

Medical Association of Slovenia

Medical Chamber of Slovenia

CODE OF MEDICAL ETHICS

The Code was approved on December 12, 1992, at the 3rd regular meeting of the General Assembly of the Medical Chamber of Slovenia and revised on April 24, 1997, at the 27th regular meeting of the General Assembly of the Medical Chamber of Slovenia. The Code was updated and harmonized with the Medical Association of Slovenia and approved on October 6, 2016, at the regular meeting of the General Assembly of the Medical Chamber of Slovenia.

INTRODUCTION

I, physician or dentist (henceforth: physician), hereby solemnly pledge to perform my profession with duty and care. The highest norm of my conduct will be to protect and recover health and to prevent and ease the suffering. I shall safeguard the secrets which will be confided to me. I shall continue the honour and noble traditions of the medical profession. I shall not permit any discrimination on the basis of sex, race, genetic factors, lifestyle, sexual orientation, religion, nationality, political views or social status. I shall respect human life from the conception onwards, and even under threat, I shall not use my medical knowledge against the laws of humanity. I shall show my utmost respect to my teachers, colleagues, and co-workers.

This Code continues the tradition of the respect for deontological and ethical principles in the Slovene medical profession and builds on previous codes.

I. RESPONSIBILITY TOWARDS THE PATIENT

General provisions

Article 1

In their work, physicians shall consider the body of scientific and professional knowledge in contemporary medicine. Therefore, they shall regularly educate themselves and shall do everything in their power to perform high-quality and safe treatment of the patient. High professional levels and safety at work require adequate support in staff, materials, time, and infrastructure.

Article 2

The physician shall help anyone in case of emergency.

Article 3

The physician has the right to conscientious objection. In line with this, physicians can refuse to perform a treatment or procedure if it speaks against their fundamental personal beliefs and conscience; however, this only applies to cases which are not urgent. Physicians shall inform patients and co-workers about their objection.

Article 4

The physician shall never use the patient for their own interests.

Article 5

Physicians recognize the limits of their knowledge and work. Whenever needed, they recommend or seek additional opinion or help.

Article 6

Complementary procedures¹ are only acceptable together with established diagnostic and treatment procedures and with the patient being fully informed about them. Alternative procedures² as a replacement of established diagnostic and treatment procedures are not permissible

Article 7

Outside of emergency medical treatment, physicians have the right to refuse the patients who, despite being warned, do not adhere to their obligations and instructions or are being aggressive and offensive towards the physician or other members of the medical team.

Article 8

When physicians are treating themselves, their family members or close friends, they are aware that personal involvement can influence the rationality of the decision and performance of the medical procedure. In cases of serious health conditions, the physician shall ask another physician for advice or shall transfer the patient to another physician's care whenever possible.

Communication, decision-making, and consent

Article 9

The physician is to be understanding and compassionate towards the patient and his or her family and relatives.

Article 10

The physician provides his or her patients all the information they need in an accessible manner in order to make decisions about the suggested treatment measures. The physician respects the right of every patient with decision-making capacity to accept or refuse a medical procedure.

Article 11

The physician shall recommend only those diagnostic or therapeutic procedures that he or she considers to be beneficial to the patient and others. If a measure is recommended in order to protect others, for example as with public health measures, the physician shall inform the patient about this and shall act in line with his or her legal duty.

Article 12

When making medical decisions, the physician shall consider minors' decision-making capacities and the role of their family. The physician shall respect the autonomy of the minors who are capable of decision-making about their treatment.

Article 13

¹ procedures carried out in parallel with professionally justified medical treatment

² procedures carried out as a replacement of professionally justified medical treatment

The physician shall do everything to protect the health and life of children or other persons who are not capable of decision-making with respect to their own care when they are threatened by the acts or withholding of their caretakers or when they are threatened in some other way.

Article 14

The physician shall respect the patient's right to seek a second opinion.

Article 15

The physician shall respect written or oral expression of advance directives of a patient who is not capable of decision-making with respect to his or her own care.

Article 16

If the advance directive of a patient who is not capable of decision-making with respect to his or her own care is not known, the physician shall, in consultation with the patient's close relatives, propose treatment that is most beneficial for the patient according to the physician's judgment. If the consultation procedure results in disagreement, a medical council shall decide on the patient's greatest benefit and shall inform the patient's close relatives about the decision. If the disagreement is not resolved at that point, the physician is not bound to comply with the relatives' divergent opinion.

Privacy and confidentiality

Article 17

The physician shall safeguard the patient's health-related and personal records.

