specified under section 2.2.1. *Minors*.

In case mental health limits a patient's decision-making skills, you shall follow the guidelines specified under section 2.2.4. *Doctor and Mentally Sick Patient, With Limited Decision-Making Capacity*.

In case a patient declines to receive information, you shall follow his/her will and check with him/her to whom you can share information on his/her health state (it should be patient's close person or legal representative in accordance with section 2.1.3.2. *Sharing information with a patient's Close Persons or Legal Representatives*). If a patient declines to receive information and the lack of such information may harm the health of either the patient himself/herself or a third person whose identity is known to you, you shall by all means ensure the provision of such information to the patient.

You shall share medical records with a patient in the event the latter makes such a request.

If a patient does not speak the national language and/or a language you understand, you shall follow the legislation and medical facility routine, providing the rules of hiring and paying for an interpreter's service.

If you feel that due to language barrier you are not capable to search for comprehensive information, refer a patient to another physician who is capable to overcome such obstacle. If the referral to other doctor is not possible you should decline to provide medical care in circumstances that are stipulated by the law (See section **2.1.13. Doctor's Refusal to Provide Medical Care; Termination of Medical Care**).

If you have grounds to assume that informing of a patient shall negatively affect his/her health condition, you should:

- ◇ Limit the volume of information or do not share the information with such patient at all;
- ◇ Do not make the above decision individually; you have to agree it with the medical ethics committee of your facility or in the absence of such body, with your colleague;
- ◇ Make an entry in patient's medical records, justifying the need of not sharing or limiting the volume of information and making relevant decision. The statement shall include a consent of a medical ethics committee or a colleague.
- ◇ In case a mentally capable patient requests the provision of wholesome information including medical records, you have the duty to make the wholesome information available to him/her (despite you decision to limit or not provide an information to a patient).

2.1.3.2 Sharing of Information with a Patient's Close Persons or Legal Representatives

- ◇ You shall share the information on mentally capable patient's health to his/her legal representative or a relative only in the event that you have a prior consent to do so from the patient. Moreover, the patient should name the person to whom you are authorized to share the information;
- ◇ In case the patient is mentally sick or not capable to make the decision, you shall share the information with patient's legal representative or relative.

2.1.4 INFORMED CONSENT; RESPECT FOR PATIENT'S DECISION

Informed consent is the prerequisite to medical intervention; it ensures the involvement of a patients in a decision-making on the medical intervention.

Patient's informed consent on certain types of medical intervention means obtaining a patient's agreement only after providing him/her with the detailed information including the following:

- ◇ Types of suggested medical intervention;
- ◇ The reason a patient needs such intervention;
- ◇ What are the expected benefits of the intervention and what kind of discomforts or complications are possible? What is the risk to patient's health and life?
- ◇ What can be consequences in case of the rejection of intended medical intervention?
- ◇ What are the alternatives for intended intervention? What is territorial and financial availability of such intervention? What are the advantages or disadvantages

of alternative solution in comparison with the intended intervention?

While providing the above defined information to a patient you should communicate with him/her in a way that is understandable to him/her. You should not use difficult medical terms so that the patient can clearly understand and assess the provided information.

The necessary requirement for informed consent is patient's ability to make informed decision. In case a patient is disabled or is unable to make informed decision, you should follow the recommendations specified under sections: **2.2.1. Minors** and **2.2.4. Doctor and Mentally Sick Patients With Limited Decision-Making Capacity**.

- ◇ At the same time, you should bear in mind that:
- ◇ Patient's consent on medical intervention should be independent¹;
- ◇ Georgian legislation requires written informed consent for certain types of medical interventions².

Written informed consent is necessary for surgeries or other invasive or high risk-related procedures (such as radiation therapy, chemotherapy, gene tests, etc). The complete list of such procedures are set forth by the Georgia Law on Medical Practice). However, you are entitled to obtain written informed consent from a patient any time you consider it necessary.

2.1.4.1 Patient's Refusal to Medical Care

A patient is entitled to refuse to any types of medical intervention. The law prohibits any medical interventions for a mentally sound and decision-making capable patient.

When a patient refuses to medical intervention, you shall make sure that the patient is well aware about the purpose of this intervention, its meaning, expected benefit, risk and possible outcome in case such treatment is not provided to him/her. On the other hand, you should properly evaluate patient's ability to make sound decision. The thorough evaluation of the latter is especially important when a patient refuses to an intervention that is crucial for his/her health and life.

When a patient, who is on a terminal period of incurable disease, refuses to medical treatment you should follow the recommendations specified under section **2.2.5. Patient at End of Life; Palliative Care**.

¹Independent consent – a consent obtained from a person without exercising any pressure or influence over him/her (such as moral, financial, etc.)

²Georgian Law on Medical Practice. Article 44.1

2.1.4.2 Patient's Previously Expressed Wishes (Advanced Directive)

In accordance with the Georgian legislation, a citizen is authorized to previously express his/her wish in writing on the provision of medical care, in case he/she is not capable to express his/her wish (e.g.: coma).

Currently Georgia does not have a roster of patients' previously stated will (advanced directive). Therefore, you should check this with the patient's family members and close persons. In the event that such written document exists, you should follow the patient's wish concerning the provision of medical care. However, remember that this wish might not cover the termination or refusal to life-sustaining treatment, unless the patient has a disease that is lethal or may lead to severe disability.

2.1.5 INFORMATION CONFIDENTIALITY

Information on patient's health condition and private life is confidential. You should not disclose it neither in patient's life nor after his/her death.

Disclosure of confidential information to representatives of mass media is strictly prohibited.

Confidential information can be disclosed only if:

- ◇ A patient agrees to share information on his/her health or private life to other person(s);
- ◇ Non-disclosure of information threatens the health and/or life of a third person (whose identity is known to you);
- ◇ The information is shared with other medical personnel involved in patient's medical care;
- ◇ You have grounded doubt on a disease that is mandatory to be registered;
- ◇ A court or prosecution bodies provide written order and request provision of such information;
- ◇ It is stipulated by the respective legislation.

As it was indicated previously, you are authorized to share patient's confidential information with a colleague only if he/she is involved in the provision of medical care to this patient; e.g.: if you refer a patient to a colleague or a colleague has already been involved in the provision of medical care to him/her; moreover, you are allowed to share it with a colleague in any other circumstances when you consider his/her consultations necessary for managing medical problems of a specific patient.

At the same time, in such circumstances, you shall make sure that you are not overheard by other people (e.g. you are not in the presence of others) while talking to your colleague personally or on the phone. In addition, you have a duty to take care of medical records, as well as the information received by fax or email, records of consultations and ensure their protection so that they should not be easily accessible to strangers.

Do not share the details of a patient's private life with anyone, even after his/her death.

2.1.6 RIGHT TO PRIVACY

It is important for a patient to be in an isolated and secured

environment within the medical facility and away from strangers' eyes while receiving medical care.

You should respect for such wish of a patient; therefore, you should not provide medical consultations or a medical procedures in the presence of other people unless the patient requests the attendance of a close person or family member or if you consider it necessary to invite and/or involve other medical personnel, students or resident physicians. In such case you have a duty to inform a patient about the invited individual, explain the purpose of his/her presence and seek to obtain his/her consent.

Sometimes, the environment at the medical facility (such as multi-bed hospital ward, intensive care unit) prevents a physician for talking directly to a patient or conducting his/her examinations in a separated area. In such cases you should try your best to ensure the creation of comfortable environment for a patient (e.g. use of separating screens); at that time you should talk to a patient in a low voice so that your conversation should be heard only by him/her.

2.1.7 PATIENT'S PARTICIPATION INTO STUDENTS, RESIDENT PHYSICIANS AND DOCTORS TRAINING AND EDUCATION

Patient's participation in students, resident physicians and doctors trainings and education is a necessary part of medical practice.

