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Codex Ethicus – ethical rules of the Icelandic Medical Association

Codex Ethicus and the physician's oath

[Commitment to professionalism]

Codex Ethicus (rules on good medical practice) is founded on the International Code of Medical Ethics¹ and intended for all physicians practicing in Iceland, for guidance and support in daily clinical work. With their pledge to adhere to the medical oath, the members of the Icelandic Medical Association (IMA) have accepted the duty to honour professionalism and this code of ethics.

[Confirmation]

By pledging to adhere to this ethical code, doctors affirm that

- their role is to protect and honour life and health; to cure and palliate patients' illnesses.
- the practice of medicine carries professional responsibility to protégés, community and co-workers.
- trust is acquired through respect for human dignity, good medical practice, and professionalism according to codes of medical ethics.

Principal rules

- I. Respect patients at all times: their well-being, dignity, and autonomy.
- II. Above all, do no harm; show patients consideration and full confidentiality.
- III. Adhere to professionalism and best conscience and conviction about what is right and good in accordance with recognised professional knowledge, medical ethics codes and laws.
- IV. Be honest and impartial – do not discriminate against any patient.
- V. Provide patients with information and education and respect their autonomy for self-determination.
- VI. Continue your education and strengthen your medical knowledge base throughout your career and share this amongst colleagues.
- VII. Know your limits and testify only to what you know first-hand.
- VIII. Seek the co-operation of doctors and other healthcare professionals for patients' interests.
- IX. Be inclined to lead work that benefits public health, a healthy environment, and the community.
- X. Show integrity and responsibility in both your life and profession.

¹ *International Code of Medical Ethics (ICME) and Declaration of Geneva*, World Medical Association (wma.net)

General articles

I. General provisions on good medical practice

Art. 1 [*Physician's role*]

A physician should respect human life and dignity. He should assist healthy people to preserve their health, ill people to regain health, and palliate people's suffering.

Art. 2 [*Professionalism*]

A physician should practice his work with honesty, knowledge, meticulousness, and conscientiousness irrespective of his interests or personal opinions. No one should be discriminated against because of nationality, life stance, religious beliefs, political opinions, age, disability, ethnicity, sexual orientation, or anything else.

A physician should report to the appropriate person in charge or the appropriate institute if he encounters incidents, behaviour, or negligence violating a patient's health or rights.

Art. 3 [*Knowledge and educational services*]

A physician should maintain his knowledge, increase it, and renew and seek to satisfy what the profession demands of them at all times.

A physician should regard his educational services as a moral duty and strive to share his knowledge widely to physicians, medical students, other health care professions and the public.

Art. 4 [*Professional autonomy and independence*]

A physician should practice according to professionalism and conviction about what is right and good, in concordance with the role of the medical profession, core values and moral goods.

A physician should not act in any way that dishonours the reputation of the medical profession or compromise professional autonomy or independence.

A physician, in his practice, should stray as little as possible outside his field of medical education.

If necessary and in accordance with the law, a physician may assume legal custody, in treating under-aged or mentally incapacitated individuals seriously threatened by either their legal parents/custodians or their own decisions.

Physicians, in accordance with their conscience, and if laws and verdicts are not opposed, can refuse to perform a medical procedure that they do not feel capable of being responsible for or consider medically unnecessary. In such cases, depending on circumstances, they should direct the party involved to a suitable medical service and assist with a referral if asked.

Art. 5 [*Responsibility to society*]

Outside the workplace, a physician should give an ill or injured individual medical assistance, unless another individual will surely provide it.

A physician should speak for public health, preservation of the environment, atmosphere, the Earth's ecosystems, and nature, for the sake of the conditions for all humanity's life and health.

Art. 6 [*Evidence-based treatment*]

In medical examinations, tests, screening, advice, and treatment, a physician should rely on evidence-based scientific results and/or acknowledged empirical practices.

A physician should not promise wonder cures, use pseudoscience or imply that he employs medicine or treatments that are not commonly known to physicians. A physicians should also avoid injudicious statements that could provoke fear of diseases or unsupported disbelief or excessive belief in treatments or the medical profession.