Article 18

The physician shall enable inspection of medical documentation if the patient requires so. This does not apply to cases in which the physician can reasonably consider that the information contained in the documentation can have detrimental effects for the patient and others.

Article 19

The physician shall not mention the patient's name in public in such a way as to jeopardize the patient's anonymity.

Article 20

The patient's personal health records can only be disclosed with the patient's consent with the exception of cases in which confidentiality could lead to serious harm for third persons. In such cases, the physician shall inform the patient within a reasonable scope that the principle of confidentiality will be violated.

Article 21

Physicians acting as expert witnesses shall explain to the examinee the nature and scope of their responsibility towards the party that demanded an expert opinion.

Family planning

Article 22

Physicians shall respect human life from the conception onwards and through their counselling they shall convey such outlooks to the wider community. Physicians are aware of ethical dilemmas with respect to artificial termination of pregnancy and shall not propose it as a method of family planning. The decision to terminate pregnancy must never be influenced by the interest to use the foetus for specific purposes.

Article 23

Sterilization is admissible only on the basis of medical, genetic, social, or personal reasons and shall be performed after giving preliminary information and obtaining written consent.

Article 24

In cases of reduced fertility, the physician shall offer counselling and reasonable use of biomedical treatment procedures to those affected. Surrogacy is not admissible.

Article 25

The use of fertilized ova, embryos, foetuses or stem cells for commercial purposes is prohibited. Under exceptional circumstances and with explicit consent by the National Medical Ethics Committee, the use or taking of tissue from a fertilized ovum, embryo, foetus or a stem cell is permissible only for therapeutic, diagnostic, or research and scientific purposes.

Organ and tissue transplantation

Article 26

Organ and tissue transplantation is performed for medical purposes when other treatment modes are comparatively not effective. The physician shall respect the rights and freedoms of tissue and organ donors, possible donors, and recipients. Organ and tissue transplantation must be performed according to professional norms and duties. Organ trafficking is inadmissible.

End-of-Life Medical Aid

Article 27

When performing diagnostic and therapeutic procedures in terminally-ill patients, the physician shall consider the quality of patient's life and his or her wishes. The physician shall not introduce or withhold measures when these are futile or when the burden of treatment outweighs the benefits.

Article 28

Withholding or withdrawing of palliative care is ethically unacceptable.

Article 29

The physician shall reject euthanasia or physician-assisted suicide.

Research

Article 30

Clinical trials can only be led by a physician, expert in the investigated domain, who knows the principles of good clinical practice and the methodology employed in the trials, and who can ensure adequate conditions for conducting the trials in a safe and scientifically valid manner.

Article 31

During planning, execution, analysis and reporting stages of clinical trials, the physician should refrain from biases that could lead to subjective or misleading conclusions.

Article 32

The research must be scientifically and ethically sound, in line with the Helsinki Declaration and the Convention on Human Rights and Biomedicine (the Oviedo Convention) and approved by the National Medical Ethics Committee. For some non-interventional trials, the committee can rule that the patient's informed consent is not required.

Article 33

The patient must give informed consent for participating in the trials. The information must be communicated comprehensibly and must include the goals, benefits, risks, and the burden of the trials, a statement about the protection of confidential personal records collected during the trials, patient's insurance in cases of adverse treatment effects, the possibility of treatment outside clinical trials, and a statement of the patient's right to stop the trial at any point without any negative consequences for his or her medical treatment.

Article 34

Before participating in a clinical trial, the physician must obtain the patient's written consent. When patients have limited autonomy, the consent is signed by a legal representative.

Article 35

If during the trials a conflict of interests develops, the benefits for the individual patient shall always take precedence over the interests of the trial.

II. SOCIETAL RESPONSIBILITY

Article 36

Social, economic and environmental factors influence health, disease, and treatment outcomes. The physician is aware of this fact and shall promote it.

Article 37

The physician shall contribute to public health concerns by participating in educational activities and by proposing measures that improve the health and wellbeing of individuals and the community.

Article 38

The physician is involved in the preparation and execution of collective measures that aim to improve preventive, diagnostic and treatment procedures.

Article 39

In estimating the environmental and occupational risks, occupational safety, and health, physicians are professionally independent from their employers or clinical trial sponsors.

Article 40

The physician shall inform the professional and lay public about the deficiencies in healthcare and any attempts to undermine the professional independence of physicians.

Article 41

The physician shall promote equal healthcare for minorities and other vulnerable groups in society.

Article 42

The physician is aware of limited means and shall promote a fair access to healthcare resources.