Explain a patient why it is necessary to invite students, resident physicians and/or other doctors to attend the physical examination of a patient or provision of a medical procedure (including surgery) or consultations rendered by other. Patient's consent for such cases is mandatory.

Try to create as less discomfort as possible while inviting the above listed persons. After the termination of the procedure thank the patient for his/her good will.

In case a patient is disabled or partially disabled or does not have ability for making informed decision, you should seek written consent from patient's relative or close person.

While teaching (such as classes, workshops, case studies, etc.) you should present documents demonstrating patient's health in a way that does not reveal his/her identity.

2.1.8 HOLISTIC APPROACH: BIOPSYCHOSOCIAL MODEL OF PATIENT RELATIONSHIP

While solving a patient's health-related (i.e. biomedical) problems, you should take into consideration the psychological characteristics of a patient as well as the peculiarities of the social environment where patient lives (such as family, work, etc.).

The above noted factor represents a prerequisite for proper compliance with your recommendation and therefore, it is important for effective medical care and patient's satisfaction. Try to get the answers to the following questions:

- ◇ What is patient's attitude towards his/her disease? What does a patient think about his/her health and disease? Is he/she overstressed, anxious or ignorant to his/her problems?

- ◇ How does a patient care about his/her own health? What are his/her expectations from doctor and healthcare system in general?
- ◇ Are your recommendations compatible with:
 - * Patient's behavioral characteristics (organized, disciplined, habits, traditions, etc.);
 - * Micro social environment of the patient (family members, their attitude to a patient, living condition, people living with him/her, who should assist the patient in following doctor's prescriptions and consultations?).
- ◇ Are the preventive, diagnostic, treatment or rehabilitation measures recommended by you available for the patient (from the financial, territorial and technical point of view)?
- ◇ By taking into consideration the answers to the above questions, it would be easier for you to develop recommendations that are acceptable and practical for the patient and ensure his/her involvement into decision making and implementation processes.

2.1.9 DOCTOR AS A COMMUNICATION EXPERT

Patient-oriented and effective communication refers to sincere sympathy and support to the patient, open, cordial and polite relationship seeking for his/her favor.

While greeting to a patient or departing from him/her a doctor shall behave as it is usually accepted in the given society. This includes stand up while greeting and leaving the patient.

Give a patient time and opportunity to speak; let him/her fully express his/her thoughts, emotions, anxiety or expectations; Do not ignore patient's emotions.

Talk to a patient clearly and in a way that is understandable for him/her; check how well the patient understands your conversations.

Try to stimulate a patient to change his/her current lifestyle, accurately follow the treatment plan and take care of his/her own health.

Throughout the consultation process, you should not make entries into medical records. Try to make an eye contact (look the patient at his/her face); if required use other method of non-verbal communications (relevant posture, distance between a doctor and a patient, etc). Remember that very often body language has stronger influence over the patient than a word.

2.1.10 DOCTOR AS PATIENT'S TEACHER

Patient's education on his/her health-related issues (such as: disease prevention, treatment, rehabilitation) represents an important part of provided medical assistance. Patient's awareness facilitates to establishment of so called "therapeutic alliance" (or cooperation) between you and a patient. It is a necessary precondition to make a patient involved into disease management instead of making him/her to blindly and indisputably follow doctor's instructions; the above noted serves as a foundation for effective medical care.

Always explain to a patient his/her role in health maintenance and improvement; tell the patient what he/she has to do in order to follow your recommendations. The above mentioned factors are important for the motivation of a patient.

Try to make your recommendations specific, clear and realistic for a patient.

Moreover, while informing a patient on healthy lifestyle, you should take into consideration those rare cases when a patient might consider your consultations as a violation of his/her private life. Sometimes the provision of above information can scare a patient and make him/her believe that he/she is going to develop a certain disease as a result of some ill habits; therefore, the information might become the reason for patient's mental disorder (Iatrogenic Disorder). At that time a healthy person starts to look for the signs of a disease. In such cases, you shall try to persuade a patient that you hide nothing from him/her and that your goal is only to promote healthy lifestyle and protect his/her health.

The same circumstances should be taken into consideration while recommending a patient for cancer screening.

2.1.11 DOCTOR AND DIFFICULT PATIENT

Difficulty might be originated from patient's mental disorder, personality or behavior. However, complicated relationship with a patient might be also caused by doctor's inexperience, lack of communication skills or ability to deal with inadequate reactions; also, doctor's overload with work, fatigue and other personal factors as well as shortcomings in healthcare system play major role. System-related shortcomings includes overloading a doctor with work, changes into healthcare financing and insufficient number of visits determined by insurance package or any other reasons. It negatively affects doctor's good image.

Carefully examine a difficult patient on psychopathic diseases. Call for your colleagues' assistance. Specific communication method and patient's involvement into the process improves the communication.

When dealing with a difficult patient, you should:

- ◇ Ask your colleague for help and discuss the situation jointly; if required, ask for psychotherapist's help;
- ◇ Give such patient more time for the visit than usual;
- ◇ Make a relevant entry into medical documentation describing the components of complication; you should describe your efforts taken to overcome the difficulties and indicate their positive or negative outcomes.

2.1.12 CONTINUITY OF SERVICE, INVOLVEMENT OF OTHER PERSONNEL INTO PATIENT'S MEDICAL CARE

Continuity of medical care refers to sustainable provision of necessary preventive, diagnostic, treatment or rehabilitation measures by one or several medical professionals of the same medical facility or by a group of various professionals employed by different organizations.

Try your best to eliminate possible reasons (such as financial, administrative, personal, etc.) causing the unexpected termination of medical care.

If you consider it necessary to involve other medical personnel into the patient's care for ensuring continuous medical service, you should:

- a) Explain the patient the need of such action;
- b) Give a patient clear information in a way that is understandable for him/her on necessary medical services including the types of examinations, consultations, treatment, preventive and rehabilitation measures, as well as the recommended periods and dates of their application. Ask the patient's close people for help (however, you need patient's prior consent for this), if you think it would help the patient to clearly understand and assess the above mentioned information;
- c) You should maintain clear medical records (medical card, consultation form, conclusions, statements, extracts, etc.) in an organized and systematic manner so that they would be easily traceable in case you need to share them with the colleagues;
- d) Try to contact a colleague (in case he/she is employed by another organization) who is involved or shall be involved into the provision of medical care to your patient. By all means you should explain in writing the purpose of referring a patient to him/her and the essence of his/her health problem;
- e) When you accept a patient referred to you by another physician with a referral documents specifying the purpose of your consultation, you should provide the clear information in accordance with the stated purpose of referral into the consultation card. You should also include other data, which you consider important for patient's health;
- f) If colleagues opinions differ from each other while making clinical decisions, you should follow the guidelines specified under section **2.8.4. Diversity in the Opinions of Colleagues.**
- g) If you are unable to provide medical care to a patient and/or ensure its continuity, you shall inform a patient about it and explain to whom and how he/she can address. At the same time, you should ensure that your colleague (the one who would possibly provide medical care to the patient) has access to patient's medical records;
- h) It is prohibited to request or receive any payment or benefits from a doctor or a person performing a doctor's duties or from any other medical personnel, whom you intend to involve into the patient's medical care;

2.1.12.1 Methods of Involvement of other Medical Personnel into Patient's Medical Care

Methods of involvement of other medical personnel into patient's medical care are as follows:

- ◇ Delegation;
- ◇ Referral;
- ◇ Hand over.

