

The International Code of Medical Ethics Revision

Commentary by J.F.A. Murphy - Editor of the Irish Medical Journal

The World Medical Association (WMA) made a number of amendments to its code of medical ethics at its 73rd general assembly in Berlin, October 2022. These revisions are in response to the international changes in norms and standards of medical practice.¹ The code was first drafted in 1949. It has been previously amended in 1968, 1983 and 2006.

The WMA is an international independent confederation of medical associations that represent physicians worldwide. It has grown to 115 national medical associations. The IMO is a member of the WMA. It acts as a platform for developing a global consensus on medical ethics.

Its mission is to promote the highest possible standards of ethical practice by the medical profession. There are many new challenges facing doctors due to the changing clinical, political, legal, and market forces. The profession has become more connected on a global scale. This brings both new opportunities and new responsibilities.

The code consists of 5 sections and a total of 40 recommendations. They are as follows – general principles (12), duties to the patient (17), duties to other physicians/students/health professionals (4), duties to society (5), and duties as a member of the medical profession (2).

The primary duty of the physician is to promote the health and wellbeing of individual patients by providing timely and compassionate care in accordance with good medical practice and professionalism.

They must practice medicine fairly and justly and provide care based on the patient's needs without bias. They must not engage in discriminating conduct on the basis of age, gender, ethnic background, disease, or disability.

The doctor must try to use healthcare resources in a way that optimally benefits the patient in keeping with fair, just, and prudent management. They must use the resources entrusted to them in a responsible manner. They should identify and address inequalities in the delivery of patient care.

Conflicts of interest receive prominence. Doctors must not allow their professional judgement to be influenced by the possibility of benefit to themselves or their institution. When a conflict of interest is unavoidable, it should be declared and managed appropriately.

One of the more controversial issues centred around physician's objections to undertaking certain treatments and procedures on moral and religious grounds. The tensions between the doctor's right to exercise a conscientious objection and the patient's wish to access legally permitted items of medical service led to considerable debate. A previous conference had been held in Jakarta, Indonesia in July 2022 to scope out this issue. A range of arguments and counter arguments were raised. It was agreed that the doctor has an ethical obligation to minimise disruption in the patient's care. Patient safety must be maintained at all times. The doctor must immediately inform the patient of their objection to providing the particular item of care. The patient must be provided with a clear pathway and the key information necessary to secure a consultation with an alternative doctor and medical service.

The code has also expanded the concepts of patient autonomy, physical wellbeing, and equity and justice in healthcare. In this context autonomy means that the patient is in control of their own decisions in conjunction with advice and support of their doctor. This relates to shared decision making between the patient and the doctor. The patient must be fully informed at every stage of their care. They must be provided with the necessary information required to give informed consent for the treatment that they are receiving.

When a patient is incapacitated and their decision-making capacity is impaired, the doctor must work with the patient's trusted representative to determine as much as possible what their preferences would be.

The issues surrounding non face-to-face consultations were debated. When the doctor is providing medical care remotely, they must ensure that this form of consultation is justifiable and that all necessary care is administered. The patient must be informed of the benefits and limitations of receiving medical care remotely. It is important that the patient's confidentiality is maintained. Whenever it is medically appropriate the doctor must aim to provide care to the patient through a personal consultation.

The doctor's role in public communication and social media has been revised. Doctors play an important role in relation to health education and health literacy. They must be prudent in discussing new discoveries, techniques and treatments in a non-professional setting including social media. Their statements must be scientifically accurate and understandable. They must indicate if their opinions are contrary to evidence-based scientific information. They must act to avoid weakening public trust in the medical profession.

Stimulated by the Covid-19 pandemic, demands for data sharing have accelerated. There are increased calls for more rapid dissemination analysis of new findings and results. Data sharing

should become a regular practice. It promotes the growth of medical knowledge. However, the contribution of the initial investigators should be explicitly acknowledged.²

The importance of the professional relationship with other doctors and healthcare professionals is emphasised. This has become increasingly relevant with the growth and development of teams and teamwork in the practice of medicine. The engagement with colleagues must be conducted in a respectful and collaborative manner. Ethical principles must be upheld with the group. There must be respect for other physician's doctor-patient relationships and not interfere unless requested by either party or to protect the patient from harm. Physicians should take steps to protect both themselves and others from abuse or violence, and suboptimal working conditions.

The code continues to provide a global guidance on the ethical principles and professional duties of the medical profession towards both patients and society. The basic principles remain constant but there are a number of additions that reflect the current challenges that we face.

References:

1. Parsa-Passi RW. The international code of medical ethics of the World Medical Association. JAMA 2022;328;Nov 22/29,no 20.
2. Flanagan A, Curfman G, Bibbins-Domingo K. Data sharing and the growth of medical knowledge JAMA 2022;328 (24):2398-2399