Code of Medical Ethics

Code de Déontologie des Médecins

Decree No. 83-166 of 12 April 1983

The President of the Republic, Mindful of the Constitution,
Mindful of Law No. 80-6 of 14 July 1980 to regulate the practice of Medicine;
Mindful of Law No. 80-7 of 14 July 1980 to organize the Medical Association;
Upon the recommendation of the Council of the Medical Association. Hereby decrees as follows:

Part I – General obligations of doctors

1. Respect for life constitutes in every instance the primary duty of a doctor.

2. (1) The doctor must tend ail sick persons with the same diligence, whatever their status, nationality, religion, reputation and the feelings he may have concerning them.
   (2) In no case shall the doctor exercise his profession under conditions pre-judicial to the quality of medical care and attention.

3. (1) Whatever his official duties or special field may be, every doctor must, except in the case of force majeure, give help urgently to a sick person in immediate danger, unless he has ensured that other medical care likely to ward off the danger has been given to him.
   (2) He may not leave his patients in the event of public danger, except upon an order issued in writing by the competent authority.

4. Professional secrecy shall be binding on all doctors, unless otherwise provided by law, provided that in all conscience it is not harmful to the interests of the patient.

5. In their relations, the doctor and the patient shall each have the following guarantees:
   - freedom for the patient to choose his doctor;
   - freedom for the doctor to make prescriptions;
   - payment of fees by the patient.

6. (1) A doctor shall not relinquish his professional independence in any way whatsoever.
   (2) He must refrain, even outside the practice of his profession, from any action that could bring it into disrepute.
   (3) He may not, while practising medicine, perform any other activity incompatible with the dignity of the profession.

7. The medical profession shall not be exercised like a trade. For this reason:
   (a) Any form, direct or indirect, of publicity or advertisement, and any spectacular occasion concerning medical matters but not having exclusively a scientific or educational purpose shall be forbidden.
(b) The only observations which a doctor is authorized to enter on his prescriptions or in a year book are:
- those which facilitate his relations with his patients;
- such titles, duties, qualifications that are officially recognized and are related to the profession;
- scientific honours related to the profession.
c) The only information that a doctor is authorized to put up on the door of his consulting room are the surname, names, titles, qualifications, the days, times for consultation and the floor, where applicable. Such information must be displayed with due restraint according to the custom of the liberal professions. The plate on which they are to be inscribed must not be larger than 25 cm by 30 cm. In the event of possible confusion, the medical association may require that first name(s) be mentioned.

/p.33/

8. Unauthorized assumption of titles or use of those not authorized by the Council of the Association and all practices intended to mislead the public shall be forbidden.

9. Practice under an assumed name shall be forbidden.

10. A doctor must exercise his profession under conditions allowing him regular use of premises and the technical facilities necessary for his profession.

11. It shall be forbidden for a doctor to entrust the running of his consulting room to a colleague, except in the case of replacement.

12. The exercise of medicine in fairs or markets shall be forbidden.

13. The following shall be forbidden:
- any act that may enable that patient to obtain unjustified or illegal material gain;
- any refund in cash or in kind made to a patient;
- any payment, acceptance or secret sharing of money between practitioners;
- any commission to any member of the staff; and
- acceptance of a commission for any medical act whatever, and in particular in respect of examinations, prescriptions of drugs or appliances, or consignments to a specific consulting room or clinic, a sanatorium or nursing home.

14. It shall be forbidden for doctors to grant any facilities to persons indulging in illegal medical practice.

15. (1) Any collusion between doctors and pharmacists, medical assistants and any other persons shall be forbidden.
(2) No doctor shall be allowed to give consultation in commercial premises where medicines or medical appliances are on sale, or in annexes to the said premises.

/p.34/

16. Every doctor shall be forbidden to exercise any other trade or profession permitting him to increase his profits by giving prescriptions or his professional advice.

17. Any doctor holding an elective or administrative office shall be forbid-den to use his position in order to increase his clientele.

18. Any deceitful practices likely to discredit the profession and in particular charlatanism, shall be forbidden.

19. It shall be a serious offence to mislead practitioners or patients by pro-posing as beneficial or harmless a new or insufficiently tested procedure for’ diagnosis or treatment.

20. (1) In medical practice, the doctor may issue certificates, attestations or documents in due form.
(2) Any certificate, attestation or document issued by a doctor must bear his signature, his name and address.

21. It shall be a serious offence to issue a tendentious report or a certificate as a favour.
Part II - Duties of doctors towards their patients

22. A doctor, from the moment he is called to give attention to a patient and agrees to do this, shall be bound:
   - to give the patient all the necessary medical care within his power, either personally or with the help of qualified third parties;
   - to always act correctly and courteously towards the patient and to show himself sympathetic towards him.

