

MEDICAL COUNCIL OF TANGANYIKA

CODE OF ETHICS AND PROFESSIONAL CONDUCT FOR MEDICAL AND DENTAL PRACTITIONERS IN TANZANIA, 2005

PREAMBLE

The medical and dental professions hold a special position of trust in the society. Consequently the society accords these professions certain privileges that are not available to other professions. In return, persons who profess medical and dental professions (hereinafter referred to as practitioners) make a commitment to the society to observe, adhere to and attain high ethical standards of conduct. The standards, known as the Principles of Ethics and Code of Professional Conduct, carry obligations arising from the inherent implied contract between the practitioners and the society.

The Principles of Ethics and Code of Professional Conduct, as known today are not new phenomenon in Tanzania and the World in General. They have their roots in Greece, way back in 500 B.C and traceable to the emergence of Hippocrates (460 B.C.) and his philosophy in scientific approaches in medicine and principles on moral and ethical requirement of an ideal physician. The principles, which were then summarized in the form of “*Hippocratic oath*”, were the fundamental governance of the medical and dental professions. Ever since, the principles have existed throughout history until when they were officially modified by the Geneva Convention in 1948, which then formed the basis for diverse ethical approaches.

The principles of ethics are inspirational goals and attributes of the professions. They provide guidance and other justification for the professional conduct. The Principles can overlap each other as well as compete with each other for priority as one principle can justify a given element of the code of professional conduct and may, at times, need to be

balanced against each other. Otherwise the principles are the profession's firm guideposts.

Moreover the principles express specific types of conduct that are either required or prohibited resulting from resolutions that are adopted by the professionals. The principles are binding to members of the medical and dental professions and violations may result in disciplinary action.

Notably, ethics attained in the principles closely relate to the law but are not the same and often do exceed legal duties. For that matter, in resolving any ethical problem not explicitly covered by the code, both practitioners and clients shall consider the ethical principles, client's need and interests with respect to the applicable law.

The Principles of Ethics and Code of Professional Conduct for medical and dental practitioners in Tanzania are therefore epitomised and herein presented into *five cardinal principles* namely:

- Beneficence that requires practitioners to do good,
- Non maleficence that requires practitioners not to do harm to their clients,
- Autonomy that emphasises respect for the client's informed choices and consent,
- Justice which puts obligation on practitioners to act fairly, and
- Veracity and Fidelity which demands truthfulness and loyalty in the practitioner's actions.

In addition, a number of important ethical areas and issues that pose dilemma and challenges in the day to day practice have been given due weight and considered separately by this Code.

1.0 BENEFICENCE (DO GOOD)

The principle of beneficence refers to positive acts that lead to the welfare of others and a client in particular. It implores that a practitioner has to do all he can to promote good, kindness or generosity, and it implies acts of humanity, mercy or charity. It is a moral obligation required from the practitioner to act for the benefit of others, thus,

The practitioner shall:-

- 1.1. devote time and life to the service of humanity;
- 1.2. maintain by all means the honour and noble traditions of the profession;
- 1.3. practice the profession with conscience and dignity, and the health of the client shall be his first consideration;
- 1.4. maintain the utmost respect and preservation for human life even when subjected under threat;
- 1.5. act only in the client's interest when providing medical and dental care which might have the effect of weakening the physical and mental condition of the client;
- 1.6. have the duty to give emergency care until the practitioner is sure that others are willing and able to give such care;
- 1.7. give advice and treatment as shall be necessary to reduce the suffering of the client;
- 1.8. represent, recommended or perform treatment or diagnostic techniques that are evidence based best practice.

2.0 NON-MALEFICENCE (DO NO HARM)

This principle is based on the concept that a practitioner is under moral obligation to refrain from any act or omission that may result into undesirable or uncomfortable consequences inflicted upon a client.

