

Pursuant to Article 13 of the Amendments to the Code of Medical Ethics and Deontology (*Official Gazette* 139/15), the following consolidated text of the Code of Medical Ethics and Deontology has been drawn up.

The consolidated text comprises:

- the Code of Medical Ethics and Deontology (*Official Gazette* 55/08), entered into force on 24 May 2008 and
- the Amendments to the Code of Medical Ethics and Deontology (*Official Gazette* 139/15), entered into force on 6 January 2016.

CLASS: 01-11/2015/5

Ref. number: 385-01-11-32/2015/6

Zagreb, 15 January 2016

Deputy President
of the Croatian Medical Chamber Assembly
Professor Zvonimir Lovrić MD, PhD, m.p.

CODE OF MEDICAL ETHICS AND DEONTOLOGY (Consolidated text)

1. Basic principles

Article 1

1. A physician has the honorable duty to dedicate his/her professional life to human health.
2. In that sense, a physician shall respect human life from its beginning until its end; he/she shall promote health, prevent and cure disease, as well as respect the human body and its integrity even after death.
3. A physician shall provide equal medical aid to everyone, regardless of their age, gender, race, nationality, religion, political beliefs, social status, or any other circumstance, while simultaneously respecting the human rights and dignity of the patient.
4. A physician shall uphold the noble tradition of the medical profession with all his/her ability, maintaining the high standards of professional work and ethical behavior towards the patients, their families, as well as healthy individuals.
5. A physician shall preserve the reputation and dignity of the medical profession in his/her work, and shall treat his/her colleagues with respect.

6. A physician shall always responsibly apply his/her knowledge and skills in compliance with the principles of this Code.

2. Obligations towards the patient

Article 2

1. A physician shall respect the patient's rights, with regard to the health and well-being of the patient as his/her primary concern.

2. A physician shall perform his/her duties professionally and ethically, not abusing the patient in any way, be it emotionally, physically, or materially.

3. Apart from the regular awards for medical services provided, such as regular pay or fees and the satisfaction gained from helping patients, acquiring any other kind of material or other gain in exchange for medical services, as well as demanding gifts in order to perform professional services, is contrary to this Code.

4. A physician shall respect the right of a mentally accountable and conscious patient to be well informed in order to be able to freely accept or refuse the services of a particular physician or the medical aid recommended to him/her. When a patient is not able to decide, such matters are decided by a legal representative. If a legal representative is not present and there is no time to postpone the decision, a physician shall apply the best medical practices he/she is capable of providing.

5. Except in emergencies, a physician shall provide medical aid to children and minors only with the consent of the patient's parent(s), legal guardian(s), or closest adult family members. A physician shall then apply the most appropriate procedure and deny the requests of laypersons which could harm the health or life of the child/minor and withhold health care measures. If a physician suspects that a child/minor is being abused or mistreated, he/she is obliged to inform the authorities, giving due consideration to the privacy and interest of the child/minor.

6. A physician shall recommend and conduct only such diagnostic procedures that are necessary for a reliable diagnosis, and only such treatments which are in compliance with evidence-based methods of contemporary medical science. Adopting, applying, and spreading scientifically unsound methods, as well as instilling false hope in patients and their loved ones, represent an infringement of medical ethics.

7. A physician shall treat patients in an efficient and cost-effective manner, according to rational medical practices, and shall not perform unnecessary examinations and treatments irrespective of who bears the cost thereof.

8. A physician shall appropriately inform a patient or his/her legal representative about diagnostic procedures and tests, their risks and perils, results and all treatment options, as well as the chances for their success, and offer adequate information so as to enable a patient to make the right decision about the diagnostic procedures and recommended treatment.

9. A physician shall show understanding for the concerns of a patient's loved ones and provide information to the patient's legal representatives or those individuals who the physician has been authorized to inform, as well as cooperate with them for the well-being of the patient.

10. A patient has the right to know the truth about his/her condition and have full access to his/her medical documentation. A patient also has the right to sign a written statement waiving the right to be told about their medical condition and the expected outcomes of recommended or undertaken procedures and measures, except in such cases where a patient must be made aware of his/her condition so as not to endanger the health of others.

