

**REVISED DRAFT FOR PUBLIC CONSULTATION**  
**WMA International Code of Medical Ethics**  
**April 2021**

Comments to be submitted via email to the WMA secretariat at [icome@wma.net](mailto:icome@wma.net) no later than **28 May 2021**.

**Responses from the Scottish Council on Human Bioethics**

	<b>Current revised text (as of April 2021) SUBJECT TO CHANGE</b>	<b>Proposed amendments Specific Comments Additions: <u>bold/underlined</u> Deletions: <del>lined-out</del> Comments only: <i>[italic]</i></b>	<b>Reasoning/comments</b>
	<b>WMA INTERNATIONAL CODE OF MEDICAL ETHICS</b>		
	<b>Preamble</b>		
<b>1</b>	The World Medical Association (WMA) has developed the International Code of Medical Ethics as a canon of ethical principles for the members of the medical profession worldwide. In concordance with the Declaration of Geneva and the WMA's entire policy apparatus, it defines and elucidates the professional duties of physicians toward their patients, other physicians and healthcare professionals, themselves, and society as a whole. The International Code of Medical Ethics should be read as a whole and each of		This is a very good improvement from the old version, as accessed on-line. The Declaration of Geneva is surprisingly short and any reference to 'dedicate my life to the service of humanity' is omitted in this, which means that more people would be ready to sign it and uphold these values. It therefore makes it more inclusive.

	<b>Current revised text (as of April 2021) SUBJECT TO CHANGE</b>	<b>Proposed amendments</b> <b>Specific Comments</b> <b>Additions: <u>bold/underlined</u></b> <b>Deletions: <del>lined-out</del></b> <b>Comments only: <i>[italic]</i></b>	<b>Reasoning/comments</b>
	its constituent paragraphs should be applied with consideration of all other relevant paragraphs. Consistent with the mandate of the WMA, the Code is addressed to physicians. The WMA encourages others who are involved in healthcare to adopt these principles.		
	<b>General principles</b>		
<b>2</b>	The primary duty of the physician is to promote the health and well-being of individual patients by providing competent, compassionate care in accordance with good medical practice. The physician also has a responsibility to contribute to the health of the populations they serve and society as a whole. In providing medical care, the physician must respect the dignity and rights of the patient.	<i>good medical practice??</i>  In providing medical care, the physician must <b>recognise and</b> respect the <b>inherent human</b> dignity and rights of the patient.	The definition of good medical practice is clear in the UK and is constantly being amended by the GMC. Is the WMA to oversee this or decide this internationally?  Human dignity is an accepted concept which upholds respect for human life, human dignity can be interpreted as something much less, e.g., modesty.  The concept of human dignity is not well understood in society. It often means very different things to different people. 'Inherent human dignity' is mentioned in the Preamble of the UN' Declaration of Human Rights and should be included. This kind of human dignity can never be lost.
<b>3</b>	The physician must practise with conscience, honesty, and integrity, while always exercising independent	<i>with conscience, honesty, and integrity</i>	This is a substantial improvement  We presume this includes keeping up to date.

	<b>Current revised text (as of April 2021) SUBJECT TO CHANGE</b>	<b>Proposed amendments Specific Comments Additions: <u>bold/underlined</u> Deletions: <del>lined-out</del> Comments only: <i>[italic]</i></b>	<b>Reasoning/comments</b>
	professional judgment and maintaining the highest standards of professional conduct.	<i>highest standards of professional conduct.</i>	
<b>4</b>	Physicians must not allow their professional judgment to be influenced by the possibility of benefit to themselves or their institution. They must recognise and avoid, whenever possible, or otherwise declare and manage real or potential conflicts of interest.		This is appropriate.
<b>5</b>	The physician must practise medicine fairly and justly and provide care without engaging in discriminatory conduct or bias on the basis of age, disease or disability, creed, ethnic origin, gender, nationality, political affiliation, race, sexual orientation, social standing or any other factor. Care should be provided based on the patient's medical needs.		This is appropriate.
<b>6</b>	The physician is obliged to be aware of applicable national ethical, legal, and regulatory norms and standards, as well as relevant international norms and	The physician is <del>obliged to</del> <b>must</b> be aware of	