The practitioner shall:-

- 2.1. refrain from taking part in any activity or experiment which does not conform to ethical requirements and which is likely to cause harm or endanger the health and well-being of a client: including but not limited to taking part in strikes in circumstances which endangers or causes harm to a patient, or compromises the Hippocratic Oath;
- 2.2. strive to have adequate standard equipment and necessary supplies for practice;
- 2.3. be obliged, whenever an examination or treatment is beyond his/her skills, capacity, knowledge and experience, to seek an advice or refer a client to a practitioner who has the necessary special skills, knowledge, ability and experience;
- 2.4. upon completion of the care, where dealing with a referral case, return the patient back to a referring practitioner, unless a client expressly indicates different preference;
- 2.5. not permit oneself to be exploited in a manner which is undesirable to the public or professional interest;
- 2.6. be obliged at all times to protect health of a client by assigning to qualified auxiliaries only those duties which can be professionally delegated;

- 2.7. be obliged to supervise the client care provided by auxiliary personnel working under his direction;
- 2.8. once instituted a course of treatment to a client he should not discontinue that treatment without giving the client adequate notice and the opportunity to obtain services of another practitioner;
- 2.9. not select a health facility on the basis of financial gains when referring his or her client.

3.0 AUTONOMY (SELF DETERMINATION)

This principle is based on the concept that a client has inherent right to make decisions in accordance with his values, as opposed to the values of others who do not suffer the consequences of the decisions. The principle mandates the client to make informed decisions unrestricted by values of the practitioner.

The practitioner shall:-

- 3.1. offer treatment and other forms of health intervention to client only after getting informed consent from the client;
- 3.2. always give the client sufficient information to enable him to decide whether or not to accept treatment, including the relevant risks, expected benefits and available alternatives;
- 3.3. ensure that consent is given free from undue influence such as force, pretence, promise and deception. Any decision to withdraw the consent must be respected;

- 3.3.1. consent can be implied or express, oral or written. But, consent for major surgery and test for sensitive diseases such as HIV/AIDS must be express,
- 3.3.2. consent from a client who lacks capacity such as a child or unconscious person, shall be obtained from the next of kin or any other person or authority for the best interest of the client and only for the necessary intervention,
- 3.3.3. when seeking client's consent as to the disclosure of confidential information, the practitioner shall ensure that the client clearly understands the reasons for such disclosure and its possible consequences,
- 3.3.4. the client has the right to choose a practitioner, who will attend the client,
- 3.3.5. the client's last wishes while still in sound mind and his right to die in dignity must be respected,
- 3.3.6. the client's right to receive or decline spiritual and moral comfort must be respected.

4.0 PRIVACY

This principle is based on the concept that records, interests and affairs relating to the client's health condition are confided to the practitioner only.

The practitioner shall:-

- 4.1 respect the privacy of a client in a course of providing treatment and any other forms of interaction, and shall avoid acts that are degrading, insulting, interfering with or injuring the self value of the client.

- 4.2 The practitioner shall take into account that touching a client without consent may be construed as trespass to the person, battery or assault, and that the body (*corpus*) of the client or information of the client is private property.

5.0 VERACITY (TRUTHFULNESS) AND FIDELITY (FAITHFULNESS / LOYALTY)

Veracity is the principle that imposes a duty upon the practitioner to be honest and truthful in the course of interaction with clients. The practitioner is obliged to respect the inherent trust that exists in the practitioner – client relationship. It requires a practitioner to communicate with a client truthfully and without deception, and thus maintain professional integrity.

On the other hand fidelity is the principle based on the concept that a practitioner shall keep promises made to the client, and requires the practitioner not to represent in a false or misleading manner any care or service rendered by him to the client.

The practitioner shall;

- 5.1. not charge fees for providing care in a false or misleading manner;
- 5.2. not increase fee to a client on reason that a client is covered under insurance scheme;
- 5.3. not recommend or perform unnecessary procedures for purposes of financial gain;

- 5.4. while presenting educational or scientific information in an article, seminar or other programmes, disclose to the reader or participants stakeholders as the case may be, any monetary or other special interest he may have with a company whose products are being promoted or endorsed in the presentation;
- 5.5. disclose any monetary or other special interests he may have with the company whose products are being promoted or endorsed in educational, scientific information in an article, seminar or other programmes. Disclosure shall be made in any promotional material and in the presentation itself;
- 5.6. In the event of adverse reaction to a drug or device, the practitioner shall communicate that information to members of the profession and relevant authorities;
- 5.7. not misrepresent his training or competence in any way which is false or misleading in any material respect.

