ASOCIACIÓN MÉDICA ARGENTINA

CODE OF ETHICS

FOR THE HEALTH TEAM

2001

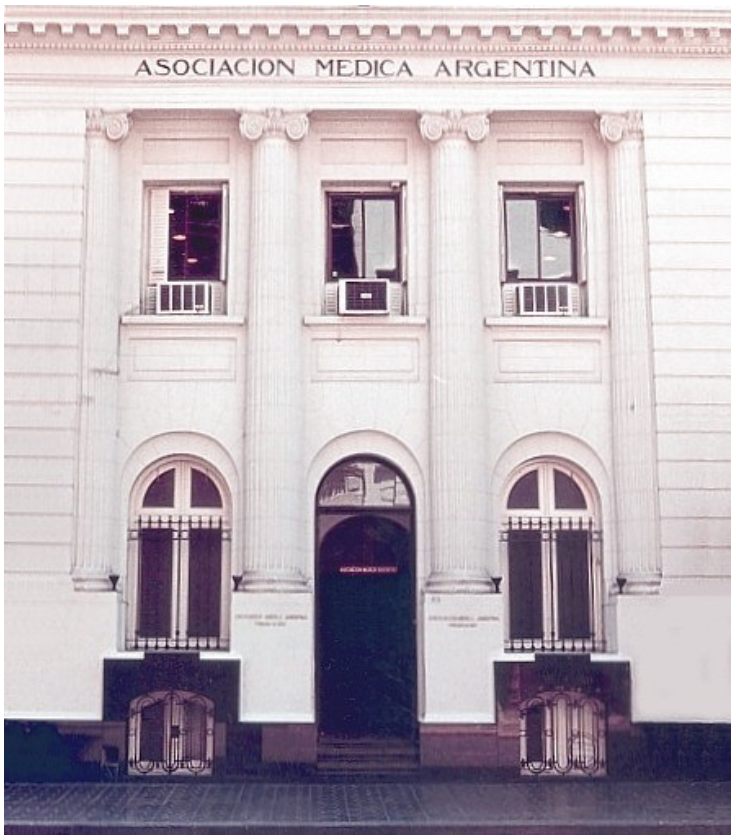
21ST CENTURY - YEAR 1

WITH THE COOPERATION OF

SOCIEDAD ARGENTINA DE ÉTICA MÉDICA (AMA)

In Commemoration of the 110th Anniversary of the Asociación Médica Argentina

(1891-2001)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CODE OF ETHICS
FOR THE HEALTH TEAM

2001
21ST CENTURY - YEAR 1

In Commemoration of the 110th Anniversary of the **Asociación Médica Argentina**
(1891-2001)

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FOREWORD

The **Asociación Médica Argentina** [the Argentine Medical Association] was founded on September 5th, 1891 as a non-profit non-governmental organization to develop Postgraduate Health Education. The Association's early bylaws established that medical doctors and other health professionals could become members of the institution. The AMA principles, which have been maintained until today, point to its political independence, religious and racial freedom, and sexual equality. Since its inception, the Argentine Medical Association has been a bastion of democracy despite the many national and world vicissitudes of the Twentieth Century.

At the beginning of the 21st Century, after two years of hard intellectual work, the Executive Committees of the **Asociación Médica Argentina** and its AMA Section, the **Sociedad de Ética en Medicina** [the Society for Ethics in Medicine], have the pleasure to present this **Code of Ethics for the Health Team** as a guideline and aid for all members who perform their activities and for all the Health Team Members and/or Health Organizations who wish to abide by it. This is an open Code in that it is perfectible and its contents may be completed. It is also dynamic in that it may be modified over time in line with Man's and Society's evolution. The important thing is to reap the benefits of pain produced by an error in the field of Health.

The 20th Century was amazing in terms of Health Sciences evolution based on their own contributions and the support provided by developments from other professional fields. Underlying the marvelous astounding advances in knowledge that confer an increasingly scientific foundation to our activity and help to solve the problem of man's health more accurately, there is an irrevocable effort to safeguard the true values of Being. The objective of Health is met when the individual's and the community's physical, psychological, social and spiritual well-being are fully balanced. It is the Health Team's responsibility to achieve this state. And the only way to take on responsibility is by becoming stronger in every sphere of our daily routine. Hence the importance of highlighting the social and humanistic role that the Health Team will continue to assume in view of the great problems Humanity has to face: wars, poverty, hunger, overcrowding, ignorance, and so on. The spiritual essence of this role is made up of respect for life, the human being's rights and privileges, and his or her context (the environment). Health, together with Education, Work, Justice, Safety and Faith, is one of the fundamental mainstays of civilization. In the interrelation with each of these forces is where the postulates of our career are fulfilled.