	<b>Current revised text (as of April 2021) SUBJECT TO CHANGE</b>	<b>Proposed amendments Specific Comments Additions: <u>bold/underlined</u> Deletions: <del>lined-out</del> Comments only: <i>[italic]</i></b>	<b>Reasoning/comments</b>
	standards. Such norms and standards must not reduce or eliminate the physician's commitment to the ethical principles set forth in this document.		
7	The physician must strive to use health care resources in a way that optimally benefits the patient, in keeping with fair, just, and prudent stewardship of the shared resources with which the physician is entrusted.	<i>shared resources</i>	At the time of the COVID pandemic, older people in care homes were disadvantaged. There should be clear policies to guard against this.
8	When providing professional certification, physicians must only certify what they have personally verified.	<i>personally verified</i>	This is not happening with the 2 <sup>nd</sup> form for abortions in the UK since a number of physicians are not verifying the process in an appropriate manner. It is also a real problem with home abortions in the UK since it is often impossible for the physician to ensure the abortion pills have been taken.
9	Physicians must take responsibility for their medical decisions and must not alter their sound professional medical judgments on the basis of instructions from non-physicians. However, physicians should consult with other health care professionals when appropriate.	<i>responsibility for their medical decisions</i>	This is very important.

	<b>Current revised text (as of April 2021) SUBJECT TO CHANGE</b>	<b>Proposed amendments Specific Comments Additions: <u>bold/underlined</u> Deletions: <del>lined-out</del> Comments only: <i>[italic]</i></b>	<b>Reasoning/comments</b>
<b>10</b>	Physicians should offer help in medical emergencies, while considering their own safety and competence, and the availability of other options for care.	<i>their own safety</i>	This has been highlighted in the covid crisis when many health care workers risked their own health and some unfortunately died. Physicians are concerned with safety at work.
<b>11</b>	Physicians must engage in continuous learning throughout their professional lives in order to maintain and develop their professional knowledge and skills.		
<b>12</b>	Physicians should strive always to practise medicine in ways that are environmentally sustainable with a view to minimising environmental health risks to current and future generations.	<i>environmentally sustainable</i>	This is a complex issue and is very difficult to measure and predict environmental changes versus human well-being. See: <a href="https://sdgs.un.org/goals">https://sdgs.un.org/goals</a>
	<b>Duties to the patient</b>		
<b>13</b>	A physician must always provide medical treatment with the utmost respect for human dignity and life.	treatment with the utmost respect for <u>in conformity with</u> the <u>inherent</u> human dignity and <u>the value</u> of life.	Again, modern society does not know what 'dignity' means nor does 'respect' for life mean very much.
<b>14</b>	The physician must commit to the primacy of patient health and well-being and must offer care in the patient's best interest.	<i>commit to the primacy of patient health</i>	What does "commit to the primacy of patient health and well-being" actually mean? This is unclear and requires further explanation.

	<b>Current revised text (as of April 2021) SUBJECT TO CHANGE</b>	<b>Proposed amendments Specific Comments Additions: <u>bold/underlined</u> Deletions: <del>lined-out</del> Comments only: <i>italic</i></b>	<b>Reasoning/comments</b>
<b>15</b>	The physician must respect the autonomy and rights of the patient, including the right to accept or refuse treatment in keeping with the patient's values and preferences.	The physician must respect the autonomy and rights of the patient, including the right to accept or refuse treatment in keeping with the patient's values and preferences.  <b><u>The physician cannot initiate a procedure to a patient which may undermine the inherent human dignity of society.</u></b>	The patients' autonomy cannot have priority over everything else. Patients cannot assert their demands for specific treatments. Respect is necessary for the autonomy of the patient and the Health Care worker. Patients can refuse a treatment.
<b>16</b>	Physicians must obtain patients' voluntary informed consent prior to treatment, ensuring that patients receive and understand the information they need to make independent, well-informed decisions about their care.		
<b>17</b>	In emergencies, where the patient is not able to participate in decision making, physicians may initiate treatment in the best interests of the patient without prior informed consent.		

	<b>Current revised text (as of April 2021) SUBJECT TO CHANGE</b>	<b>Proposed amendments Specific Comments Additions: <u>bold/underlined</u> Deletions: <del>lined-out</del> Comments only: <i>[italic]</i></b>	<b>Reasoning/comments</b>
<b>18</b>	When a patient has substantially limited, undeveloped, impaired or fluctuating decision-making capacity, the physician must work with the patient's trusted surrogate, if available, to make decisions in keeping with the patient's preferences, when those are known or can reasonably be inferred, or in the patient's best interests, when the individual's preferences cannot be determined, always in keeping with the principles set forth in this Code.		Health Care Workers should do their best to ascertain the wishes or views of the patient.
<b>19</b>	Physicians should be considerate of and collaborate with others, where available, who are central to the patient's care, including family members, significant others, or other health care professionals in keeping with the patient's preferences and best interest.		
<b>20</b>	When medically necessary, the physician must communicate with other physicians and health professionals who are involved in the care of the patient or who are qualified to assess or recommend treatment options. This		