Article 43

Physicians are bound to collaborate as medical experts, within the limits of their abilities and possibilities, in events of large-scale accidents, epidemics, natural disasters or war.

Article 44

The physician shall refuse to participate or support activities that violate human rights.

III. RESPONSIBILITY TOWARDS THE PROFESSION

Article 45

Self-regulation of the medical profession confers to the physician special responsibility, rights, and duties.

Article 46

The physician shall care for ill colleagues, health workers or students in healthcare professions.

Article 47

The physician shall transfer knowledge to students, trainees in specialty, colleagues, and workers in other professions. Physicians shall not conceal the diagnostic or therapeutic measures and procedures they employ.

Article 48

In the medical profession, there shall be no room for personal resentments that could influence treatment and could damage the reputation of colleagues.

Article 49

On suspicion of a colleague's misconduct, the physician shall react promptly and discuss the situation with the colleague. If the situation is not sufficiently resolved, the physician shall report his or her observations to those in charge. Everyone shall respect the principle of safeguarding the personal records and personal integrity of all involved. A public discussion is admissible only in cases in which

the patient or his or her relatives decide to discuss the conflict in public on their own initiative or on suspicion of a criminal act.

Article 50

Physicians shall offer their colleagues support when they find themselves in distress due to involvement in misconduct or suspicion of misconduct.

IV. RELATIONS IN THE MEDICAL TEAM

Article 51

All relations in the medical team must be based on mutual trust and must strive for the benefit of the patient.

Article 52

The physician is responsible for medical treatment; however, the physician shall also respect the expertise of his or her colleagues and their powers by means of which they accept their share of professional responsibility. Professional hierarchy must be respected; however, there must also be a continuous two-way exchange of information and experience.

Article 53

The physician in charge of medical treatment is responsible for the contents of instructions to his or her co-workers and for any consequences or conflicts that might result from inappropriate instructions.

Article 54

Whenever novel medical procedures and guidelines are introduced, these should be thoroughly presented and harmonized with the entire medical team.

Article 55

The physician can transfer a part of his powers for communication with patients and relatives to his or her co-workers; however, the physician retains the key responsibility. The physician has the right and duty to remind colleagues of inappropriate communication; however, the physician also has the right and duty to protect his or her co-workers in cases of inappropriate behaviour on the part of the patient or relatives.

V: THE PHYSICIAN AND HEALTHCARE-RELATED BUSINESS ACTIVITY

Article 56

The physician's relationship to healthcare-related business activities must not undermine his or her professional independence.

Article 57

In introducing novel diagnostic and treatment procedures, the physician shall consider professional and scientific justification and the financial consequences of the innovation.

Article 58

The physician must not receive any remuneration or rewards in return for prescribing, using or purchasing medications, medical accessories or other medical products.

Article 59

Whenever innovations are presented in the professional community, the physician shall disclose any financial or other relationship with the company.

VI. THE PHYSICIAN IN PUBLIC

Article 60

The physician shall not endorse public acknowledgements or praise of his or her own successes in the general public.

Article 61

The physician shall be aware that any inappropriate, thoughtless and, for a physician, dishonourable and humiliating act will hurt other physicians, healthcare staff, and healthcare in its entirety. For the physician, any abuse of public powers and means for personal gains is dishonourable.

Article 62

Public presentation of professional achievements and advancements must be balanced and conveyed without sensationalism or enthusiastic conclusions.

Article 63

Promotion of medical activity must be limited to communication of professionally correct information and must not emphasize the commercial interests of the service provider. The physician shall not be involved in the advertisement of medications or medical products or professionally and scientifically objectionable diagnostic or therapeutic procedures.

Article 64

In cases of public accusation, physicians have the right and duty to defend their own reputation and the reputation and good names of colleagues. Patients and their relatives determine the scope of confidentiality with respect to disclosing personal records. In cases of public accusation, the physician has the right to disclose those personal records that are crucial for an objective evaluation of the contentious act.

VII. RESPONSIBILITY TOWARDS ONESELF

Article 65

The physician shall safeguard and maintain his or her own health and shall attempt to recognize and control the stress factors in his or her professional and private life.

Article 66

The physician shall seek help from colleagues and other competent persons in cases of disease or personal difficulties that could have unpleasant consequences for his or her health and work.

VIII. CONCLUDING PROVISIONS

Article 67

The Code of Medical Ethics is binding for all physicians in Slovenia. The Medical Chamber of Slovenia is bound to take action against physicians violating the Code.

Article 68

The Code of Medical Ethics enters into force on the eighth day following the publication in the Isis journal, the official publication of the Medical Chamber of Slovenia.