For the **Asociación Médica Argentina** and the **Sociedad de Ética en Medicina** the ethical road in Health Care is a permanent, responsible search for Truth in Freedom. Amid the overflowing technological world, mere technical and scientific knowledge is not enough for the "medical act". Something volitive is required from the Health Team Member in every decision making process that reflects the "maturity" and "experience" she or he has acquired in the course of her or his career and existential evolution as a person. This "something" allows incorporating those advances within the boundaries of Social Values.

This Code of Ethics is another contribution from AMA members to the entire Community in the year our institution celebrates its 110th anniversary (1891-2001).

Some articles have been borrowed from other local and foreign codes that are still valid despite the passage of time. The debate they will probably spark off will at the same time enrich this Code of Ethics.

We wish to thank all those who have helped prepare our Code, those who for chronological reasons could not participate, and those who have inspired it with their everyday exemplary actions. We would also like to thank the Executive Committees of the **Asociación Médica Argentina** and the **Sociedad de Ética en Medicina** for promoting the initiative for our institution to have its First Code of Ethics, and the first code comprising the entire Health Team.

My deep respect for Drs. Horacio Dolcini and Jorge Yansenson who, with their ideas, devotion and clear guidance allowed this project to materialize after manifold meetings to gather consensus from the different opinions each expert offered on her or his particular field of knowledge. I thank my daughter Andrea for her contributions in the conceptual philosophical field. In particular, I wish to acknowledge Ana María Kaplan's cooperation; her secretarial work expressed the moral commitment she holds with our institution.

Last but not least, we would like to underline our family's understanding and support, as well as those of AMA members who always share our enterprises. With their stimulus we can continue searching for what is best for the human race.

PROF. DR. ELÍAS HURTADO HOYO
CHAIRMAN
ASOCIACIÓN MÉDICA ARGENTINA

INTRODUCTION

The active Health Team Member undertakes to use every possible means to render services based on her or his giving attitude, knowledge and specific technical training in order to prevent, cure or relieve the effects of a disease. She or he communicates any potential risk and complications associated with the disorder to the patient without being able to guarantee the results. Moreover, the Health Team Member undertakes to comfort the dying patient showing deep respect for the patient's cultural and religious values.

However, while Medicine has contributed great achievements to the community, the Health Team develops its activity in a hostile social economic and legal environment that must be reversed in this century. The technical nature, limited possibilities and growingly socializing democratization of patient care are some of the factors responsible for the difficult situations Medical Sciences are undergoing, not only in terms of ethics but also in the administrative, civil and criminal spheres. Medical Sciences have shifted from a totally liberal profession to an activity governed by the state, the union-owned health care organizations, health managed organizations or other health care systems. From the times of vertical Hippocratic medicine, when the Health Team subordinated the patient from its summit of power, we moved on to a horizontal system under the tutelage of the Declaration of Human Rights in the middle of last century. The Declaration was meant to achieve welfare for mankind. In the medical field, this was understood as an Every Man's Responsibility. The Health Team accepted by yielding the heights and integrating into the community, but it was not prepared for the everyday reality of striving for a living. The "market" soon swallowed it up. Now, the Health Team is faced with the tough task of choosing which road to take, daily life or transcendence. So much so that it begins the 21st Century with no understanding of what has happened. The Health Team has lost the ability to make decisions; it has been trapped by the "health industry" where it became a mere executor of political or business guidelines; it has become a vector, yet it assumes the situation with technical and legal responsibility for "someone else" to reap the benefits. Verticalism has come back and the Health Team is currently in the pit. It has become the adjustment factor of every Health Insurance System. While the debate continues on how health professionals should acquire excellence, and competitive models are devised to promote continuing education among them – thus pretending to offer guarantees of their training level to citizens – those in charge of leading the scientific field feel they cannot promise health professionals a decent salary to match their efforts. The youngest Health Team members wonder how to progress without being seduced by the mermaid's chants of statism, corruption and impunity. In addition, the different Health

reforms have been unable to become universal. While the access of the poor to health is still plagued with uncertainty, a significant portion of the community has been held "captive" of Health Insurance Systems.
Manifold conclusions can be drawn from the analysis of why we are where we are. While it is clear that other community sectors have made great progress in the Health Science "turf", producing a negative impact on the doctor-patient relationship, the reason for our activity to be in the bottom of social, economical and legal recognition is the lack of unity among Health Team Members. The defense of professional values that cannot be waived must be a flag that binds us once and for all.