6.0 JUSTICE (FAIRNESS)

This principle is based on the concept of fairness, equitable and appropriate treatment in light of what is due or owed to a person. Health needs are limited, and every health care system faces some form of scarcity. Given the circumstances, the practitioner is expected to use wisdom to ensure that the limited resources are distributed fairly.

The practitioner shall:-

- 6.1. treat all clients fairly and equitably by providing services to clients based on their needs regardless of factors such as economic status, faith, race, gender, tribe, age or physical attributes.

7.0 CONFIDENTIALITY

The principle refers to limitation to access to client's private information. It is a foundation on which a practitioner - client relationship is built. The principle underlines the trust and willingness that allow practitioner to access client's private information.

The practitioner shall:

- 7.1. maintain secrecy and security of client's private information;
- 7.2. use professional judgment and responsibility in sharing the client's confidential information among colleagues;
- 7.3. ensure that subordinate and any other member of staff observe confidentiality;
- 7.4. disclose confidential information only if:
 - 7.4.1 consent of a client is duly obtained,
 - 7.4.2 the disclosure is in compliance with the requirement of law,
 - 7.4.3 the disclosure is in the interest of the public or community.

8.0 RELATIONSHIPS

Good relationship resulting from effective teamwork and interaction between the community, practitioners and other health workers is one of the factors influencing the provision of quality health care.

In this regard, in order to properly serve the public the practitioners shall represent themselves in a manner that contributes to the esteem of the profession.

8.1 Doctor – Doctor Relationship

Every practitioner has the responsibility to co-operate fully with colleagues in the interests of provision of the best care to the society.

The practitioner shall:

- 8.1.1 consider that colleagues are brothers and sisters and have to respect each other;
- 8.1.2 share knowledge with colleagues and do all one can to promote medical and dental education and research;
- 8.1.3 avoid any action, which may be regarded as self-laudatory, condemning colleagues or using derogatory language about them;
- 8.1.4 in view of the bond of fellowship that exists amongst all members of the profession, not to charge fees for attention to another practitioner or to immediate dependants of the practitioner i.e. wife, husband, children or father and mother. In this case fellow practitioners include all members of health care team;
- 8.1.5 not stop, intervene, vary or withdraw management of a client ordered by a colleague without consultation with the colleague whose management plan is to be altered, except where interests of the client demand otherwise. In all case common sense shall prevail.

8.2 Doctor – Client Relationship

The relationship between a practitioner and the client is based on trust and the assumption that the practitioner will act in the best interests of the client.

The practitioner shall refrain from acts of dishonesty or abuse of the professional relationship.

The practitioner shall:-

- 8.2.1 have an obligation to preserve health of a client and human life in general, and therefore has a duty, while making treatment decisions, to assess how a client can be managed optimally;
- 8.2.2 in the event an accident is occasioned to a client in the course of management, inform the client of the accident and restorative measures taken or to be undertaken;
- 8.2.3 handle the client and any person accompanying or visiting a client with due courtesy and respect;
- 8.2.4 avoid interpersonal relationship that can impair professional judgement or proper assessment of risks or abusing inherent trust between the practitioner and the client;
- 8.2.5 observe client's right to respect in all facets of client's personality including physical, psychological, spiritual, financial and social;
- 8.2.6 taking into consideration that patients can easily be embarrassed, ashamed or fearful, the practitioner shall:
 - 8.2.6.1 show humanity, kindness and understanding towards client,
 - 8.2.6.2 do the best to relieve them of hidden fears and apprehension,
 - 8.2.6.3 encourage and restore confidence in the client,
 - 8.2.6.4 ensure that whenever death becomes unavoidable, the patient dies with dignity.

8.3 Doctor - Other Health Workers Relationship

Practitioners shall recognize and respect the expertise and contribution of other health workers, and collaborate with them to provide the best care.

8.4 Doctor – Community Relationship

Practitioners shall promote the provision of effective health services and notify relevant authorities of conditions, which could be hazardous to the health of the community.