Delegation refers to:

a) An appeal to a colleague to provide a patient with medical service that is defined by you and agreed with you. Liability for the adequacy of such delegation, quality of the medical service and outcome shall be incurred by you. However, the provider of the rendered service (such as manipulation or any other action) shall also bear responsibility for its quality and outcomes;

b) An appeal to a person performing a physician's duties (such as: student or resident physician) to provide the patient with the medical service defined and agreed by you. You should bear responsibility for the adequacy of such delegation, quality of the service and outcomes.

Referral means directing a patient to another physician and/or medical facility for specific purposes (it happens when you do not possess relevant recourses or the management of patient's disease is beyond your professional competences, etc.) by partially or fully sharing responsibilities on the management of patient's health-related problems.

Transfer refers to fully transferring responsibility on the management of patient's health-related problems to other professional.

In all above defined circumstances, you shall:

- ◇ Provide a colleague or medical facility with full information concerning the patient's health state and medical services rendered to him/her;
- ◇ Make sure that the required medical service is provided within the due time;
- ◇ You must have grounded assumptions that the safety and quality of the medical service will be observed.

2.1.13 DOCTOR'S REFUSAL TO PROVIDE MEDICAL CARE; TERMINATION OF MEDICAL CARE

If possible, you should notify a patient (or his/her legal representative or relative) about the refusal to provide medical care or termination of already launched services. You should also specify the reasons of such refusal or termination.

2.1.13.1 Doctor's Refusal to Medical Service Due to the Absence of His/her Professional Competence or Availability of Sufficient Resources

Prior to providing a medical care to a patient, you should critically evaluate your professional competence and available resources and refuse to provide the service, in the event that:

- ◇ The required medical service is beyond your expertise; or it may fall under your expertise, but you do not have relevant knowledge and skills;
- ◇ You do not have the environment and/or resources required for ensuring the relevant care and quality.

The aforementioned does not cover emergency medical assistance to a patient (see section **2.3. Emergency Medical Service**).

When declining from the provision of medical care with the reason that you lack professional competences or do not have required conditions and resources, you shall advise the patient where and how he/she can get the required medical service. In addition to this, you shall make patient's health related information available for other medical personnel who will be assisting the patient in a future. Follow the recommendations that are specified under section 2.1.12. **Continuity of Service, Involvement of Other Personnel into Patient's Medical Care.**

2.1.13.2 Doctor's Refusal to Medical Treatment When it Contradicts With Medical Criteria or Ethics

You should refuse to carry out medical intervention, if:

- ◇ It is prohibited by law;
- ◇ It contradicts with medical criteria and/or ethical provisions (in spite of the author of such request).

2.1.13.3 Refusal Due to Doctor's Moral Philosophy

You are entitled to refuse to medical intervention, which is allowed by the legislation, but contradicts with your moral values.

The aforementioned does not include provision of emergency assistance to a patient (see section 2.3. **Emergency Medical Service**).

If you decline to carry out certain medical intervention because it contradicts with your moral philosophy, you should notify in advance to the manager of your medical facility and if necessary, insurance company and/or local healthcare management agency as well as your patients.

2.1.13.4 Refusal Due to Doctor's Safety Concerns

You are entitled to refuse provision of medical service to a patient or terminate it, if the latter poses real threat to your life (e.g.: fire, electric trauma, blast, etc.)

Herewith, you should try your best to ensure the conditions required for the provision of medical service to a patient; for this purpose you should immediately contact to relevant services (e.g.: fire and rescue service, police, etc). As soon as you have opportunity you should renew medical care of the patient.

2.1.13.5 Termination of Professional Relationship Due to a Patient's Bad Behavior

Sometimes patient's behavior (offensive attitude, violence, theft or inadequate action) makes it impossible to continue professional relationship and provision of medical service to such patient.

Before you make a decision to terminate professional relationship with a patient, you should try to restore regular communication with him/her. Ask colleague or the chief for the advices. Also follow the recommendations specified under section 2.1.11. **Doctor and Difficult Patient.**

You should justify your decision on the termination of professional relationship with a patient; notify the patient about it, preferably in writing and indicate reasons for the termination of the relationship.

Inform the patient where he/she can continue medical service and ensure the access to the patient's health related information (first of all, medical records) for those medical professional who will continue patient's treatment. Follow the recommendations specified under section 2.1.12. **Continuity of Service, Involvement of Other Personnel into Patient's Medical Care.**

2.2. DOCTOR AND VULNERABLE AND UNPROTECTED PART OF SOCIETY

Unprotected and vulnerable part of society refers to those persons, whose rights are easily violated and therefore, are in need of additional warranties for the protection of their rights.

2.2.1 MINORS

In case a patient is minor, decision shall be made by the parent or trustee/legal representative. Accordingly, in order to obtain their consents, you need to act in the same manner as in obtaining consent from the patient (see section 2.1.4. **Informed Consent; Respect for Patient's Decision**). At the same time, you should try to make a minor (considering his/her age and mental readiness) to participate into decision making and consider his/her thought on medical intervention.

Judging from the above said, the relationship with minors puts additional requirements for a doctor. This is due to the fact, that sometimes it is difficult to maintain good balance among the following three components:

- ◇ Minor's interests and expectations, his/her feelings and emotions;
- ◇ Interests and expectations as well as the feelings and emotions of minor's parents of legal representative;
- ◇ Requirements defined by the doctor and relevant decisions on the provision of medical intervention.

You should bear in mind, that very often what adults consider fair action (i.e. medical intervention), grounded on relevant decision, it might simply be an act of violence for a child if he/she is not properly prepared for it.

In order to overcome the above obstacles, you should create less stressful and worry-free environment for the minor. Show you respect to him/her, listen carefully and with kindness and motivate him/her to ask questions; try to provide detailed answers and make him/her understand that you really care for his/her opinions. You should take into consideration the minor's thoughts while making a decision and persuade him/her that you are following to his/her thoughts, wishes and expectations.

When a patient is a teenager, you should try to spend certain time with him/her separately, without the presence of the parents. It is possible that the teenager may trust you and share his/her private information. At the same time, while making a decision on the basis of the above information, you should also take into consideration the parent's views. If the parent's/legal representative's decision poses threat to the life and/or health of the minor you have a duty to investigate the reasons of his/her refusal of

medical service to a minor (reasons might be: lack of money, religious restrictions, etc.). You should thoroughly explain the parent/legal representative expected outcome of the refusal. Moreover, explain him/her that despite parent's/legal representative's decision, you are authorized by the law to provide help to a child if it is necessary for saving his/her life.

In such a case, if the minor requires emergency assistance you should act in compliance with minor's interest.

If the parents/legal representative oppose your decision you should apply to law enforcement bodies (police) for saving the life of a minor.

If the patient does not require emergency medical care and you have enough time, you should apply to your colleges, ethic committee of your medical facility, administration, human rights organizations, courts and social services. Execution of the court's order is mandatory for both child's parents/legal representative and doctor.

2.2.2 CONVICTED AND SENTENCED PERSONS

The sole purpose of your professional relationship (direct or indirect) with convicted and sentenced persons should be the evaluation, protection and improvement of their health.

While providing a medical service to such individuals you should try to ensure, within the scope of the legislation, the protection of their physical and mental health, respect for their dignity and autonomy by the same quality and rules that are applied to individuals who are not convicted or sentenced.

Never use your knowledge and skills for such action, that might have negative outcomes on health of sentenced or convicted person and create any kind of discomfort for him/her. Also, while making a decision you should consider the safety of other individuals may it be convicted or sentenced persons or service personnel.

2.2.2.1 Convicted or Sentenced Person Who is on Hunger Strike

Convicted and Sentenced individuals are entitled to announce hunger strike.

In this case you should explain the individual in details the expected results of starvation; make sure that he/she is capable to make informed decisions and assess the outcomes of starvation adequately.