11. In his/her absence, a physician shall ensure constant medical attention for his/her patients.

12. If treatment requirements surpass a physician's abilities, knowledge, or skills, he/she shall refer the patient to another doctor who can accommodate those needs and who is obliged to respond to such a request. If a patient requests to be referred to another physician, his/her physician is required to do so. If a physician deems it necessary to consult other colleagues in certain cases, he/she shall seek adequate advice.

13. If an adequately informed patient capable of independent decision making fails to comply with the physician's recommendation for prevention or cure, the physician shall exceptionally be allowed to refuse further care to that patient provided that he/she has referred the patient to another physician or medical institution. A physician may act in the same way in case of a patient who behaves in an inappropriate, offensive, or threatening manner.

14. Everything disclosed to a physician in the course of treating a patient is considered part of doctor-patient confidentiality. A physician must maintain that confidentiality even before the patient's family if the patient should request so, and even after the patient's death, unless maintaining the confidentiality could endanger the health and/or lives of others. Maintaining doctor-patient confidentiality also concerns all other systems which have access to the patient's information for processing and storage.

15. A physician has the right to resort to conscientious objection as long as this does not cause permanent consequences to the health or life of a patient. In that case, the physician must inform his/her superiors as well as the patient in a timely manner and refer the patient to another physician of the same specialty.

16. A physician must not interfere with a patient's personal or family issues or try to influence him/her outside the scope of the treatment plan.

3. Family planning and human fertility regulation

Article 3

1. A physician shall apply approved, up-to-date methods of prenatal and postnatal care aimed at helping in the birth, growth, and development of a child.

2. In family planning, a physician shall primarily promote educational and natural methods, followed by family planning methods which are in keeping with the current medical knowledge and moral views of women and men. It is a physician's obligation to inform the man and woman about the actions of various contraceptives, their usage, and possible harmful effects.

3. Before embarking on any form of infertility treatment, including *in vitro* fertilization, a physician shall satisfy him/herself that the individuals undergoing the procedure are fully aware of the purpose of assisted reproduction methods. It is a physician's obligation to be acquainted with the ethical aspects of specific procedures according to accepted contemporary standards.

4. Developing a surplus of human embryos for purposes of research is unacceptable and unethical.

4. The dying patient

Article 4

1. Relieving suffering and pain is one of the basic tasks of a physician. This is of paramount importance in the care of dying patients, when a physician should provide the patient not only with drugs but also with as much spiritual support as possible, while respecting the patient's beliefs and wishes. At the same time, the physician shall inform the patient's loved ones of his/her condition, and attempt to gain their cooperation in alleviating the patient's pain.

2. Intentionally assisted shortening or termination of life (euthanasia) and physician-assisted suicide is contrary to medical ethics. The wishes of well-informed patients suffering from terminal diseases, which have been clearly expressed in writing or in speech, in a fully conscious state, regarding assisted life support and resuscitation, must be respected according to positive legal regulations.

3. A continuation of intensive treatment in an irreversible terminal state is not medically justified as it deprives a dying patient of the right to a dignified death.

5. Tissue and organ transplantation

Article 5

1. In case of brain death, determined in a professionally accepted manner, a physician is obliged to maintain the life of organs, body parts, or tissues which may be used in treatment of other patients within the framework of positive regulations. A physician shall inform the deceased patient's family or closest relatives of the intention to transplant organs, body parts or tissue from the dead body. It is deemed unethical to take body parts from a deceased individual unless the family has consented to it, and the potential donor has not left a written objection to it drawn up during his/her life.

2. A physician participating or potentially participating in an organ transplantation procedure shall not participate in making the decision about the brain death of a donor, as this might lead to a possible conflict of interest.

3. If a physician is participating in tissue or organ transplantation from a live donor, he/she shall inform the patient about the nature of the procedure and its possible consequences.