Ethos is nothing but a lifestyle. The purpose of Ethics is to facilitate the person's right deportment, drawing the line between good and bad actions. The knowledge of virtue is not an end in itself and is useless; being virtuous is what matters. The concept of good and evil has existed ever since the human being began to know her or himself. From a purely philosophical point of view, goodness brings truth closer. Ethics is not a positive science; it does not describe human actions as they are but as they should be; therefore, it is a normative science. According to the ethical premise of right reason, the three great ethical principles oriented to right human behavior are do good and avoid evil, do not do to others what you would not have them do to you, and do to others as you would have them do to you.
Medicine in times of Socrates and Hippocrates was not organized or regulated as a career. Medical knowledge was inherited, transmitted within the family; it was a kind of professionalized priesthood. There were no provisions forcing the practitioner to assume responsibility for his acts, as was the case in Mesopotamia where King Hammurabi of Babylon, who reigned 1,800 years before Christ, recorded the rights and obligations of medical doctors in his famous Code. This absence of regulations in Greece, together with the natural wariness society had for doctors, led the "medical sect" to dictate its own rules of conduct. These standards were set forth in a document that was handed down to posterity as the "Hippocratic Oath", and which became the paradigm of professional ethics and moral responsibility, and of juridical impunity as well. Through its regulations, the doctor on his own accord assumed responsibilities that neither Society nor the State had vested in him. Hence the acceptance of the Oath as a mere religious promise, with no legal responsibilities attached.
The Middle Ages pave the way to the modern conception of science and technique, and of Man himself. The natural divine cosmos that has been forbidden for humankind slowly becomes unveiled by reason. Science, a human creation, opposes this closed, esoteric,

natural order. Then, ethics adopts a new course as it cannot remain outside the evidence brought about by science. Ethics without science would be insubstantial, empty.

Science is considered ethically neutral until the Hiroshima and Nagasaki holocausts. These episodes make people understand that the implications of scientific contributions can be synonymous with disaster for mankind because of their direct effects on man or damage to nature. A new moral conception is born for human conduct through the development of an ethics of ecology. The conclusion is that man's survival could depend on an ethics based on the knowledge of biology; this is called "bioethics". Bioethics recovers the traditional principles of ethics and incorporates new precepts in line with modern times. The new Ethics in Health takes away from professional practice the traditional dimension of a commitment between two, the doctor and the patient, broadening the scenario and the players. From bi-personal it shifts to multi-personal because the community takes part. Individual ethics becomes social ethics.

Frequently, ethics and deontology are used as synonyms. The former is about the morality of human actions while the latter determines the duties to be fulfilled in some social circumstances, and within a professional career in particular. Ethics in Health falls within the sphere of theoretical and practical Formal Ethics, the compliance with which establishes the individual's commitment with it, "it is connatural to the subject who exercises it"; it is absolute and integrated to the individual's being. Given the commitment, Formal Ethics is imperative and inescapable. As it is placed in an upper dominant level because of its essential and hierarchical nature, we turn to Ethics as the utmost reference in times of crisis or deep doubt affecting our conscience. Health Team's actions are based on a Conduct commitment and are guided by Duty.

A Code, in general, is a compilation of laws and statutes. One of the meanings of this polysemous term is the notion of an organized set of principles serving as rules and regulations that govern a certain sphere of social life. A code is a regulatory body that establishes the guidelines to which people must attach in order to be accepted as members of a more or less specific social body – from a small association to Society as a whole. It is the foundation and support of the rights, duties and responsibilities that those under its laws or principles must obey.

