## 2. Medical ethics

#### 2.1 Introduction

Whatever its methods of practice, the medical profession is one. Methods of practice are complementary and derive from the same deontology or science of duty and ethics (cf. CP Declaration of Nuremberg). Thus, the ethical principles embraced by the profession as a whole are the same principles which are valid both from the background of the profession in Europe and the activities of the individual physicians in Europe.

The various declarations and statements of policy adopted by the CP include aspects which reflect and reconfirm specific aspects of these ethical principles whitin the context of the subjects addressed by the statements. Thus, many ethical principles embraced by the profession and CP will be found as integral elements of policy statements on a variety of topics. In addition, the CP has adopted a number of statements dealing with specific aspects of medical ethics. These include the documents which follow.

## 2.2 Teaching of medical ethics in basic and continuing medical education

Motion, adopted at Funchal, 1993 (CP 92/162)

# Teaching of Medical Ethics & Deontology in the Countries of Europe

Based on the recommendations put forth in the CP's Statement of Madrid that the national medical associations (NMAs) should take the initiative with regard to education in medical ethics, the protection of human rights, and particulary with regard to measures for the prevention of torture, the CP Subcommittee on Medical Ethics and Deontology has conducted a study on Teaching of Medical Ethics in Basic & Continuing Medical Education.

This study stressed the importance that all doctors have a thorough knowledge of medical ethics and deontology by organized instruction as an integrated part of basic and continuing medical education and medical practice.

This study further emphasized the particular responsibilities which must be assumed by the doctor practicing in those sectors in which human rights could be particulary endangered; the practice of medicine whitin the penal system, military medicine, and humanitarian medicine.

The doctors of the member states of the European Community, meeting in the CP, invite the countries of Europe, regardless of their cultural, philosophical or religious differences or variations in their educational backgrounds, to promote and respect the principles of medical ethics and the defense of human rights as set forth in the Statement of Madrid. Therefore, the CP hereby

- recommends that all medical associations concerned establish comittees of medical ethics and deontology to initiate and promote preand post-graduate training in medical ethics and the protection of human rights.
- to propose to the relevant bodies education in practical application and educational guidelines in human rights and ethics for doctors taking account of the situation of those doctors whose practice entails special ethical and deontological responsibilities.

### Resolution on teaching medical ethics

#### Resolved:

that the Standing Comittee of Doctors of the EEC declare its view that medical ethics should be taught in all medical schools

Adopted November 1982 Dublin (CP 82/153, Item 9.3)

Document on Education in Medical Ethics. (Adopted by the Plenary Assembly. Madrid, 4th-5th October 1991) (CP91/44 revised)

#### Education in medical ethics

The unremitting progress of medical sciences and the unforeseen changes in medical practice make impossible any outlook on the future development of Medicine. It is said that in modern Medicine fifty per cent of current medical knowledge undergoes radical changes every five years.

Since basic medical training lasts between six and eight years, medical students must face, even before obtaining their diploma, the arduous problem of recycling their knowledge and get ready for their continuing medical education.

It is futile to try to foretell how Medicine will be like, not in the first decades of the next century, but in the final years of the present one. It is also wortless to try to define what must be taught to future medical students, as nobody can forecast the main features of the scientific environment and the socio-economic context in which doctors will practice in the first decades of the XXI century.

Only the fundamental traits of medical ethics will withstand the powerful pressure coming from future innovations. Fortunately, such few basic principles are enough to preserve the human and humane nature of Medicine, because they constitute the necessary and essential foundation of the doctor-patient relationship, and will remain unchanged no matter how deep the changes fostered by scientific progress and socioeconomic evolution.

The patient's trust in his doctor, whichever the ways in which medical practice is delivered, depends both on the doctor's respect both the patient's rights and upon the physician's full technical and moral independence.

The right of the patient to consult the physician of his choice, the patient's right to contact an independent doctor who puts his patient's health and interests as his guiding rule, and the respect for patient's private life and confidences, constitute the three main and essential principles to guarantee the human quality of the dealing between patient and doctor.

An essential and inalienable component of medical training is the teaching of these professional ethics rules. They were clearly defined 2500 years ago by Hippocrates, have remained intact in the past, preside now our practice, and will continue to be essential tomorrow, when spectacular scientific achievements and dramatic socioeconomic changes will transform profoundly the face of Medicine. Indeed, cost-containment procedures are being introduced which can lead in the future to rationing medical care. Such policy constitutes a major challenge to doctors and to the society as a whole, particularly if it leads to the withholding or withdrawal of medical care that could anticipate or provoke the patient's death on socioeconomic grounds. That is a danger which doctors must confront probably before the end of the century.

Therefore, the need of traning future doctors in the field of ethics must be emphasized again and again if the ever present and dangerous drift towards skepticism or neglect is to be avoided. The professional duty of "learning how to learn" finds its prevalent application in ethical (self)education. The doctor must learn both to ethically review his attitudes and to update constantly his ethical knowledge.

Ethical responsibility is the heart of the physician's competent professional behaviour and scientific undertakings. Medicial ethics must be present in every medical curriculum, if we want that Medicine may play in the future its decisive role in shaping a civilized world concerned for the respect of the human person.

Dr. André Wynen

### 2.3 Statement of Madrid Recommendations of the CP concerning Doctors, Ethics, and Torture

Madrid, November 1989 (CP 89/73, Final)

Having taken into consideration the recommendations of the international meeting on Doctors, Ethics, and Torture held in Copenhagen on 23 August 1986, the Plenary Assembly of the Standing Committee of Doctors of the European Communities meeting in Madrid on 24-25 November 1989, deliberated the problems faced by doctors and the organized medical profession in countries where torture is or has been employed.

The Plenary Assembly of the Standing Committee of Doctors of the EC agreed:

- to urge all national medical associations which

have not yet done so to ratify, publicise, and implement the Declaration of Tokyo (Guidelines for Medical Doctors Concerning Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment in relation to Detention and Imprisonment) adopted by the World Medical Association in 1975 as the definitive statement of the position of the medical profession on this topic;

- to urge the conclusion and integration in the medical educational curricula of information about the existence of this problem and instruction in the ethical responsabilities and regulations by which the doctor is bound and to which he may refer when objected to pressure to act contrary to the best ethical principles of the medical profession;
- to urge all national governments which have not yet done so to ratify and implement the United Nations' Declaration of 1982 and other relevant international declarations on this topic;
- to urge all scientific and professional medical bodies and the profession in all countries to incorporate the principles of the Tokyo Declaration into their statutes, and all other relevant documents, including a principle stating that a doctor shall never participate direct or indirectly and even by his own presence in a process or accept a procedure of any nature assigned to violate the physical or mental integrity of a person or the human dignity.
- to urge establishment of an international reporting system regarding ethical infractions whitin the profession in this respect and to publicise information about the existence of torture and to urge that similar educational measures be taken for all health professions and police and military personnel, and to encourage and support research against torture and for treatment of the victims of torture, and
- to urge that *international support* be given by the profession to colleagues who take action to recist the involvement of doctors in such procedures and to mount an international protest against any efforts to hinder the profession in attempts to uphold the highest ethical principles of physians;

## 2.4 Analysis of the human genome

(CP 89/210)

CP resolution concerning a specific program for health research: Analysis of the Human Genome Adopted by the Plenary Assembly, Madrid, 24th-25th November 1989

#### Resolution

from the CP Subcommittee on Medical Ethics concerning EC Commission's Program on a specific program for health research: Predictive Medicine: Analysis of the Human Genome (1989-1991) (COM(88)