Do not make conclusions on the above mentioned independently. You should ask for a colleague's opinion. If you are assured that a patient adequately evaluates expected outcomes of hunger strike you should provide medical care to him/her only after obtaining his/her consent. Do not try to forcedly feed him/her with artificial food; you should explain such patient that in case of the arrival of unconsciousness, despite his/her declared will, you have the right to apply all the means, including artificial nutrition for saving his/her health and/or life. In making a decision for such cases you should be guided only by medical criteria.

2.2.3 PREGNANT, LABORING OR BREASTFEEDING WOMEN

While making a decision on the medical intervention to a pregnant woman you should consider how the intended intervention should affect the fetus.

Accordingly, prior to making a decision on medical service of a pregnant woman you have a duty to provide her, in a way that is understandable for her, full, objective and timely information on possible direct or indirect side effects of the intended care to the fetus. Decision shall be made by a pregnant woman herself.

Ask a woman in labor if she is willing to have a spouse or any other individual next to her during childbirth. If she expresses such wish, let her of this opportunity.

Medical care to a laboring woman shall be provided in accordance with the recommendations specified in section **2.1.4. Informed Consent; Respect for Patient's Decision.** A mother shall make a decision on providing medical service required for maintaining health of a fetus.

If a patient requires such medical care that can guarantee the live birth of a fetus and at the time, contains minimal risk for the health and life of the laboring mother, however, she rejects such service, you shall explain her the possible outcomes of declining from this service; you have to underline that in such cases you are authorized by law to provide the service.

Try to keep newborn next to her mother and if mother's and newborn's health state allows, her feed the infant in a way she considers it necessary.

You should explain a mother in details what are the benefits of breastfeeding for a child and for her. Try to assure her in the advantages of breastfeeding, except those rare cases when breastfeeding is not possible or has negative effect on a mother or a newborn.

2.2.4 DOCTOR AND MENTALLY SICK PATIENTS WITH LIMITED DECISION-MAKING CAPACITY

If mental health deprives a patient from making an informed decision, you should seek the consent for medical service from legal representative of a patient, or in the absence of such person, from his/her relative.

Prior to obtaining consent, you have a duty to share with patient's legal representative or close person information, specified under section **2.1.3. Sharing of Information.**

You should remember that you have to inform such patients about their health and required medical care by taking into consideration their understanding skills.

2.2.5 PATIENT AT END OF LIFE; PALLIATIVE CARE

A patient in a terminal stage of incurable disease requires special care and attention, which includes effective management of patient's symptoms, moral support of a patient and his/her family members.

A patient should be informed on his/her disease except the rare exceptions (see sub-section **2.1.3. Sharing of Information**). Moreover, when sharing information on a lethal disease with a patient you should consider his/her personality and knowledge on his/her disease (what does he/she

know about the disease), as well as his/her readiness to receive or reject the wholesome information; if required and with the patient's consent, you shall involve the family members into this conversation. After sharing the information, tell the patient or make him/her understand that medical service will continue and that you would do your best to help him/her.

There are experience-based recommendations for sharing so called 'bad news' (including diagnosis of a lethal disease) with a patient. Read them and use in relevant circumstances.

Management of patient's symptoms (including the pain) at the terminal stage of incurable disease, as well as his/her care and moral support requires relevant training, experience and skills. If you are missing such experience or skills, you should involve specialists with relevant experience into patient's care (team of palliative care professionals).

Try to involve family members into the care of a patient in terminal stage. According to patient's will, you should support the presence of patient family members next to him/her. Try to help them overcome the psychological barriers preventing them from attending and caring for a dying relative.

In case if a terminally ill patient, declines the medical service that is unable to treat him/her, but will prolong his/her life for a certain period of time, you should find out what a patient really wants. Offer him/her to talk to you in the presence of family members and provide relevant explanations. You should check how the patient's symptoms (pain, vomiting, constipation, hiccough, etc.) are managed; sometimes the reason for patient's refusal to medical treatment may be inadequate management of his/her symptoms.

If a patient has the ability to make decision and his/her symptoms are managed adequately, but he/she still declines the medical care even after the provision of relevant explanations, you should not try to do any medical intervention (including life-prolong treatment) to a patient against his/her will. Herewith, you should explain to the patient's family members that you are not authorized to carry out medical intervention against the will of a patient with sound mental health and decision-making capacity.

2.2.6 EUTHANASIA; PHYSICIAN ASSISTED SUICIDE

You should never participate into euthanasia, which refers to the practice of ending the life of a patient upon his request by means of certain interventions.

You shall never assist a patient in committing a suicide (e.g.: do not give him/her a medicine and teach how to apply it for suicide purposes).

The above action is unethical and prohibited by law; therefore, it shall be prosecuted by the criminal legislation.

2.3. EMERGENCY MEDICAL CARE

Outside your work, when a patient requires emergency assistance you should try as much as possible to provide him/her medical care if there is no doctor with relevant exper-

tise present or such doctor is not willing to provide his service. The law makes a physician responsible to provide medical care outside his/her work in every circumstances when a patient requires medical care.

You shall brief another physician who will continue provision of a medical care to a patient about the medical care provided by you (i.e. emergency group physician and/or hospital emergency personnel).

It is prohibited to request any fee for providing emergency medical assistance outside your work.

If the provision of emergency medical care threatens your life you should follow the recommendations specified under section **2.1.13.4. Refusal Due to Doctor's Safety Concerns**.

2.4. TRANSPLANTATION OF ORGANS AND TISSUES

You shall always bear in mind that a donor's decision (such as consent or refusal) to provide organs shall be independent and voluntary. It means that while making a decision, a donor shall be exempt from any types pressure. If a person expresses his/her consent to give his/her body organ for transplanting for the exchange of certain benefits (such as money or financial motivations inspired by the poverty of such person) or for any other reasons (such as psychological pressure, job-related interests, promises to lessen a sentence of a convicted person), such decision shall not be considered independent and the consent - voluntary. Therefore, voluntary consent is a synonym to independent consent. Any consent obtained through the pressure shall be considered illegal.

While participating in the transplantation of human organs, if you suspect that donor's decision on providing an organ is not based on his/her free will, you should not participate in such action.

Trade by organs shall be punishable by law.

2.5. BRAIN DEATH

Brain death criteria and diagnosis procedures are defined by the legislation. You should strictly observe the provided legal provisions. Any deviation from them may result in the gravest outcomes for a patient as well as for a doctor.

2.6. DOCTOR'S ACTIONS IN CASE OF SCARCE RESOURCES

In the event of scarce resources, you shall:

a) Provide the patient with detailed information including the following:

- ◇ Type of the service patient requires and the reason for not providing the best care;
- ◇ Type of care your facility or other facilities known to you can offer to its patients;
- ◇ Inform the patient about possibilities of obtaining funding for required medical care from governmental, private and non-governmental agencies;
- ◇ Inform the patient on the ways of obtaining additional information on the above issues;

b) You shall ensure the best use of the information and resources available to you for the well-being of a patient;

c) Follow the recommendations specified under the section **2.9.2. Ensure the Availability of the Service.**

2.7. DOCTOR AND PATIENT'S FAMILY MEMBERS AND CLOSE PERSONS

You should establish a good relationship with a patient's family members and close persons. You have to be kind to them, show your support and sympathy.

In case a mentally capable patient permits you, you can find some time to discuss patient's disease, treatment and prognosis with patient's family members and close people. You should underline their role and importance in patient's care and treatment; try to involve them as much as possible and make them participate in patient's care in order to ensure moral and psychological support to the patient. Make sure that family members and close people understand that except the patient you also need their assistance and support. Try to seek their positive attitude.

If you provide the above information to a patient's family member or a close people with a consent of mentally sound patient, you shall make detailed entry about it into the medical records. You should do the same in the event the patient is disabled to such consent.