4. Organ trafficking is contrary to this Code of Ethics.

6. Biomedical research

Article 6

1. In scientific research, a physician shall abide by the recommendations of the *Helsinki Declaration* and its revisions.
2. The basic purpose of research on humans is the improvement of prophylactic, diagnostic, and therapeutic procedures as well as elucidating the causes and development of diseases. In such research, the well-being of an individual has priority over the interest of science and society. A physician involved in medical research shall protect the life, health, privacy, and dignity of the test subject.
3. A physician who undertakes research in the field of biomedicine must be scientifically educated and competent. Any such physician shall present the research plan for evaluation and approval to an independent ethical committee who will assess its scientific justification and ethical acceptability. This plan must provide a clear indication of potential risks and difficulties in the perspective of the expected benefits the research project may bring to an individual and the society in general.
4. The benefits, risks, difficulties, and effects of the new method must be compared to the best existing prophylactic, diagnostic, and therapeutic procedures. This does not exclude the use of placebos as long as their use does not endanger the well-being of the test subject. The use of placebo is allowed only if unequivocally required by the research plan.
5. In certain types of research, possible damage to the environment must also be taken into consideration, and when test animals are involved, the principle of inflicting a minimum of suffering must be applied.
6. A physician in charge of the research shall provide the test subjects participating in the research project with a detailed explanation of the purpose of the research, its expected benefits, and the possible threats involved, upon which the physician must obtain the patient's written informed consent. If the test subject is underage or unable to consent due to the fact that he/she has been proclaimed legally incapacitated, or due to his/her state of consciousness, an informed consent may be obtained from his/her legal representative.
7. If the test subject regains the ability for making independent decisions during the course of the research, a physician shall obtain his/her informed consent before further research can unfold. The test subject may withdraw from further research at any time without any consequences. The subject's withdrawal from participation in the research will not affect his/her further health care.
8. A researcher shall in no way influence the decision of the test subject concerning his/her participation in a therapeutic or other type of research, especially in the case when the test subject depends on the researcher.
9. The research into new prophylactic, diagnostic, and therapeutic procedures can be undertaken only by independent and trained researchers within the framework of the approved clinical trial plan.
10. In keeping with the rules of scientific reporting, a physician/researcher shall report on the obtained results at professional conferences and in medical journals, while the general public shall be informed once a professional opinion has been formed about the research.

7. The human genome

Article 7

1. Any form of discrimination based on a person's genetic inheritance is forbidden.
2. Tests confirming hereditary conditions, whether used to recognize the carrier gene responsible for a particular disease, or to discover a genetic predisposition or propensity to develop a disease, can only be carried out for medical purposes or as part of scientific research for medical purposes, and only after objective genetic consultation.
3. Procedures aimed at altering a human genome may only be carried out for preventive, diagnostic, and therapeutic purposes, under the condition that the alterations are not passed on to the progeny.
4. Creation of genetically identical humans (cloning) is against ethics and respect for human dignity and is therefore strictly forbidden.

8. Relationship with persons with restricted freedom

Article 8

1. A physician working in a closed institution shall particularly respect the patient's physical and emotional rights and observe his/her individual dignity. Forced medical treatment and force-feeding is allowed only in cases when a patient is not capable of forming an unimpaired judgment. If an adult capable of forming an unimpaired judgment refuses nourishment, a physician must respect that decision.
2. A physician is forbidden to participate in any kind of violence against human beings.

9. Relationship with other physicians and attitude towards the profession

Article 9

1. An honorable physician shall behave towards other physicians as he/she would want their colleagues to behave towards him/her.
2. A physician shall express utmost respect and gratitude to his/her teachers for the knowledge, skills, and edification which he/she gained from them.
3. If another physician should ask for professional advice and/or assistance, a fellow physician shall generously provide it to the best of his/her ability.
4. A physician shall not engage in solicitation of a colleague's patients.
5. A physician may only take a colleague's patient into his/her care if specifically requested to do so by that physician or his/her patient, and is obliged to inform the physician in question about it.