23. (1) A doctor must always formulate his diagnosis with the greatest care, regardless of the time that this work may cost him.
   (2) After having made his diagnosis and prescribed treatment, the doctor must endeavour to ensure that this treatment is carried out, especially if the patient’s life is in danger.

24. (1) A doctor must always prescribe treatment within the limits imposed by the conditions of the patients. He must in good faith not prescribe very costly treatment for a patient until the patient or his family have been informed of the sacrifices which this would entail and the benefit which they may derive from it.
   (2) A doctor must never give treatment to a patient with a view to profiting therefrom.

25. (1) A doctor called upon to give medical attention in a particular family or place must take all necessary prophylactic measures. He shall inform the patients and their relatives, etc., of their responsibilities towards themselves and their neighbours. He must, in particular, ensure the respect for rules of hygiene. In the absence of hygienic conditions, the doctor must instruct the patient to arrange for transport to a health establishment.
   (2) He must avoid getting involved in the affairs of the family or place concerned.

26. When called urgently to consult a minor or any other incapable person and when it is impossible to obtain the consent of the legal representative of the latter in time, a doctor must give all medical care necessary.

27. (1) A serious prognosis may lawfully be concealed from the patient.
   (2) A fatal prognosis may not be divulged to him except with the greatest prudence; it must normally be divulged to his family, unless the patient is already so aware or if he has appointed a third party to be informed.

28. Except in an emergency and where he would be shirking his human responsibilities, a doctor may refuse his services for professional or personal reasons, provided that:
   - he does not, by doing this, do harm to the patient;
   - he ensures that medical treatment is continued and supplies the necessary information for this purpose.

29. (1) Any practice or act of abortion shall be forbidden.
   (2) Therapeutic abortion may however be performed if such action is the only way of safeguarding the mother’s life.

/p.35/

In such a case, the doctor must perforce obtain the opinions of two doctors, one of whom shall be chosen from the civil court list of experts and the other a member of the council of the Association who will give a written attestation that the life of the mother can only be preserved by such therapy. The consultation report shall be drawn up in three copies, one of which shall be given to the patient, the other two shall be kept by the consulting physicians. Moreover a report of the decision taken, not containing the patient’s name, must be sent by registered mail to the President of the Council.

(3) In areas where there is only one doctor, or where the opinion of two colleagues cannot easily be obtained, the decision to induce therapeutic abortion shall be at the discretion of the doctor in charge, who must forthwith send a circumstantial report to the Minister of Public Health and to the President of the National Council of the Medical Association.
A doctor must if necessary accept the refusal of the patient, who has been duly informed. There shall be no exception to this rule, save in the case of extreme urgency, and where the patient is not in a fit state to give her consent.

If the doctor cannot, because of his convictions, practise abortion, he may withdraw his services, ensuring that treatment is continued by a qualified colleague.

During difficult or prolonged labour, the doctor must consider himself as the sole judge of the respective interests of the mother and child, without letting himself be influenced by considerations of a family nature.

1. A doctor must establish his own fees. He may not refuse to give explanations on these fees to his patient.
2. He may offer his service free of charge if his conscience so dictates.

A fixed fee for the duration of a course of treatment shall be forbidden, except in the case of childbirth, surgical operation, physical therapy, treatment in a sanatorium or nursing home.

Fixed payment for the effectiveness of treatment shall be forbidden under any circumstances.

Any sharing of fees between a practitioner on the one hand and a consultant, surgeon, or specialist on the other hand, at the time of a consultation or operation, is strictly forbidden. Each physician must submit his own bill.

Acceptance, solicitation, or offer to share fees, even if not followed up, shall be a serious professional offence.

A surgeon shall have the right to select his own assistant or operation assistants, as well as the anaesthetist. The latter persons may either claim their fees directly from the patient, or add such fees to the surgeon’s bill to the patient.

Nevertheless, when the surgeon deems it advisable to entrust the duties of operation assistant or anaesthetist to the medical practitioner, the latter must claim his own fees separately.

The presence of the practitioner at a surgical operation shall give him the right to separate fees if his presence has been requested or accepted by the patient or his family.

Part III – Duties of doctors in matters of social medicine

The doctor shall, bearing in mind his age, health and specialized field, as the case may be, give his assistance with regard to work undertaken by the competent authorities for the protection of health and organization of health care on a permanent basis.

Doctors must inform the Public Health Services of contagious diseases, and must also supply statistical data needed by the public health services.

Practitioners engaged as labour medical officers by industrial or commercial undertakings must transmit their contract or engagement to the Ministry in charge of Public Health and to the Council of the Association within one month preceding their assumption of duties.

Private doctors who do not own their equipment or the premises in which they practise must send in the contracts relating thereto under the conditions fixed by the preceding paragraph.

Any doctor who, while practising curative medicine, carries out preventive medical treatment in a community or gives a public consultation for detecting disease, shall be forbidden to make use of such activities to increase his private clientele.