Once established, the Code comes before the individuals. However, for consolidation purposes it requires an original consensus between the rational subjects who agree upon regulatory consistency, appropriateness and feasibility, and the new generations' tacit or explicit consent and acceptance. In the foundations of every Code lies a certain anthropological and ethical conception, a certain profile of Man and of the values that are acceptable and expectable for social and community life. An ideal with universal-scope

aspirations sustains the principles that nourish every system of rules of action and association. These define what must be done, not in terms of what is ideal but of what is feasible. A code is a set of guidelines susceptible of being obeyed and executed. It is no hard task to understand the function of every regulation in a complex organized society – to define and establish the boundaries and legitimate modes of action and relationship among its members. It is worth noting then that there are differences between a code for the legal system, which develops a coercive order of public regulations designed to govern the conduct and ensure the framework for social cooperation, and a code regulating more restricted forms of social organizations, such as groups or associations like ours. Generally, while the wide scope of legal system regulatory powers allows the constitutional actions it are based upon to have more extreme forms of coercion, the types of coercive measures private associations may take are strictly limited. The legal order exercises a final or definitive authority on a specific turf. The law defines the basic structure where the search for all the other activities takes place.

In both cases, it is a framework within which personal relationships develop. A framework that signifies acknowledgement and acceptance of the rules, and the subsequent acceptance of the effects derived from disrespect for or infringement of the regulatory system. It acts as a parameter and, at the same time, the compliance with and respect for the common code guarantees rational exchanges among individuals, a mutual understanding and development of their activities within certain boundaries. These limits have been established by the code with an aim to orienting and assessing the field of action, the objectives, what can be expected and what is possible, what is fair and what is not for a particular field, what is good or bad, what is ideal and what is feasible, and so on. In brief, what the limits of its scope are, and what lies beyond. At the same time, this knowledge supports the individuals' demand for the common code to be enforced when threatened by one or more members of the social group or association, precisely because the responsibility for keeping the regulatory system in force falls on each of the subjects who have selected the Code and abide by it. Obedience feeds on the certainty of justice and the moral value of its regulations, on equanimity and identical application in analogous cases. Subjective freedom is exercised within the boundaries of respect for the regulatory system the individual selects. The attachment to a code defines belonging to a specific universe of values that govern a certain social group or association. The conflicts between an individual’s own personal criteria and the maxims that determine her or his social comportment force the person to choose between silently subordinating to them or promoting a review. The scope of an intervention that calls the regulatory system

into question – in all or in part – differs greatly if a relatively small association or a politically organized society is involved.

In the field of Ethics and Professional Ethics, the Code establishes members' obligations and commitments as well as exemptions, that is, the effective scope of responsibility and specific restraints to their freedom. Therefore, the Code is a parameter through which their conducts are judged, approved, disapproved, praised or condemned by their group or association peers, or by the larger Society. When an individual moves away from the rule, she or he does so through the variation of or deviation from the established conduct. In the first case, the person will have introduced differences in her or his behavior that are more or less strong but which are still acceptable or even plausible in the eyes of Society; in the second, openly antisocial conducts will be questioned that are not accepted by the community as they damage the accepted order in one way or another. The so-called "medical acts" make reference to actions that the medical professional performs during the development of her or his career in connection with patients (Individual Ethics) and Society (Social Ethics). The actions that she or he performs in connection with her or his private non-professional life fall exclusively within the sphere of General Ethics. This is the field of ethics that allows me to judge an individual's actions. Health Team Members' activities must be exercised in free, autonomous, independent, interdependent interventions within the existing health care modalities and within those that may exist in the sectorial or intersectorial areas directly or indirectly connected with Health in the future.

Health's approach must be systemic and comprise the entire life cycle of a person, a family, the community and the environment. Re-stating the notion of "Health is Everybody's Responsibility" nobody – notwithstanding whether a Health Team Member or not – may feel excluded from her or his duties. Therefore, any citizen, politician, businessman, official, and the Society in its different roles (state, civil organizations and others) acting in a Health Care area becomes a Health Agent and her, his or its actions shall be governed by this Code. This includes what we call "Cascade of Responsibilities in Health". Also, the individual (whether a patient, client or consumer) has a degree of responsibility when she or he crosses over the boundaries of Medical Care and skips the steps that guarantee Health.