	<b>Current revised text (as of April 2021) SUBJECT TO CHANGE</b>	<b>Proposed amendments Specific Comments Additions: <u>bold/underlined</u> Deletions: <del>lined-out</del> Comments only: <i>[italic]</i></b>	<b>Reasoning/comments</b>
	communication must respect patient confidentiality and be confined to necessary information.		
<b>21</b>	If any aspect of caring for the patient is beyond the capacity of a physician, the physician must consult with or refer the patient to another physician or health professional who has the necessary ability.		
<b>22</b>	The physician must respect a patient's right to confidentiality, even after a patient has died. It may be ethical to disclose confidential information when the patient consents to it or, in exceptional cases, when disclosure is necessary to safeguard a significant and overriding ethical obligation and the patient does not or cannot consent to that disclosure. This disclosure must be limited to the minimal necessary information.	The physician must respect a patient's right to confidentiality, <b><u>including</u></b> <del>even</del> after a patient has died.  <i>'a significant and overriding ethical obligation'</i>	The expression 'a significant and overriding ethical obligation' is unclear and needs defining.
<b>23</b>	If a physician is acting on behalf of or reporting to any third parties with respect to the care of a patient, the		



	<b>Current revised text (as of April 2021) SUBJECT TO CHANGE</b>	<b>Proposed amendments Specific Comments Additions: <u>bold/underlined</u> Deletions: <del>lined-out</del> Comments only: <i>italic</i></b>	<b>Reasoning/comments</b>
	<p>physician must inform the patient accordingly.</p> <p>At the outset of an interaction, the physician must disclose to the patient the nature and extent of those commitments and must obtain prior consent for the interaction with the patient to continue.</p>		
<b>24</b>	Physicians must refrain from intrusive advertising and marketing and ensure that all information used by them in advertising and marketing is correct and not misleading. Physicians may not participate in advertising or marketing of products related to their professional activity.		
<b>25</b>	The physician should not allow commercial, financial, or other conflicting interests to take precedence over the physician's professional judgment.	The physician <del>should</del> <b>must</b> not allow commercial, financial ...	
<b>26</b>	When providing medical consultation or treatment in the form of telemedicine, the physician must ensure that this form of communication is	<i>The physician is also obligated to inform the patient about the</i>	It is unclear whether the text is referring to the limitations of the encounter, which can be less satisfactory than a face to face encounter.

	<b>Current revised text (as of April 2021) SUBJECT TO CHANGE</b>	<b>Proposed amendments Specific Comments Additions: <u>bold/underlined</u> Deletions: <del>lined-out</del> Comments only: <i>[italic]</i></b>	<b>Reasoning/comments</b>
	medically justifiable and that the necessary medical care is guaranteed, particularly through the manner in which diagnostic assessment, medical consultation, treatment and documentation are carried out. The physician is also obligated to inform the patient about the particularities of receiving medical consultation and treatment via communications media. Wherever helpful, physicians must aim to provide medical consultation and treatment to patients through direct, personal contact.	<p><i>particularities of receiving medical consultation and treatment via communications media.</i></p> <p>The physician <b>must</b> <del>is</del>-also <del>obligated to</del> inform ...</p> <p>Wherever <b>appropriate</b> helpful, physicians...</p>	
27	<p>Physicians have an ethical obligation to minimise disruption to patient care. Conscientious objection must only be considered if the individual patient is not discriminated against or disadvantaged, the patient's health is not endangered, and undelayed continuity of care is ensured.*</p> <p><i>* This paragraph will be debated in greater detail at the WMA's dedicated conference on the subject of conscientious objection in 2021 or</i></p>	<p><b><u>Society has an ethical obligation to minimize disruption of the physician's care for the patient.</u></b></p> <p>Physicians have an ethical obligation to minimise disruption to patient care.</p> <p><b><u>When a society no longer recognises inherent human dignity, which is the very basis of medical care, and</u></b></p> <p>Conscientious objection <b><u>is required for the physician to continue to respect such dignity,</u></b></p>	<p>This paragraph takes account of a clear definition of Conscientious objection. Neal proposes criteria for a justifiable position of conscientious objection:</p> <ul style="list-style-type: none"> <li>- 'sincerity, ability to articulate the basis for conscientious objection,</li> <li>- 'tolerance/respect for others and</li> <li>- the risk to the HCP's moral integrity.</li> </ul> <p>See: Fovargue, S. and Neal, M., 2015. 'In good conscience': conscience-based exemptions and proper medical treatment. <i>Medical law review</i>, 23(2), p.233.</p>

