

Medical Codes of Ethics

(Branżowe kodeksy etyczne)

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Abstract – This paper characterises selected professional codes of ethics referring to the Act of Chambers of Physicians. It discusses nurses and midwives in the light of the Act on Self-Governance of Nurses and Midwives. Particular attention was paid to the role of professional self-governments.

Key words - lifestyle, health behaviour, health.

Streszczenie – Scharakteryzowano wybrane zawodowe kodeksy etyczne w odniesieniu do Ustawy o Izbach Lekarskich, pielęgniarki i położne na podstawie Ustawy o Samorządzie Pielęgniarek i Położnych, zwrócono uwagę na role samorządów zawodowych.

Słowa kluczowe - zawodowe kodeksy etyczne, samorzady zawodowe.

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I. PROFESSIONAL CODES OF ETHICS

Professional codes of ethics constitute a particular group of ethical codes. Almost every field is in the scope of such codes. No matter what perspective they are viewed from, they teach people how to think in ethical terms.

In the field of business, which has been undergoing dynamic development, most professions find themselves in entirely different circumstances. The reality is different even for traditional occupations whose necessity and significance are unquestionable. Among them are doctors, nurses and midwives. They are facing the need to fight for their clients, who can explore their options with the competition should they find the service unsatisfactory. These occupational groups began to form professional associations. Such self-governments base their activities on the appropriate legal acts. While doctors draw on the Act of Chambers of Physicians, nurses and midwives refer to the Act on Self-Governance of Nurses and Midwives. These acts ascribe to the particular occupational group the duties related to representing and protecting the profession, guarding professional dignity and independence, integrating professional environments, supervising the adequate performances in the profession, cooperating with authorities and promoting professional ethics. A significant number of self-governments, including those in healthcare, have their own codes of ethics [1].

Doctors, nurses and midwives are the largest occupational group associated in each of the self-governments. The healthcare reform allowed more and more new medical associations to appear on the market, which can presently be labelled companies without hesitation.

Self-governments in medical professions and their underlying legal acts allow one to define the basic values and tasks for which they were formed [2]. These are:

- Developing the quality of the service provided.

Considering the specificity of these occupations and in particular the close relationship with the thing most important for the consumers, namely their health, this postulate seems natural. The growing quality of service provided may not only contribute to the increase in the demand, but also enhance the patients' trust in being handled with utmost professionalism.

Some of the initial statements include the obligations to "supervise the adequate performance in the profession and promoting the professional code of ethics" [3].

- Creating a homogenous environment

Consistent and integrated environment is a strong representative of professional interests. That strength can be used to protect the interests and implement higher occupational standards [4-8].

- Increasing the significance of the professions

The ability to establish oneself on the market and sell the information one has is of exceptional significance in the era of free market, competition and cooperation with the European Union.

II. MEDICAL ENVIRONMENT AND CODES OF ETHICS

Alongside the compulsory laws, the medical environment has developed its own codes of ethics. They provide an opportunity to increase ethical standards. In general, they classify the obligations of a healthcare professional towards patients, colleagues and all co-workers, society and science [4]. Ethical codes contribute to achieving equality in providing assistance – a deontological principle stemming from the rule of equal rights and dignity of a human being. Equality of assistance consists in indiscriminate treatment of any social group in any circumstances no matter their age, creed, race etc. The consequence of this principle is approaching a patient as an end rather than anything else. Hence, the onus is on providing service – both in an illness and its outcomes such as pain and in letting the patient die in dignity. In accordance with medical codes of ethics, under no circumstances can medical treatment be a means to obtain knowledge on the effects of a new medicine or a battlefield for a doctor's ambition fighting the disease. Bearing the patient's dignity in mind, one must provide him or her with clear information on the treatment, medicines applied or the risk of death. The code of ethics emphasises each patient's unalienable right to have secrets and maintain inviolable identity [9].

With reference to colleague doctors, medical codes of ethics emphasise the obligation to express mutual respect, help one another and in particular – to care about

the development of young trainee doctors and medical professionals. More experienced staff is obliged to establish a sense of professional solidarity and responsibility in their younger colleagues.

Codes of ethics also pay particular attention to the problem of competition among doctors, warning them not to violate the principles by competing with one another.

The relationships between different members of medical organisations should be based on mutual respect and partnership. What is more, codes of ethics also include expectations towards medical professionals' approach to society. These are: promoting health-oriented culture and popularising the environmentally friendly attitude. Also, certain obligations related to science were specified.

These can be seen as each generation's contribution to medical knowledge. Each doctor is obliged to share his or her findings in professional publications and to broaden his or her qualifications [10]

III. THE SIGNIFICANCE OF GROUP AND INDIVIDUAL SOLIDARITY

Solidarity in an association is regarded on the group level and put into practice consistently. One can observe that legal documents of associations emphasise the necessity to defend professional dignity and create an environment supporting the implementation of obligatory actions. Professional self-governments, including medical ones, are on one hand an institution aiming to unite the representatives of a given profession. On the other hand, they have to avoid alienating the whole occupational group from the society and treating it as untouchable since it poses the threat related to the formation of occupational castes [11].

To actually abide by codes, one must be disciplined. The question of sanctions is directly related to that. This does not pertain to the codes of associations in which special ethics committees and peer tribunals are summoned to assess breaches of standards defined by the codes should a need for that arise. This is a form of discipline that is not necessarily related to sanctions; it should, however, lead to a conversation aimed at stigmatising the improper behaviour and restoring balance.

Medical ethics is a set of rules defining the moral principles of a doctor's attitude towards patients and the norms of professional co-existence of doctors. It also sets moral standards for medical studies and emphasises doctors' responsibility to update their information. It also assigns priority to patients' well-being, respect for physician-patient privilege and care for the authority of the profession. These rules have been the same in their as-

sumptions ever since Hippocrates; they are updated as new ethical issues related to the development of medicine emerge.

A major part in doctors' daily responsibilities is played by *conscience* – it should be especially sensitive and better developed. Sometimes life puts one in circumstances in which the conscience can be easily drowned out. Conscience assists people when they need support in overcoming their own weaknesses, greed or when patience is needed. Conscience is also an ability to notice and stand up to evil, corruption, deceit and negligence of other medical employees. One should base one's decisions the call of conscience when universal and professional codes of ethics, valid customs and relevant medical knowledge do not offer foundations for a decision that is right in terms of morality.

This is an important note, as conscience should not be mistaken for professional obligations, as the significance of conscience is underestimated in this view [12].

That is why codes (take, for example, the Polish *Medical Code of Ethics* and *Nursing Code of Ethics*) clearly state that “...in order to perform one's obligations in medicine, one must have the freedom of action to adjust them to one's conscience and the state of medical knowledge...” [12]. These conditions for professional activity in accordance with knowledge and conscience should always be cared for, even though it might sometimes be difficult due to, for instance, insufficient medical supplies. In this case, the justification of negligence is easy: “*I will not do this with if there is no resources*”. Taking extra actions to obtain medical supplies is a noble behaviour that surpasses an employee's responsibilities and therefore is within the acts of conscience. In everyday medical practice, there are cases that require decisions made with medical knowledge and conscience in mind as they are beyond professional rules and legal acts.

IV. REFERENCES

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