You should understand what are patient's family members expecting from you; try to make their expectations realistic and include all difficulties and unexpected circumstances that are accompanying to medical care. Be open and never hide the truth from them in spite of the bad news (of course, you need to have a consent for this from a mentally capable and informed patient, who is able to make such decision). Bear in mind that their positive attitude to you might last as long as the medical care is effective, or unless the patient's condition worsens. Family members and relatives of a patient may dramatically change their positive attitude if their expectations are not met or due to some objective circumstances (such as: difficult or incurable disease, late treatment, etc.), or if medical service turns out to be ineffective, or patient's conditions worsen or he/she dies. They might even become aggressive towards you notwithstanding the reasons that led to such results (it can be doctor's mistake or other objective factors).

2.7.1 PATIENT'S FAMILY MEMBERS IN MEDICAL FACILITY

Very often when a patient undergoes medical care at a medical facility (hospital, in-patient clinic) he/she desires to be attended by his/her family member (or members) or other people who are close to him/her. Sometimes, a patient is not capable to express his/her wish (such as infants, mentally diseased persons or unconscious patients). In such cases a patient's family members or close people express their wish to be next to him/her.

There are some evidences that state the following:

- a) Closeness to family members help a patient to feel more comfortable;
- b) Attendance of close people makes family members less doubtful in the quality of rendered medical service; family members are less concerned and worried about their close

person's health state; in addition, a patient's family members are happy to be present and to help the patient; in case of the death of the patient, family members' stress and anxiety is considerably relieved;

g) Presence of family members does not hinder the medical service or aggravate the outcomes of the care. It has no negative affects over the mental state of family members.

You shall try to support the presence of family members to a patient with the exception of those rare cases when the presence of family members may hinder the adequate medical assistance, or create a discomfort for other patients.

You shall cooperate with other personnel of the facility and representatives of administration with the purposes to laying down the clear rules about the presence of patient family members in the medical facility. You should provide patient family members and relatives with the information on such rules.

2.7.2 RELATIONSHIPS WITH FAMILY MEMBERS IN CASE OF PATIENT'S DEATH

After the death of a patient you should be attentive to his/her relatives. Family members, who witnessed the death of a patient, are often required to be provided with psychological assistance. Express sympathy for them, explain the cause of death to the utmost details, make them understand that you are really very sorry. You should remember that after the shock caused by the death of a close relative, sometimes there is a search for "guilty person." Family members often blame themselves and/or healthcare professionals or the entire system even if it was quite impossible to prevent the lethal outcome. You should explain to them that nobody is "guilty" and that it was impossible to avoid the death.

There are the experience-based recommendations on the relationships with family members and relatives of the deceased patient. You should get familiar with them and use them as required.

2.8. DOCTOR AND COLLEAGUES

Establishment of the atmosphere of mutual respect between the colleagues increases the prestige of doctor's activities to a greater extent.

2.8.1 COLLEAGUE'S PATIENT

If you are applied by a patient supervised by some other doctor in the past for the same problem, you should do your best for the aforementioned doctor to be informed on the fact by the patient himself/herself or his/her relatives. In case you deem it necessary to change the previous decision made the other doctor regarding diagnosis, treatment, or medical intervention, try to provide the patient with this information in such a form, that he has no feeling of distrust towards the doctor supervising him/her in the past. If the change you intend to make regarding the diagnosis or treatment is very essential, try to contact the above mentioned doctor based on the patient's consent and tell him about your decision and discuss both, old and new decisions. All this is necessary in case the doctors are

employed in one and the same facility, but it would be desirable if they were employed by different organizations.

You should never refuse to render a medical assistance to a patient because he/she was treated by some other doctor in the past.

You should never try to “win over” your colleague’s patient. Boasting is as unacceptable as defaming of another doctor.

If a colleague, employed in your facility is unable to render a medical assistance to a patient due to some reasons, you should try to do your best to protect the patient’s interests; you shall act as an alternative to your colleague, or inform other colleagues to ensure the continuous medical care necessary for the patient.

2.8.2 COUNCIL OF DOCTORS

Don’t make the patient, his/her relative or legal representative attend the council of doctors. You shall obtain the patient’s consent in advance regarding the person to whom the information on the council’s decision has to be provided. It may be the patient himself/herself, his/her relative or legal representative. Choose one of the colleagues attending the council of doctors for disclosing the information about the decision.

If there is a variety of opposing opinions on the council of doctors, try to reach a consensus or identify what is to be done for the formation of the collective opinion.

After the end of the council of doctors, you should provide a patient (or his/her close person or legal representative) with fair information on diversity of opinions, explain the objective reasons for the unavailability of mutual opinion in detail; you should clarify the ways determined for arriving to the final decision. If there are several possible ways of controlling a situation, you should give information to the patient (or his/her relative or legal representative) about the alternatives in the form of a collective opinion of the council participants. Inform him/her about the council participants’ collective recommendation on these alternatives. In this case the final decision is made by the patient (or his/her relative or legal representative). You should avoid telling the names of the authors of the particular opinion, unless it is categorically demanded by the patient or the author of this opinion.

Make a complete entry of opposing as well as agreed opinions of council participants in the minutes of the council of doctors.

2.8.3 INVITATION OF A COLLEAGUE

You should realize the scope of your capabilities/competencies within your specialty. Never be ashamed of acknowledging the fact that you have insufficient knowledge and/or skills in some spheres of the specialty. In such a case you should invite your colleague, who will render a better assistance to the patient; herewith try to accomplish the lack of your professionalism through participation in the system of continuous professional development.

2.8.4 DIVERSITY IN THE OPINIONS OF COLLEAGUES

When the opinions of the doctors involved in rendering a medical assistance to the patient differ you should:

- a) Listen to arguments of all parties and for the beginning prove your opinion without participation of a patient;
- b) Try to reach consensus prior to giving the information to the patient about the final decision;
- c) Upon making a decision the health interests of a patient are superior.
- d) In case of failing to reach a consensus provide the patient with complete information on existing alternative opinions.
- e) Decision is made by the patient, but in case of patient’s disability or absence of a conscious decision, it is made by his/her legal representative, or family member.

2.8.5 ASSESSMENT OF COLLEAGUE’S ACTIVITIES

You should be honest and objective in oral or written assessments of your colleague’s activities. While assessing other physician’s activities and especially his/her mistakes, your views should be backed only by facts and categorically not by the hypotheses or assumptions.

You should always take into consideration the environment in which the doctor has been acting, take into account the objective factors possibly causing the physician’s mistake.

Discussions on colleague’s incompetence or mistake are allowed only within the circle of professionals. The aim of discussions should be the stimulation of improvement of colleague’s professional level as well as the quality of his medical assistance. Discrediting the colleague’s activities in any other circumstances sours the atmosphere of a mutual respect among the colleagues and negatively affects the prestige of doctor’s activities in the society.

2.8.6 CONCERN FOR COLLEAGUE’S PROFESSIONAL COMPETENCE

If you notice the lack of knowledge and professional skills of your colleague, you should tell him/her about it confidentially and fairly and help to improve as much as you can.

2.8.7 CONCERN FOR COLLEAGUE’S HEALTH

If a colleague applies to you due to his/her state of health, you should try to do your best for resolving the financial and organizational problems related to the required assistance.

2.9. DOCTOR AND SOCIETY

2.9.1 SUPPORT TO IMPLEMENTATION OF HEALTHY LIFE-STYLE IN THE SOCIETY

You should try your best for the implementation of healthy life-style among your patients and in the population in general, for taking preventive measures, raising the education level of the population in the sphere of healthcare related issues.

At the same time you have to set an example of a healthy life-style by yourself. It especially concerns smoking, alcohol abuse, etc.