	<b>Current revised text (as of April 2021) SUBJECT TO CHANGE</b>	<b>Proposed amendments Specific Comments Additions: <u>bold/underlined</u> Deletions: <del>lined-out</del> Comments only: <i>italic</i></b>	<b>Reasoning/comments</b>
	<i>2022. However, comments on this paragraph are also welcome at this time.</i>	<b><u>this</u></b> must only be considered if the individual patient is not discriminated against or disadvantaged, the patient's health is not endangered, and <del>undelayed</del> continuity of care is ensured <b><u>without delay by informing this patient of his or her right to see another qualified physician.</u></b>	There is an important ethical difference between 'referring' a patient to another named physician (who is prepared to undertake the procedure) and 'signaling' to a patient that he or she has the right to see another physician about the procedure.
28	Appropriate professional boundaries must be maintained. Physicians must not engage in a sexual relationship with a current patient and must never engage in abusive or exploitative relationships with a patient.		
29	In order to provide care of the highest standard, physicians must attend to their own health, well-being and abilities. This includes seeking appropriate care		

	<b>Current revised text (as of April 2021) SUBJECT TO CHANGE</b>	<b>Proposed amendments Specific Comments Additions: <u>bold/underlined</u> Deletions: <del>lined-out</del> Comments only: <i>italic</i></b>	<b>Reasoning/comments</b>
	to ensure that they are able to practise safely.		
	<b>Duties to other physicians and health professionals</b>		
<b>30</b>	The physician must engage with other physicians and health professionals in a respectful and collaborative manner. Physicians must also ensure that ethical principles are upheld when working in teams.		
<b>31</b>	The physician should respect colleagues' patient-physician relationships and not intervene unless needed to protect the patient from harm. This should not prevent the physician from recommending alternative courses of action considered to be in patients' best interests.		
<b>32</b>	Physicians should report conditions or circumstances which impede them from providing care of the highest standards, including violence against physicians and other health personnel,		

	<b>Current revised text (as of April 2021) SUBJECT TO CHANGE</b>	<b>Proposed amendments Specific Comments Additions: <u>bold/underlined</u> Deletions: <del>lined-out</del> Comments only: <i>[italic]</i></b>	<b>Reasoning/comments</b>
	inappropriate working conditions, and any other unsustainable stress factors.		
<b>33</b>	Due respect should be granted to teachers and students of medicine and other health professionals.		
	<b>Duties to society</b>		
<b>34</b>	Physicians must support fair and equitable provision of health care. This includes addressing inequities in health and care, the determinants of those inequities, as well as violations of the rights of patients and health care professionals.	<i>support fair and equitable provision of health care</i>	In this regard, it may be useful to consider the following publication: Latham, A. Right to life does not depend on age or disability The Herald, Agenda 1st May 2020 <a href="https://www.heraldscotland.com/opinion/18419498.agenda-right-life-not-depend-age-disability/">https://www.heraldscotland.com/opinion/18419498.agenda-right-life-not-depend-age-disability/</a>
<b>35</b>	Physicians play an important role in matters relating to the health and safety of the public, health education and health literacy. In fulfilling this responsibility, physicians should be prudent in discussing new discoveries, technologies, or treatments in non-professional, public venues and should ensure that their statements are scientifically accurate.		

	<b>Current revised text (as of April 2021) SUBJECT TO CHANGE</b>	<b>Proposed amendments Specific Comments Additions: <u>bold/underlined</u> Deletions: <del>lined-out</del> Comments only: <i>italic</i></b>	<b>Reasoning/comments</b>
	Physicians should be especially careful to distinguish in their public comments between evidence-based scientific information and their own personal opinions.		
<b>36</b>	Physicians should avoid acting in such a way as to weaken public trust in the medical profession. To maintain that trust, physicians must hold themselves and fellow physicians to the highest standards of professional conduct and be prepared to report unethical or incompetent behaviour.		
<b>37</b>	Physicians should share their medical knowledge and expertise for the benefit of patients and the advancement of healthcare.		
<b>38</b>	Physicians have a duty to support the conduct of scientifically sound medical research in keeping with the ethical principles of the Declaration of Helsinki.		

	<b>Current revised text (as of April 2021) SUBJECT TO CHANGE</b>	<b>Proposed amendments Specific Comments Additions: <u>bold/underlined</u> Deletions: <del>lined-out</del> Comments only: <i>[italic]</i></b>	<b>Reasoning/comments</b>
	<b>Duties of the physician as members of professional medical organisations</b>		
<b>39</b>	As members of professional medical organisations, physicians shall follow, protect, and promote the ethical principles of this code. They shall help prevent national or international ethical, legal, or regulatory requirements that undermine any of the duties set forth in this document.		
<b>40</b>	As members of professional medical organisations, it is the task of physicians to support fellow members in upholding the responsibilities set out in this code and to take measures to protect them from undue influence, from violence and from oppression.		