Art. 7 [*Research*]

A physician's research should focus on the well-being and general interests of individual participants, that should always take precedence over the interests of science and society. In these matters the WMA's *Declaration of Helsinki* applies.

A physician who is responsible for research should take care that all results are exact and true for publication. He should adhere to honesty and integrity in handling scientific evidence. In general, the publication of results should be in an accepted scientific medium.

II. Provisions on the doctor-patient relationship

Art. 8 [*Respect and consideration*]

The doctor-patient relationship is built on mutual trust and respect for well-being and human dignity. A physician should show patients as much caring and consideration as possible.

Art. 9 [*Providing information*]

When providing information and explanations of treatment, a physician should respect the patient's self-determination and, if needed, clarify that physicians give advice, not orders. A physician explains to a patient the disease involved, his condition, and prognosis, unless the patient expressly states his will not to receive the information. A physician, as much as possible, should respect the patient's right to decline information or decide the timing of it.

Art. 10 [*Clinical tests and treatment*]

As soon as possible, a physician should explain to his patient the nature and purpose of clinical tests and treatments that he provides and advises. A physician should avoid applying excessively strenuous tests or treatments to a patient if the physician might expect it to weaken the patient's mental or physical strength, and the resulting improvement to his health is uncertain or marginal.

A physician should show the utmost care in prescribing medications.

A physician, in his decisions, should be considerate of the financial status of his patients and society.

Art. 11 [*Confidentiality*]

A physician has the utmost duty to avoid anything that might weaken the relationship of confidentiality with his patients.

A physician is not permitted to reveal a health condition, diagnosis, prognosis, treatment or any private matters of patients or hand over information that patients have provided to him or that he has otherwise acquired through his work, unless the patient consents to it, a judge has ruled it, or it is legally permitted. This is valid beyond the death of a patient.

A physician, as much as confidentiality permits, is allowed to give patient's relatives information on his disease and prognosis as the physician deems necessary. If a patient cannot grasp the information given, it should be given to its parent, legal guardian or closest relative.

A physician should always protect personal identity. Exceptional care should be taken when using the Internet, social media, and digital communications. A physician should not initiate communication through e-mail or Internet discussion channels unless the patient agrees to it and should set a clear boundary between professional interactions and consultation, on one hand, and a patient's personal issues, on the other.

Art. 12 [*The medical record*]

A physician should keep medical records with information that matters for diagnosis and treatment of patients and about their communication or with other parties.

Rules on handling medical records, to whom to hand them over and how to transport them are found in Articles 12 and 13 of this Codex, laws on healthcare professionals, laws on patients' rights, laws on medical records, regulations on medical records (digital) and laws on personal information and its processing.

A physicians should not reveal information from a medical record to a court of law to support his testimony without a judge's prior ruling. However, a patient can demand that such a report about him be revealed.

Art. 13 [*Referrals and continuity of service*]

A physicians should provide a patient with a referral to another physician if a necessary examination or operation is not within his capability or outside his field of practice, if the patient wishes to change doctors, or consultation is needed to further evaluate the patient's illness. A physician should assist his patients to find a suitable physician, then provide appropriate information from his medical records and support continuity in evaluation and treatment.

Art. 14 [*Boundaries of private life*]

A physician should keep in mind that being tied through family or friendship to a patient can affect his judgment and professional independence. A physician should therefore in general avoid being responsible for treating close friends or relatives, in particular when chronic or serious diseases are concerned.

It is indecent for a physician to initiate a sexual relationship with patients he is treating.

Art. 15 [*Doctor's certificate*]

A physician should be unbiased when issuing a doctor's certificate. The certificate should state its reason and purpose and include only information relevant to the case and to which the physician can personally testify.

A physician should not write a diagnosis on a doctor's certificate unless it is to be provided only to physicians, other healthcare professionals, or those bound by a duty of confidentiality by law, unless the patient or his legal guardian wishes otherwise.

A physician may not hand over a doctor's certificate or records about his patient without his prior consent or if the patient is not capable of giving consent, without the consent of his legal guardian or closest relatives, unless law or a legal verdict so commands.

III. Provisions on collegial relations, class-consciousness, and physicians' health**Art. 16** [*physicians' interactions*]

Physicians should maintain good cooperation within and towards all fellow workers. Physicians should, given the circumstances, seek to participate in or lead interdisciplinary teamwork for the advancement of patients' interests.