2.9.2 ENSURE THE AVAILABILITY OF SERVICE

You should take as much care as you are able to ensure that:

- ◇ Payer (state, insurance company) adequately covers medical service expenses;
- ◇ The list of services offered to the patient by the payer (state, insurance company) is as complete as possible.

2.9.3 STRENGTHENING THE TRUST IN THE PROFESSION OF A DOCTOR

In the medical profession prerequisite for trust is the compliance of doctor's activities with professional and ethical standards recognized in the country. It implies:

- ◇ Recognition of supremacy of patient's interests;
- ◇ Objective assessment of colleague's as well as your own abilities;
- ◇ Continuous perfection of knowledge and skills;
- ◇ The best quality assurance of services rendered in cooperation with other colleagues.

You should try to support the establishment of realistic attitude of population towards the capabilities of medicine. Do not contribute to the implementation of unrealized expectations in the society. It involves technological (diagnostic, medical, etc.) innovations as well as the capabilities of the entire healthcare system. Definition and proper grounding of system priorities in cooperation with the society, promotes the trust in the doctor's profession.

2.10. DOCTOR AND MASS MEDIA

Cooperation with mass media enables the doctor to draw the society's attention to population's health issues and the most essential aspects of the healthcare promotion, including:

- ◇ Healthy life style and disease prevention;
- ◇ Role of a patient in management of various health-related problems;
- ◇ Problem of availability of medical services.

You should try to cooperate with mass media on the above mentioned issues.

Do not use mass media for displaying your privilege through comparing it with the activities of other physicians or medical facilities.

While providing the information to mass media avoid indicating the personality of a specific patient, do not disclose the patient's confidential information unless you are given the consent of a patient and/or his/her legal representative (section **2.1.5 Information Confidentiality**).

You should not permit to film a video or take a photo of a patient unless you are given the consent of a patient and/or his/her legal representative.

2.11. SELF CARE OF A DOCTOR; TREATMENT OF IMMEDIATE FAMILY MEMBERS BY DOCTOR

You should not undertake a self-treatment, treatment of your immediate family members and close people. Remember that in such cases there is a strong probability that your decision is not objective and the quality of your assistance is not adequate.

Exception to this rule is allowed only in case of urgent medical care and/or unavailability of other physician.

2.12. DOCTOR AND INDUSTRY

In the present document the term "industry" implies a business (commercial, profit oriented) legal entity, whose goods/products are used in healthcare field, such as:

- ◇ Pharmaceutical industry;
- ◇ Biotechnological industry;
- ◇ Infants artificial food producing industry;
- ◇ Parenteral food producing industry;
- ◇ Medical tools producing industry.

Cooperation between the healthcare field and industry is beneficial for patient, for doctor and for the society as a whole. But sometimes industry goals not always coincide with the priorities of the healthcare system and the methods of "charming the doctors" do not coincide with the principles of medical ethic.

While dealing with industry you should attentively define what the industry representative is asking from you in exchange for the rendered service (sponsorship). Only after that you should take the decision on using the aid.

It is desirable to choose a special person from your medical facility for relationship with industry. This person will be responsible for the adequacy of these relations. This function can be assumed by the Ethic Committee, which will elaborate relevant recommendations. The above-mentioned recommendations and the basis for their elaboration should be known to the medical facility personnel.

In case of a private/individual practice following recommendations should be taken into consideration while dealing with industry:

- ◇ Do not accept reimbursement or present from the industry representative under the condition that you will facilitate the distribution of their production, be it in the form of a product (medicine, medical facility, artificial food, etc), or sponsorship (any of its form);
- ◇ Doctors are not allowed to participate in the distribution of industry's products (medicine, medical facility, artificial food, etc), flyers or ads;
- ◇ While selecting a medicine, or making a prescription for patient, doctor should be guided solely by the interests of the patient; you should never write a prescription on the form bearing the emblem of the pharmaceutical company;
- ◇ You should attentively consider the offer of the industry to sponsor your attendance at scientific conferences, various meetings, or your participation in educational events (travel and accommodation expenses, reimbursement of participation fees etc);
- ◇ Compensation accepted for services rendered to the industry should be very transparent; you should inform the employer about it and if necessary inform the patient too;
- ◇ If you are in associated with a pharmaceutical company and are participating in the preparation of the National

Recommendations for the Clinical Practice (Guidelines), you should inform about it to your colleagues involved in the elaboration of the mentioned recommendation.

2.13. DOCTOR AND INSURANCE SYSTEM

You should well ascertain the existing healthcare system and insurance conditions. Provide the patient with wholesome information about the services he can receive due to the insurance policy and what exceptions are allowed according to the insurance contract.

You should always try to make a rational use of the sums extended by the insurance companies for the medical service. At the same time try not to allow the insurance system to act in harm of professional or ethic standards existing in medicine and against the health interests of a patient.

2.14. GIFT TO A DOCTOR

Unselfishness and fair treatment is a key factor for a good attitude of the patient towards the doctor. You should never act according to the principle of making a profit out of your professional activities.

Giving presents to a doctor is a tradition which is always associated with medicine. In some cases a present is an expression of a sincere gratitude (to pay kindness for kindness) and in other cases it's a charity. Sometimes it is conditioned by the desire to have an influence on the doctor (gaining certain privileges). Sometimes it can be difficult for a doctor to define the motivation of a patient while giving a present, is it altruism and sincere gratitude, or some pragmatic considerations. All this can be revealed during the further stages of doctor-patient relationship.

The main thing is that the present mustn't have the influence on your disposition towards the patient as well as on the quality of the rendered medical service. You shall bear in mind, it is not acceptable to take a present in case it is aimed at receiving a certain priority during rendering a medical service.

2.15. SELF-ADVERTISEMENT OF A DOCTOR

Do not try to speak about your priorities in expense to the decay of the activities of your colleagues or other medical establishments.

At the same time you can provide the society with clear information about the medical aid offered by you in diversified forms. It may include the detailed list of services, used methods, various materials reflecting your qualifications (State Certificates in some specialty or subspecialty, facts proving the experience).

2.16. DOCTOR-EMPLOYER RELATIONSHIP; LABOR AGREEMENT

You should attentively read labor agreement to be signed with the employer. Agreement should reflect the obligations of parties including the description of the work to be fulfilled by the employee, the terms of Agreement showing the exact dates of the beginning and the expiration of the Agreement. You should pay attention that a relevant reimbursement and the necessity of adequate work environment

are reflected into it. Agreement may also include some additional conditions, different from those defined by the legislation. But additional conditions shouldn't limit, or worsen the requirements set forth by the legislation. Namely, if the terms and conditions of the work Agreement are worsening the condition of the employee as compared to those given in the norms of the Labor Code, such norms are considered to be void.

Employer is obliged to fulfill the obligations set by the legislation as well as the conditions which have been additionally included in the Agreement. At the same time Employer has a right to establish additional social and labor benefits apart from those defined by the legislation.

2.17. QUALITY OF THE MEDICAL SERVICE AND PATIENT'S SECURITY

Quality of the medical service and patient's security are the top priorities for the doctor. You should make permanent efforts to improve your knowledge and skills in order to promote the security. At the same time you shall bear in mind that quality of the medical service and security doesn't solely depend on your knowledge, experience and skills. There are numerous factors defining the outcomes of the medical service and satisfaction of a patient, in particular: professional skills of other medical personnel, adequacy of the reimbursement, work environment, medical facility routines, equipment, established standards of medical service, existence of a formal system of promotion of the medical service and patient's security within the facility, peculiarities of the relationships between the management of the facility and medical personnel, environment regulating the doctors' activity in the country, etc.