6. A physician referring a patient to another physician shall inform his/her colleague of any details which could in any way endanger his/her health or life, and provide all the available medical documentation.
7. A physician shall notify colleagues and other staff of any omissions or failures on their part in such a way that will not hurt their human and professional dignity, and never in the presence of a patient or his/her family, except in the case of an imminent risk involving possible permanent consequences to the patient's health and life. The physician shall express differences in professional opinions and practice in a responsible, argued, and appropriate manner.
8. In case that a physician discovers inappropriate ethical, moral, or medical conduct in the work of a colleague, he/she is obliged to caution the colleague in question, and report such conduct to his/her superior, the Croatian Medical Chamber, and the Croatian Medical Association. The physician must not concern him/herself with reporting issues aimed at hurting or humiliating a colleague, rather than protecting the profession.
9. Continuous medical education as well as keeping up with professional advances are among the paramount duties of a physician.
10. The exclusive criteria of evaluation for advancement in the medical profession must be professional expertise, ability, professional merits, adequate training, and results in a specific field and area of work. Scientific dishonesty and fraud are forms of behavior incompatible with medical ethics. It is unethical for a physician to use titles with his/her name he/she is not entitled to.
11. A physician shall safeguard his/her professional reputation and independence; he/she shall not agree to his/her name being used by or tied to a commercial activity aimed at obtaining a personal gain. A physician shall refrain from building and increasing his/her reputation by self-promotion or false and misleading advertising in the media.
12. A physician shall not cooperate with individuals, institutions, or associations which abuse the public trust by advocating unsound materials and/or procedures intended for treating diseases or safeguarding and promoting health.
13. A physician shall strive to maintain the reputation of the medical profession through his/her conduct and work.
14. It is the duty of a physician to maintain autonomy in making professional decisions.
15. The ethical obligations of a physician still apply in case of his/her engagement in activities which are not directly related with patient care.
16. A physician acting as a medical expert shall adhere to the ethical principles of his/her profession contained in the ethical codes of professional associations, societies, and chambers, as well as to the oath he/she has sworn to before a judge. A medical expert must demonstrate significant experience and knowledge in his/her field of expertise, and must be knowledgeable about the latest advances in that field. The ethical conduct of a medical court expert is demonstrated by a continuous assessment of his/her own practical and theoretical ability to produce appropriate expert opinions.

17. Physicians from other European Union member states are obliged to adhere to the Code of Medical Ethics and Deontology of the Croatian Medical Chamber and the Croatian Medical Association while delivering health care in the Republic of Croatia.

10. Final provisions

Article 10

1. The provisions of this Code shall be binding upon all physicians.
2. Breaching any of the provisions of this Code constitutes a breach of discipline. A disciplinary procedure for breaching the provisions of the Code has been established by the Croatian Medical Chamber.
3. It is a physician's right and obligation to inform the Chamber's Committee on Medical Ethics and Deontology and the Croatian Medical Association about every breach of the Code.
4. A physician shall refuse to engage in any activity which is contrary to the principles provided for by the Code and the Chamber shall assist them with all professional and legal means should a need arise to do so.
5. A criminal or misdemeanor responsibility of a physician or a disciplinary responsibility in a health care institution, company, or another legal entity engaged in health-care activities shall not exclude a disciplinary procedure before the competent panel of the Chamber.
6. A physician who has been proclaimed unworthy of discharging medical duties by the Croatian Medical Chamber shall also be considered to be in breach of the provisions of this Code.
7. This Code shall come into force on the eight day after its publication on the Chamber's notice board.
8. This Code shall be published in the official journal of the Croatian Medical Chamber as well as in the *Official Gazette*.

FINAL PROVISIONS OF THE AMENDMENTS TO THE CODE OF MEDICAL ETHICS AND DEONTOLOGY of 19 December 2015 (published in the *Official Gazette* 139/15 of 29 December 2015, and entered into force on 6 January 2016)

Article 11

These Amendments to the Code of Medical Ethics and Deontology shall be published on the Chamber's notice board as well as in the *Official Gazette*.

Article 12

These Amendments to the Code of Medical Ethics and Deontology shall come into force as of the eighth day from the date of publishing in the *Official Gazette*.

Article 13

The administrative bodies of the Chamber shall be tasked with drawing up the consolidated text of the Code of Medical Ethics and Deontology.