8.5 Doctor – Employer Relationship

Relationship between the practitioner and employer may be undermined by grievances, differences and disputes. Efforts must be made to resolve disputes amicably through mediation, arbitration or collective bargaining.

The practitioner shall:-

- 8.5.1 in the process of resolving dispute always bear in mind that care of the client is of paramount importance, and never should emergencies be left unattended;
- 8.5.2 cooperate with the employer or employee as the case may be and use reasonable degree of wisdom and any available means to avoid situations that may lead to frustration, tension and hatred to the detriment of client.

9.0 Accountability and Responsibility

- 9.1 The principle is based on the concept that practitioners shall be ready to account for any action taken and express readiness to accept fault resulting from such action;
- 9.2 The practitioner shall observe professional responsibilities and adhere to standards of practice.

10. Competence to Practice

The principle underscores that in order to qualify for medical or dental practice, a minimum level of competence has to be attained and maintained.

The practitioner shall:-

- 10.1. display high degree of skills embodied in the profession;
- 10.2. practice ethically by striving to achieve the best care in the circumstances;
- 10.3. maintain competence at all times and refrain from exposing clients to unnecessary risks or costs;
- 10.4. strive to advance their knowledge in the medical and dental profession and take steps to ensure that they keep up to date with relevant developments in their field of practice;
- 10.5. refrain from abusing controlled substances, alcohol or other chemical agents likely to impair his ability and competence to practice;
- 10.6. request a second opinion or expert advice where necessary, and in the client's interest, to a suitably qualified colleague in respect of any case which requires advice or specialized management.

11. SPECIAL SITUATIONS

11.1 Research

Advancement of medical and dental science depends on doing research which ultimately involves experimentation on human subjects. In the circumstances, the practitioner shall:

- 11.1.1 protect the welfare and rights of subjects in research;
- 11.1.2 ensure that the research is conducted by qualified persons after getting approval from an approved Ethical Review Committee;
- 11.1.3 ensure that dignity and privacy of research subjects is preserved;
- 11.1.4 ensure that rights of research subject to consent or withdraw of consent are respected;
- 11.1.5 keep abreast with current researches including stem–cell research and cloning.

In this regard, the Medical Council of Tanganyika adopts the declaration of Helsinki proclaimed by the World Medical Association, 1964 as revised in Tokyo in 1975, which provides guidance in Medical Research.

11.2. Torture

It is the obligation of the practitioner in the service of humanity, to preserve and restore physical and mental health of the client.

The practitioner shall:-

- 11.2.1 not participate in any way in the practice of torture of human being or other forms of cruel, inhuman or any form of degrading

procedures no matter whether such practice or procedure is ordered after due process of law;

- 11.2.2 not provide any premises, instrument, substance or knowledge to facilitate the practice of torture or other forms of cruel, inhuman or degrading treatment, or to diminish the ability of the victim to resist such treatment.

11.3 Capital Punishment

Capital punishment is not a domain of medical or dental profession. Since the fundamental goal of a practitioner is to preserve life, he shall only participate in a due process prescribed by law including certification of death.

11.4 Prisoners

The practitioner while attending a client held in prison or detention is urged to provide professional services to the best interest of the health of the prisoner or detainee and the general community of that prisoner.

The practitioner shall:-

- 11.4.1 draw to the attention of the responsible authority of an existing or impending unhealthy environment or condition.
- 11.4.2 take all necessary steps to preserve the dignity of the prisoner or detainee.

11.5 Disaster and Emergency Situations

Practitioner shall practice the profession with conscience and dignity, and the health of the clients shall be the first consideration.

The practitioner shall:-

- 11.5.1 have an obligation during life threatening emergencies to take immediate steps to ensure that necessary treatment is given to the victim without discrimination and undue delay.

11.6 HIV/AIDS AND OTHER INFETIOUS DISEASES

In the management of HIV/AIDS and other infectious diseases, the practitioner may encounter ethical problems embodied in the special nature of the disease, its fatality, absence of cure, public stigma and imminent danger to the society.