Physicians should show respect and good conduct toward each other equally in conversations, mentions, advice and actions, in speech or writing. A physician should avoid belittling the knowledge or clinical practice of other physicians, drawing unwarranted attention to himself or implying superiority by flaunting or having his education, knowledge, skills, achievements, methods, or popularity flaunted.

Physicians' bullying, harassment, or gender-related violence towards colleagues or trainees are unacceptable.

Art. 17 [*Physicians' health*]

A physician should take good care of his health and working ability and seek help if his work capacity or proficiency is reduced, so that this impairment does not compromise his work.

A physician should seek to assist fellow physicians in dealing with difficulties and guide them as seems proper under the circumstances.

Art. 18 [*Petitioning*]

A physician should not participate in or accept petitions from the public, co-workers or colleagues regarding medical positions, job advancements or other benefits, be it for himself or other physicians.

IV. Provisions on advertisements, promotions, and the use of physicians' academic title**Art. 19** [*Advertisements, promotions, and shared interests*]

A physician is allowed to advertise his clinical practice in accordance with law and this codex.

A physician, when promoting medical service or innovations in his field, should give precise and reliable information on technical issues and prioritise the safety of those who seek the service. He should not establish business relations by unethical or misleading methods.

A physician, when discussing medicine or medical products, should take care in his speech and writing not to make it an implicit advertisement. A physician's coverage of medicine or medical products, in professional context, articles, or lectures, is not considered an advertisement, notwithstanding that no shared interests or untoward remuneration exist.

When a physician expresses himself in conversation, giving a speech or in writing, as a representative of an association, company, or institution, he should mention on whose behalf he is speaking and report any connections that might bring about conflict of interests.

Art. 20 [*Use of academic title*]

A physician may not allow the use of his academic title or professional role in advertisements on medicine, medical products or any goods that are considered to be cures or preventive of diseases or their symptoms.

V. Provisions on physicians' duty to Codex and IMA's supervision

Art. 21 [*Knowledge of ethical codes and laws*]

A physician should acknowledge himself with the laws, regulations and rules that apply to doctors' practice and working environment: laws on healthcare workers, on healthcare service, on patients' rights, guidelines of the Directorate of Health on *Good Medical Practice*, laws on legal competence, laws on scientific research in healthcare, laws on protection of identity and handling of personal information, laws on medical records, laws on the Directorate of Health and public health, laws on medical equipment, laws and ethical codes of the IMA, and the international declarations and resolutions² of which the IMA is a member.

Art. 22 [*Supervision by the IMA*]

The IMA board supervises the adherence of physicians to the Codex Ethicus. IMA's Ethical Committee rules on disagreement over the interpretation of the Codex and manages ethical issues that get referred to it.

Art. 23 [*Reporting a breach*]

If a physician deems an intervention necessary because of a physician's breach of Codex Ethicus or because of incompetent clinical practice, he should, depending on the circumstances, turn to the IMA's Ethical Committee, IMA's Board, or the Health Directorate. If in doubt about whether there are sufficient grounds for formal reporting of physician's conduct, the physician should seek IMA's council.

A physician who becomes aware of medical facilities that he deems professionally unacceptable is obliged to report it in the same manner.

Codex Ethicus – physicians' ethical rules, 9. edition, 2021.

Put forward on October 29th, 2020, for due process at IMA's General meeting, but voting was postponed because of the COVID-19 pandemic. Readmitted for voting on October 30, 2021 and ratified by a majority vote of the assembly.

The first edition of the CE was ratified on IMA's anniversary when it was founded in 1918). The comprehensive revision of it that took place before this 9th edition was in honour of the 100-year anniversary of the IMA in 2018.

² The main documents of the World Medical Association are the WMA Declaration of Geneva, WMA International Code of Medical Ethics (ICME), WMA Declaration of Helsinki – Ethical Principles for Medical Research Involving Human Subjects, WMA Declaration of Lisbon on the Rights of the Patient, and WMA Declaration of Taipei on Ethical Considerations regarding Health Databases and Biobanks.