Viewpoint

New steps towards a European Code of medical ethics

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Abstract

Codes of medical ethics simultaneously reflect rules of professional conduct, fundamental principles of medical ethics, and cultural, ethical, and legal traditions of each country. The European Council of Medical Orders is currently working on the harmonization of professional rules of medical practice in the EU with the goal of reaching a common European Code of medical ethics. A comparison of six national codes suggests that such a goal is feasible.

The Codes of medical ethics are documents that translate into rules of professional conduct for physicians the fundamental principles of medical ethics which are recognized by the medical community. For instance, their provisions regulate aspects such as the doctor–patient relationship, or that between physicians and colleagues and other health care professionals. In other words, these Codes can be interpreted as ethical guidance for the medical profession. Physicians are called to comply with these Codes through different levels of legal bindingness that depend on the specific country. The compliance with these Codes can ensure the respect of the patient's rights and needs, as well as the integrity and the independence of the medical profession itself. For this reason, the Codes of medical ethics are gaining at present growing attention, both at a national and at European level.

With regard to the European Union, each Member State as well as Associated Country, like Switzerland, has its own Code of medical ethics, which has been formulated and adopted by an authoritative medical association, and in some countries, also by the State. On the one hand these Codes share very similar purposes and values, but on the other hand they also reflect, to some extent, the cultural, ethical and legal traditions of each country, especially on fundamental bioethical issues. Anyway, taking into consideration both the specific idea of a European Union and, more concretely, the free movement of physicians and patients within the EU, the Codes of medical ethics of the European countries could be harmonized: In this way the project of a *common European Code of medical ethics* is born. In fact, a European Code of medical ethics could be intended as a practical instrument able both to safeguard patients' will and needs as well as to guide the physicians' medical practice at a European level.

At present, the European Council of Medical Orders (ECMO), that gathers 15 Medical Councils of European Member States and Associated Countries (including France, United Kingdom, Ireland, Germany, Austria, Switzerland, Belgium, Luxembourg, the Netherlands, Italy, Spain, Greece, Cyprus, Romania and Slovenia) is the only European official body working on the harmonization of professional rules of medical practice in the EU, with the final goal to elaborate a common European Code of medical ethics. For this purpose, the ECMO has so far released a number of documents that include common European principles of medical ethics: We can mention the Charter of the Principles of European Medical Ethics (last upadte: Kos, 2011) and the Deontological Guidelines (2013).

For the relevance of the project and, even more, for its relapse on large sections of society (it is clear that such a Code is about more than just the medical profession itself), specific contributions by experts and researches on medical aspects are needed. In addition, a research outcome shows that this challenging project needs a wider partnership than the ECMO's committment. In fact, even if the formal author of a European Code of medical ethics should remain the ECMO, precisely for the European role of this body, a specific debate among intellectual experts (as well as at a society level) could be useful to clarify all the involved issues.

From this perspective, in parallel to the ECMO's activity, the undersigned has conducted a comparative research at the Institute of Biomedical Ethics and History of Medicine of the University of Zurich, with the mentoring of Prof. Roberto Andorno, in order to assess the feasibility of such a common Code.

Six European Codes of medical ethics in force in the EU have been selected and compared: the Codes of France, Germany, Switzerland, UK, Italy and Spain. The research results have shown some similarities on which a future European Code of medical ethics could be grounded. First, the structure. In fact, the majority of the above-mentioned Codes has a structure that gives priority to the doctor–patient relationship and then to that among colleagues, other health care professionals and third parties. Second, some specific topics with regard to clinical practice are included in all the examined Codes. For example, about bioethical topics, the bioethics of end of life is the most shared, revealing the existing consensus on this subject at the European level. Anyway, there is no denying that some differences exist among these Codes. For instance, their title names: In some cases, they refer to medical ethics, in

other cases to medical deontology. Or their length: Some Codes are very thorough, whereas other documents are synthetic. Furthermore, their bindingness: For example, the English Guidance is only a recommendation for physicians, but the French Code is actually a State law.

Nonetheless, stressing the similarities among the Codes, in summary the research conclusion is that a common Code of medical ethics could be considered a feasible opportunity for the EU, at least based on this

specific research. Such a common Code could really contribute to the cohesion of European societies at a health care level, if nothing else, especially in times like these, in which the European political unity is called into question by the "secession issue".

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Point de vue

La SSEB est une plateforme qui se veut apolitique. Est-ce toujours éthiquement correct?

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Abstract

Health care professionals, professional societies, and academic institutions are reluctant to engage in political activism even regarding topics related to health care. This viewpoint argues that, when such activism is aligned with the goals of health care professions, this reluctance is misguided and should be corrected.

Ce titre est volontairement provocateur. Il m'a été inspiré par une discussion concernant l'initiative populaire pour des soins infirmiers forts (www.pour-des-soins-infirmiers-forts.ch) et la réflexion que la SSEB (Société Suisse d'Ethique Biomédicale) se veut une plateforme apolitique.

Les lieux de formation sont également frileux à manifester publiquement dans des questions dites politiques. Mais quelles sont les valeurs éthiques qui défendent une telle retenue lorsque nous assistons à un démantèlement de la santé et du social? Se pose la question de savoir à qui appartient le combat politique. Aux politiciens ou est-ce que cela fait partie des responsabilités professionnelles de tous ceux qui se préoccupent d'offrir des soins respectueux des critères éthiques?

Je souhaite lancer le débat au travers de deux exemples, celui des soins infirmiers qui est une problématique nationale et celui de la santé et du social plus largement mis en péril par les mesures d'économie du canton de Berne.

Premier exemple, les soins infirmiers

L'Association suisse des infirmières et infirmiers (ASI) s'est engagée dans une initiative populaire pour des soins infirmiers forts dans le but d'assurer maintenant et à l'avenir des soins infirmiers en qualité et quantité suffisante, accessibles à tous tout en garantissant la sécurité des patients. La pénurie avérée et à venir de médecins et de personnel infirmier mettent en péril le respect des principes éthiques d'autonomie, de bienfaisance et non-malfaisance, de justice, principes généralement reconnus dans le monde médical. En lançant cette initiative qui vise à améliorer l'attractivité de la profession, l'ASI assume sa responsabilité éthique face aux besoins en santé de la société.

Selon l'ASI, la société est en droit d'attendre des professionnels de la santé, l'aide et le soutien nécessaires pour faire face à la maladie, à sa prévention, au handicap, aux soins curatifs prescrits ou aux soins palliatifs [1].