No one may be both specialist and general practitioner for the same patient, except in the event of absolute necessity due to lack of doctors in the area.

Unless the parties otherwise agree, a doctor must not agree to undertake an assessment when the interests involved concern one of his patients, friends, relatives or group which calls upon his services. The same shall apply when his personal interests are involved.
40. A specialist must, before undertaking any operation of assessment, inform the person he is to examine of his mission.

41. (1) When entrusted with his mission a specialist must decline to give an opinion if he considers that the questions put to him are not relevant to medicine properly speaking. (2) In his report, the specialist must only reveal the information necessary to serve as replies to the questions asked in the decision appointing him and must not reveal any other information he might have learnt.

**Part IV – Duties of colleagues**

42. (1) Doctors must maintain good professional relations between themselves. They owe each other moral support. A doctor having a professional disagreement with a colleague must first attempt to come to an agreement with him; if he does not succeed, he must inform the President of the Council of the Association of the matter. (2) It shall be forbidden to slander or disparage a colleague, or to repeat any remarks likely to harm him in the practice of his profession. (3) Defense of a colleague unjustly criticised shall be deemed good professional conduct.

43. It shall be forbidden to attract and attempt to attract the patients of another doctor.

44. A doctor called to a patient who is being tended by one of his colleagues must respect the following rules: - if the patient intends to dispense with his first doctor: the second doctor must obtain the patient’s express wish and advise his colleague; - if the patient simply wanted to ask an opinion without changing his doctor; the second doctor must suggest a joint consultation and withdraw after having given only the emergency treatment necessary. In the case where, for a valid reason consultation seems impossible or inappropriate, the doctor may examine the patient, but shall reserve for his colleague his opinion on the diagnosis and treatment; - if the patient has, owing to the absence of his usual doctor, called upon him, he must give him all treatment necessary until his colleague returns and give him all necessary information.

45. Subject to the provisions of Article 57, a doctor may receive any patient at his surgery, whoever their usual doctor.

46. (1) A Doctor treating a patient must suggest a consultation with a specialist whenever circumstances so require. (2) He must accept a consultation requested by the patient or his friends and relations. (3) In both cases the doctor shall propose the consultant whom he deems most qualified, but he must take the patient’s wishes into account and agree, in principle, save for any serious reasons to meet any other doctor. He shall be responsible for organizing the procedure for consultation. (4) If the examining doctor considers that he should not agree to the choice made, he may withdraw and shall not be obliged to explain his refusal.

47. (1) At the close of consultation between two or more doctors, their conclusions shall be drawn up jointly and in writing, then signed by the examining doctor and countersigned by the consulting doctor or doctors. (2) When conclusions are not drawn up in writing the consultant is deemed to be fully in agreement with the opinion of the doctor.

48. When, during a consultation between doctors, the opinions of the consultant and the examining doctor basically differ, the examining doctor shall be free to case treatment if the consultant’s opinion prevails.
49. Except in an emergency, a doctor who has been called for consultation must not return to the patient he examined with his colleague, in the absence of the examining doctor or without his approval, during the illness which necessitated the consultation. In this case, the examining doctor must be notified as quickly as possible.

50. (1) A doctor may only have himself replaced temporarily in respect of his patients by a colleague, a student or doctor whose name does not appear on the Roll of the Association; the Council, which must compulsorily and immediately be informed, shall decide whether the substitute satisfies the necessary moral conditions.

(2) During the period of replacement, the student or doctor shall be under the disciplinary jurisdiction.

51. (1) A doctor who, during or after his studies, has replaced a colleague for a period of more than three months, shall not, within two years after such replacement, set himself up in an establishment, where he could be in direct competition with the doctor whom he replaced, unless they have reached an agreement which shall be notified to the Council of the Association.

(2) When such agreement cannot be obtained, the case must be submitted to the Council of the Association.

(3) A doctor may not be replaced by a government doctor, a doctor serving the State under technical assistance or a colleague serving a missionary agency, unless there is a shortage of private doctors.

52. No doctor shall set himself up in a building in which a colleague of the same speciality practises.

53. (1) Any associations or partnership between doctors must form the subject of written contract respecting the professional independence of each doctor.

(2) Draft contracts must be submitted to the Minister in charge of Public Health and to the Council of the Association.

54. Any doctor practising on an individual basis shall be forbidden, in the normal, customary and organized practice of his profession, to obtain the assistance of a doctor practising on his behalf, except in an emergency and for a maximum period of fifteen days.

**Part V – Duties of doctors towards members of paramedical professions and auxiliary medical staff**

55. In their relations with members of paramedical professions, particularly pharmacists and dental surgeons, doctors must respect the independence of such persons. They must avoid any unjustified action likely to harm them in the eyes of their clientele and they must behave courteously towards them.