2.17.1 Participation in the Promotion of the Quality of Medical Care and Security of Patients

Make your best efforts to create a system of promotion of the quality of the medical service and security of patients. Take an active part in functioning of this system. If possible try to facilitate the inclusion of your colleges in this process. It includes the following:

- ◇ Organizing the internal councils and participation in them;
- ◇ Carrying out of the clinical-pathological conferences and participation in them;
- ◇ Participation in the adaptation and implementation of the guidelines of the clinical practice and protocols in everyday life;
- ◇ Implementation and participation in the internal and external audit systems;
- ◇ Involvement into the continuous professional development system;
- ◇ Review of mistakes made by the doctors during their professional activities, the aim of which is to analyze mistakes and prevent their occurrence;
- ◇ Constructive and favorable criticism of colleagues' activities, your constructive reaction on their feedbacks;

- ◇ Participation in the review of the deceased patients' medical documentation;
- ◇ Participation in the elaboration and review of the regulatory acts of the doctors' activities and the healthcare system; efforts to improve the revealed weaknesses of existing regulatory acts by means of inclusion of state bodies, professional associations and patients organizations.

2.17.2 Working Environment

Adequate working environment, work regime and adequate reimbursement are the doctors' rights stipulated by the legislation. The employer/management of the company is responsible to promote the improvement of all the above rights. Do not hesitate to remind them about it if needed.

The above said fully concerns the deficit of resources in the company, which may hinder the creation of a secure environment for the patient as well as promotion of high quality medical service.

Provide employer/management of the company with relevant information in writing. If required, engage public authorities, professional associations, organizations defending the patients' rights. Remember, you may be imposed responsibilities for all the above mentioned circumstances and for causing damage to the patient.

2.18. MEDICAL DOCUMENTATION

Draw up the medical documentation of a patient attentively. Be sure to include the patient's identification data as well as the wholesome information about diagnosis, dynamics and the results of treatment of a disease. In the records reflecting the type of intervention (diagnostic, treatment, etc.) you should adequately describe the basis for such decision. You should also present the information which was provided to the patient (his representative/relative) regarding the intervention. Their consent or refusal should also be reflected distinctly. In some cases defined by the legislation, the patient or his authorized representative should confirm their consent by signing the document. (See section 2.1.4. *Informed Consent; Respect for Patient's Decision*).

If there is any doubt regarding the diagnosis and the treatment, you should clearly state the cause for this doubt in the documentation. You should also describe the measures, necessary for dissipation or confirmation of such doubts.

If it is impossible to fulfill your recommendation due to some objective circumstances, point out the relevant causes, possible impact on the dynamics and outcome of a disease in the documentation. Describe the measures applied for the fulfillment of the recommendation. If needed contact the ethics committee and the management of your organization.

Information, reflected in the medical documentation, is confidential and its disclosure is allowed solely in the cases determined by the legislation.

If there are any mistakes in medical documentation, correct them. Do not erase the old notes and records in case you

change the false information or add some details. Emphasize the reason for mistake (example: late provision of information by patient or his relative/authorized representative, or delayed results of a diagnostic research, etc.) and then add the new information.

Remember, medical statements can be used for the analysis of the quality of medical service (e.g.: audit system) for the purposes of its improvement, teaching or scientific research. Consider that medical records can also be used as a proof by the law enforcement bodies and by the court. It is quite natural that law enforcement bodies refer only to the facts given in the documentation. So, in the medical documentation you should describe any facts connected with the patient or his relative/authorized representative in detail. You should also include their psychological parameters, peculiarities of relationships between them, hindering the adequate medical treatment. Pay attention to other influencing circumstances (e.g.: impossibility to use certain types of diagnostic or treatment method) that posed the obstacle to adequate fulfillment of medical service as well as to the measures, which were applied by you for the eradication of the drawbacks.

Patient's medical certificate should be issued solely in the official language.

2.19. DOCTORS BEHAVIOR IN THE EVENT OF UNSUCCESSFUL MEDICAL SERVICE

In the event of unsuccessful medical service, explain the reason to the patient (relative/authorized representative) in detail. Before giving the explanation think over the sequence of your arguments, prepare yourself to answer the questions, envisage the expected reactions of listener, if possible. Conduct the conversation in a quiet and comfortable environment, ensure the person that you have a feeling of a sincere sympathy.

After the unsuccessful medical service it is absolutely necessary for you to evaluate your professional activity. Seek your own weak points possibly leading to failure. Try to eradicate the gaps.

2.20. DOCTOR'S BEHAVIOR IN THE EVENT OF THE MEDICAL ERROR

Profession of a doctor is the most difficult and the most risk bearing profession. You are never insured against a professional mistake. Such mistake can be caused by the factors totally independent from you, such as: insufficiency of equipment/ resources, medicines or additional facilities, poor work environment. Also the reason for that can be the insufficiency of your own knowledge or skills.

If the medical mistake is discussed within the circle of your colleagues, try to define the reasons of your mistake together with them. At the same time set the ways of avoiding similar mistakes in the future. Listen and analyze your colleagues' remarks attentively. Always remember that a sincere confession, judgment and evaluation of your own mistakes in front of your colleagues points to the high level of your professionalism.

While evaluating others' mistakes always remember that the medical mistake means that in a given situation it became impossible for a specific doctor to forecast and avoid the results of his/her action or inactivity. Define the possible causes of the mistake with a good-will and impartially. Besides the subjective factors (doctor's knowledge, experience, and skills) you should also analyze the environment in which the doctor carried out his activities. Assess, whether it was possible to arrive to a right conclusion in such an environment.

2.21. PLAINTIFF PATIENT

Medical service, even if it is absolutely adequate, cannot be always effective and it can easily become the motive for complain. In such a case (if the doctor's mistake is excluded) explain to the patient that the reason for ineffectiveness is the non-improvement of medicine and not your own weakness. Other than the above-mentioned, the cause of such ineffectiveness can be the personal characteristics of a patient (see sub-section 2.1.11. *Doctor and Difficult Patient*) or the non-improvement of organization of service [patient had to wait for a long time, other staff member (some specialist, doctor's assistant, cleaner, etc.) was not correct to him/her] or something else.

In frequent cases patient's complains represent important means of determining shortcomings of the service. Therefore, you shall listen to the complaining patient attentively and without interruption; let him/her speak what he/she thinks, let him/her fully express the reason for his/her dissatisfaction. Try to acknowledge everything. Do not avoid excuses. It doesn't necessarily mean that you confess your mistake or your blame; it is the best way of expressing understanding and tolerance. If the patient's dissatisfaction is caused by the organizational problems of service, thank him/her for letting you know about it. Assure the patient that you seriously acknowledge the problem he/she had revealed. Promise that such thing will never happen with his/her regard or with regards to any other patient. Explain what measures will be taken to eradicate this problem. At the same time, be frank and never promise the things you will never be able to do.

Patient's complain must not have any influence on the availability of the medical service for him/her as well as the quality of the rendered medical service.

2.22. DOCTOR AND LAW ENFORCEMENT BODIES AND OTHER STATE INSTITUTIONS

You should be objective and impartial when law enforcement bodies or other state institutions carry out forensic examinations. You should necessarily take into consideration the environment in which the doctor had to make a decision, psychological characteristics of patient and/or his/her relatives/legal representatives, social and cultural peculiarities; think if it was possible to establish a therapeutic alliance between the doctor and the patient (or his/her relative/legal representative), or was the time period long enough to establish such alliance. While drawing the

conclusion, average statistic indicators and considerations based on literary data shouldn't become your orientation criteria. While matching the doctor's activities with the recommendations envisaged by the clinical practice guidelines and the protocols, you should always consider the possibilities of their realization in a specific environment and with a specific patient. Also consider the recommendations reflected in section 2.20. *Doctor's Behavior in the Event of Medical Mistake*.