The practitioner shall:-

- 11.6.1 balance the need to observe confidentiality and save human life against deliberate acts likely to infect potential victims.
- 11.6.2 acquire adequate knowledge and skills on counselling related to the special aspects of HIV/AIDS other infectious diseases including prevention of transmission.
- 11.6.3 ensure that individuals infected with HIV or suffering from AIDS and other infectious diseases are informed of available supportive measures.

11.6.4 ensure that Individuals infected with HIV/AIDS are afforded opportunity to agree or decline from being research subjects and to the method applied for scientific research, teaching, and taking of photographs, video or film.

11.7 Medical Examinations Requested by Employer

Practitioners shall ensure that an employee is fully aware and consent to medical or dental examination requested by the employer.

11.8 Publicity, Advertisement and Canvassing

Sound relationship between a practitioner and colleagues is essential for fostering the esteem and truthfulness of the medical and dental profession. Practitioners shall be aware that matters of general interest are sacred and practitioners shall refrain from adopting methods aimed at advertising a particular person, institution, remedy or technique.

The practitioner shall not:

- 11.8.1 use any professional premises to display the name of a commercial product;
- 11.8.2 by way of publication of any article or personal photograph or otherwise indulge in any form of self advertisement or publicity;
- 11.8.3 encourage any practice which is of a nature that invites attention to professional position, skill, qualification or achievements;
- 11.8.4 publish or cause to be published in a lay media articles likely to publicise, advertise and canvass;

- 11.8.5 give to journalists of the lay media interviews likely to lead to publicise, advertise and canvass;
- 11.8.6 encourage the publication in the lay media, of cases, operations, treatments, cures or remedies.
- 11.8.7 communicate or address to the lay public, use or permit the use of personal professional qualification as an advertisement for the organization or the company or be personally involved in advertising organization's or company's services.
- 11.8.8 talk in a derogatory manner about the professional skills, knowledge, qualification or services of another practitioner.
- 11.8.9 canvass for purposes of obtaining clients, whether done directly or through an agent associated with or employed by an organization or company, which canvass.

11.9 Organ Donation and Transplantation

Potential live donors are at risk from financial and other inducements to donate their organs. Cadaver organs from executed prisoners may prompt judicial decisions and timing of the executions to take place concurrently with the most convenient time for the transplantations.

The practitioner shall:

- 11.9.1 safeguard the rights and interests of potential donors and recipients by observing the internationally accepted rules for transplantations;
- 11.9.2 have an obligation to explain fully to potential donors the risks associated with removal of organs or tissues;
- 11.9.3. ensure that the decision to donate has been made entirely voluntarily;

11.9.4 ensure that the selection of recipients is made solely on the basis of their medical suitability for the procedure;

11.9.5 ensure that in cases where an organ is to be removed after death, death has been confirmed by a practitioner who is not directly involved with the team carrying out the transplantation.

11.10. Diagnosis of Death

A situation may arise whereby the human body is controlled by a brain which is damaged to an uncertain degree and poses ethical dilemma for termination of life. In such a situation a patient shall be considered dead when there is irrevocable establishment of brain stem death. Death shall be clinically ascertained by not less than two physicians and one of them shall be the doctor in charge of the care and another one should be an experienced and clinically independent of the first. In any case the examination must be done over twenty four hours at eight hourly intervals.

11.11 Health Management Organisations

Health Management Organisations (HMO) have at their basis, profit making by ‘managing’ health funds. This, at times, leads to unreasonable exclusion from key investigations, drugs therapy, surgical procedures etc. and interference in the confidentiality of the clients. Practitioners must have interest of their clients at heart and should not barge to HMO’s pressures. In every aspect of practice the patient’s welfare remains the practitioner’s responsibility irrespective of the influences of health agents.

11.12 Practitioners Appropriate Presentation and Attire

A practitioner shall, at all times in and outside the place of work, appear in smart, proper and decent dress and behave in a manner becoming of the profession. At a place of work, a practitioner shall present himself and appear in official attire that shall include proper uniform and identification name tag.

Adopted by the Medical Council of Tanganyika

On this 22nd day of September, 2005