56. A doctor must be courteous and benevolent towards auxiliary medical staff refrain from inconsiderately causing them prejudice.

57. Any proposal of contract, association or partnership having a professional object, between one or more members of one of the professions mentioned in Articles 55 and 56 above, must be submitted to the Council of the Association for approval.

**Part VI – Miscellaneous provisions**

58. (1) Any infringement of the provisions of the present Code shall fall within the jurisdiction of the Council of the Association sitting as the Disciplinary Board in conformity with the law.

(2) The initiative to refer a matter to this Board shall be jointly taken by the Association and the Minister in charge of Public Health.

59. Except in unavoidable circumstances or where a requisition concerns a spouse, an ascendant or a descendant, the summoned medical practitioner must comply with the requisition as soon as possible.
60. (1) In order to suspend a practitioner in the event of physical disablement or of a pathological condition rendering the practice of the profession dangerous, three experts shall be empowered to draw up the report.
(2) The said experts shall be appointed as follows:
- the first by the person concerned or his family;
- the second by the Council of the Association;
- the third by the first two experts.
In the case where the first two fail to agree on the choice of the third, the latter shall be appointed by the authority in charge of Public Health.

61. (1) When a matter is referred to the Council of the Association in all the cases referred to in the present Code, the Council shall give its ruling within 30 (thirty) days after the matter has been referred to it.
(2) Where it is deemed necessary to carry out an investigation, such period shall be extended for a further period of not more than two months.
(3) Upon the expiry of these different periods, the recommendation of the Council shall be deemed favourable.

62. Every doctor shall, at the time of enrolment in the Association, declare before the Council of the Association that he has cognisance of the present Code of ethics and shall undertake, under oath and in writing, to abide by it.

63. Any doctor who discontinues practice shall be bound to notify the Council of the Association thereof. The latter shall give official notice of its decision and where the person concerned expressly requests it, his name shall be struck off the roll. The Minister in charge of Republic Health shall be notified of such decision.

/p.43/

Part VII – The General Assembly

Chapter I – Organisation and functioning of the General Assembly

64. The General Assembly shall comprise all doctors inscribed on the Roll of the Association. It shall be made up of three divisions:
- Division A: medical practitioners engaged in private practice or those employed by enterprises;
- Division B: medical practitioners employed by missionary agencies;
- Division C: Government medical practitioners.

65. (1) When convened in constituent assembly, the General Assembly shall be presided over by the oldest medical practitioner, assisted by two young colleagues. The functions of such interim officers shall terminate as soon as the officers of the Council are elected.
(2) The ordinary or extraordinary sessions shall be presided over by the President of the Council or, if he is unable to attend, by the Vice-President.

66. (1) The quorum of the General Assembly shall be two-thirds of the members of each division.
(2) Members who are unable to attend may be represented by proxy. Each medical practitioner shall give only one proxy. Such proxies shall be registered by the officers of the General Assembly at the start of the session.
(3) Where the quorum has not been attained, the authority who convened the General Assembly shall again convene the Assembly within not less than 15 days and not more than a month. The deliberations of the General Assembly shall then be valid whatever the number of members present and represented.
(4) Only members who have paid all their contributions shall take part in the vote.

/p.44/

Section 2 – Functioning of the General Assembly

67. (1) The convening of the Constituent General Assembly shall fall within the jurisdiction of the authority responsible for Public Health.
2) Ordinary or extraordinary meetings of the General Assembly shall be convened by the President of the Council.

(3) Notices of meetings shall be forwarded together with the agenda, to members one month before the appointed date for the session.

68. (1) The decisions of the General Assembly shall be taken by simple majority. In the event of a tie, the President shall have the casting vote.

(2) The vote shall be open.

69. During extraordinary sessions, the Assembly shall discuss only the items on the agenda.

Chapter II – Election and replacement of members of the council

70. When the General Assembly meets in order to elect the members and officers of the Council, the quorum shall be two-thirds of the members of each division.

71. (1) The members of the Council shall be elected by the General Assembly according to division. Voting shall be for a single candidate and by simple majority.

(2) Each division shall propose its candidates. The substantive and alternate members shall be elected individually, one after the other.

72. The officers shall be elected by the General Assembly from among the members of the Council. Voting shall be for a single candidate and by absolute majority.

73. (1) In the event of death or duly established default of a member of the Council, the alternate member shall automatically replace him until new elections are held in the General Assembly.

(2) Where an officer of the Council is concerned, he shall be replaced by elections within the Council.

Part VII – Final provisions

74. All previous provisions, in particular Decree No. 66-DF-311 of July 1966: Code of Medical Deontology, are hereby repealed.

75. This decree shall be registered and published in the Official Gazette in English and French.

Yaounde, 12 April 1983.
P. Biya, President of the Republic.