2.23. TAKING CARE OF DOCTOR'S PROFESSIONAL COMPETENCE; CONTINUED PROFESSIONAL DEVELOPMENT

For providing the adequate and professional service, which answers the demands of ethic standards, it is necessary to update and increase your knowledge and skills permanently. This process should start from the very beginning of your professional practice and should last till the end of your medical activities. Never think that your knowledge is perfect. Your personal experience and knowledge are really very important, but at a certain stage (new medicines, new technologies, new methods of treatment, etc.) they may appear insufficient for the promotion of medical service, relevant to the achievements of modern medicine.

2.24. DOCTOR AND MODERN TECHNOLOGIES

While using the new technologies "Festina Lente". Make sure that there is a proof of such technologies being useful; judge what difficulties you will be encountered during the implementation of new technologies due to existing traditions and approaches. Take a course of relevant training before using the technology. Inform the patient about your experience in this regard and only after that accept the patient's informed consent on the procedure.

Before using a new medicine, seek for the proof of its effectiveness.

Make sure that the medicine is registered in the country (is allowed to Georgian market) and only after that prescribe it to the patient.

At the same time you can recommend the patient to use any medicine not registered in Georgia if it is necessary for the patient's health. In such a case inform the patient that legislation allows the import of medicines for separate patients for the non-commercial purposes without considering "the regime of permission to enter the Georgian market".

2.25. DOCTOR AND TELEMEDICINE

While giving the recommendations to the patient based on the consultation received via telemedicine, you will be bearing the responsibility for their results.

According to the patient's request, his health and private life data can be voiced without mentioning the patient's name.

³Georgian Law on Medicines and Pharmaceutical Activities, Article 11.13.

2.26. DOCTOR AS A RESEARCHER

Biomedical research is necessary for the development of medicine as well as for the elaboration of effective preventive, diagnostic, treatment and rehabilitation methods.

Assist researchers who are carrying out the research in your institution and offering you cooperation. At the same time always consider the necessity of ensuring the security as well as the rights of research subjects. Patient's security and health are superior to the goals of research.

You should agree on your participation or your patient's inclusion in the research only in case the research is approved by the relevant ethics committee. In order to find it out, ask the lead researcher to present the conclusion of the ethics committee.

Prior to patient's inclusion into such research:

- ◇ Read the research plan and the form of informed consent carefully;
- ◇ Thoroughly read goals and methods of research and the ways of selection of research subjects. Find out what will be the benefits of research outcomes in general; how your patient or other patients, being in the same situation as yours, can benefit from this research. Find out what are the risks associated with this research. What will be the possible discomfort for the patient/research subject during the participation in the research.
- ◇ In case you are the person who is responsible for receiving the patient's consent for participation in the research, you should:
 - ◇ Advice the patient about the purpose of the research, explain what will be the benefits for this particular patient and for other patients being in the same condition. Make sure that his expectation is not exaggerated and unmotivated with regards to the usefulness of participation into the research;
 - ◇ Inform the patient about the risk and discomfort associated with his participation into the research;
 - ◇ Introduce Informed Consent Form to the patient including the detailed information about the research and give him/her the time and the possibility to get familiar with the mentioned form;
 - ◇ Ask the patient to put you the questions regarding the issues which are interesting to him/her after he/she gets acquainted with the information reflected in the Informed Consent Form. Try to answer his/her questions in simple words, which will be easily understandable for the patient. Make sure that the patient received the answers to all questions of his interest;
 - ◇ Explain him/her clearly that it is his/her right to refuse to participate in the study and if he/she agrees to participate, he/she will be allowed to discontinue his/her participation at any stage.
 - ◇ You have to explain to the patient clearly that his/her joining or exclusion from the research will by no means influence over the provision of his/her medical

service.

- ◇ You should give time to the patient to take a decision about his/her participation into the research.
- ◇ You should apply your signature and ask the patient to apply his/her own signature on the Informed Consent Form only after you make sure that patient acknowledged all the information related to the research and his/her agreement is free from any pressure.
- ◇ During the course of research:
 - ◇ Pay special attention to the fact that applied research methods fully comply with the methodology reflected in the research plan.
 - ◇ Promote the confidentiality of the patient's existing data in accordance with the methodology reflected in the research plan.
 - ◇ Evaluate the patient's health condition considering the risks and discomfort associated with the participation into the research. Remember that as we have already mentioned it before, the patient's security and health always prevail upon the research goal, no matter how important the latest is.
 - ◇ In the event of any un-envisaged situation arising in the process of research, inform the chief researcher, responsible for informing the relevant ethic committee as well as the structures and individuals envisaged under the legislation and the research plan.
 - ◇ Observe objectivity and record the received data accurately and precisely, no matter they are desirable or not desirable for the group of researchers or sponsors.

2.27. DOCTOR AS A TEACHER

Educational activity assists the professional development of a doctor. In case you are given a possibility to participate in education or training of students, resident physicians or doctors never decline it. For the effectiveness of your efforts get familiar with the methodology of teaching the adults and learn more about their skills.

3. IMPLEMENTATION OF THE CODE OF DOCTOR'S PROFESSIONAL CONDUCT

Adherence to the recommendations set forth in the the Code of the Doctor's Professional Conduct is optional.

At the same time, considering the fact that the Code of the Doctor's Professional Conduct is based on the acting legislation and recognized ethics standards, usage of these rules will help the doctor to conduct a secure medical practice corresponding to the modern ethical standards. Observance of the code of conduct will enable the doctor at least to avoid the conflict with the legislation and on the other hand improve the quality of the medical services provided by him and increase patient satisfaction.

The main way of implementing the Code of the Doctor's Professional Conduct is the official recognition of this code by the doctors' professional associations. By recognition of these rules, association calls its own members to be guided by the Code of the Doctor's Professional Conduct.

In the process of evaluating the quality of the medical service rendered by the doctor and defining the need of the continuous medical education, tasks, goals etc., doctors associations and various institutions created by these associations can be guided by the Code of the Doctor's Professional Conduct.

3.1. RECOGNITION OF THE CODE OF THE DOCTOR'S PROFESSIONAL CONDUCT BY PROFESSIONAL ASSOCIATIONS

The Code of the Doctor's Professional Conduct is attached by the Appendix – Declaration on Recognition of the Code of the Doctor's Professional Conduct. By signing the mentioned declaration doctors' professional associations confirm the recognition of these rules.

Declaration on Recognition of the Code of the Doctor's Professional Conduct is kept in the Georgian Medical Association.

There is a following procedure regarding the recognition of the Declaration on Recognition of the Code of the Doctor's Professional Conduct by the doctors' professional associations:

- ◇ The Head of the professional association willing to recognize the Code of the Doctor's Professional Conduct presents a relevant application to the Georgian Medical Association. This application is attached by the document reflecting the decision of the governing body of the professional association (certified statement from the minutes of the meeting, stating that the meeting took a decision that the professional association recognizes the Code of the Doctor's Professional Conduct).
- ◇ Following to presenting the application, the head of the professional association signs the "Declaration on recognition of the Code of the Doctor's Professional Conduct, by which he confirms the recognition of the Code of the Doctor's Professional Conduct. Signature should be verified by the stamp of the professional association.
- ◇ Any doctors' professional association registered in Georgia is allowed to recognize the Code of the Doctor's Professional Conduct at any time.
- ◇ The doctors' professional association, which is joined to these rules, will be allowed to cancel its signature at any time. For this purpose a relevant application should be submitted to the Georgian Medical Association.
- ◇ Georgian Medical Association permanently revises the list of professional associations, which recognized the Code of the Doctor's Professional Conduct and keeps the applications and attached documentations of the professional associations.