While everybody participates in this new concept of Responsibility in Health Care, the axis of responsibility passes through the Health Team Members, namely the physician. The numerous specialties of medicine and related sciences, technical or administrative professions, and other careers, which are necessary to perform in Health, help us

understand what a Team is. The notion of team, group or body suggests a plurality of individuals sharing a purpose, that is, an activity with a common objective. It may be a homogeneous or a heterogeneous group, and it may have no more than one point in common. The internal cohesion does not depend so much on the singleness of criteria – as dissent is a prerequisite of dialog and exchange of knowledge and opinions – as on the quality of the bonds established by group members. In every human group, positive emotional ties arise such as trust, friendliness, respect, admiration, affection and solidarity. These feelings help to sustain and maintain teamwork. But negative feelings may emerge too – distrust, rivalry, envy, etc. These, in turn, pose a threat to group or team integrity. The coordinator – if there is one – plays an important cohesive role. She or he is an agglutinating figure bearing greater authority in terms of the cognitive or moral superiority she/he is attached or attributed. The continuity of a human group is supported by a series of rules that may be tacit or express, agreed by consensus or preexisting, which the group members have accepted and which govern and regulate the manifold relationships with other groups, from a macrosocial perspective to the most elementary form of association. Moreover, for group efforts to be successful there must be role distribution, member acceptance of duties and obligations, shared responsibilities and undertaken commitments. All these factors are taken for granted and are the foundations of any cooperative work; they are the necessary and generally tacit condition for making up a team and for a team to reach its objectives, either short, medium or long term.

When analyzing internal team dynamics, several aspects should be taken into account depending on whether the team is temporarily organized or is a work team with continuity over time, with a common history, a construction implying a longer road and greater exchange. These aspects provide the analysis with different shades as they offer several variables to be considered when studying the teamwork and its results. It may happen that a heterogeneous group of individuals is summoned to deal with a single subject from the singularity of their own specialties. Here, we may have simultaneous disciplinary views, different theoretical assumptions operating as starting points, a diversity of discourses, different ways of approaching, understanding and explaining the same subject, specific methodological strategies, particular scientific objectives and, last but not least, a regulatory framework that is specific of each field. The rules and regulations that make up the code establish the postulates, the scope and the limits of the entire (scientific) community's work in general and of the temporarily-formed work team in particular. Interdisciplinary work involves specifications that are common to each sphere from where a certain subject is approached; also, it implies a symphonic polyphony rather than the chaotic overlapping of speeches. Plurality does not necessarily mean that

agreements or mutual understanding are impossible. On the contrary, acceptance and respect for diversity are prerequisites as every other's perspective is a contribution to building a new more far-reaching field of knowledge.

It is worth considering whether the multidisciplinary dialog is possible, whether the pruning of reality by the different fields of knowledge and the discourse that interprets reality can be understood by someone from a different approach, that is to say, one wonders whether it is valid to speak of an "common objective" to multiple disciplines. Very likely, many people think so. But only if we believe that knowledge adopts different views, if we accept that "reality" is an interpretation, without renouncing the functionality and validity of the "truth" of scientific knowledge, can we really trust that a dialog can be held from different perspectives and approaches. If every piece of knowledge about an object can, according to its theoretical and methodological autonomy, generate an autonomous body of knowledge, i.e., a singular scientific discipline, the possibility to create neighboring discourse areas where a rich exchange of views may take place will not be invalidated. In these tangential zones, a new dimension in the approach of a certain phenomenon will be born, a dimension that is qualitatively different because of its polyphony.

The Health Team Member must be familiarized with the clashing from time to time of her or his moral principles. Moral pluralism entitles the player to autonomous interpretation. Only her or his good judgment will indicate which will have to be taken as a duty. Ethics is concerned with the intrinsic goodness of actions. Being virtuous does not mean complying with coercive laws. "Morality is only limited by ethical standards for even if legal rules had a moral necessity, their motivation would still be coercion and not intention". Real life teaches that it is impossible for only one Health professional to manage all the factor influencing decision making: specific knowledge, ethical and deontological rules, principles of trust, patient autonomy, identity and belonging, responsibility ties among individuals, mental disability, limited resources, the contract as a source of professional duties, the right to dignified death, laws, euthanasia, unnecessary medicine, fees, professional secret, the industry of lawsuits, the industry of education, survival principles, and so on. Every time a health professional interacts with a patient, one of these problems surfaces together with the disorder itself.

Surmounting centuries of History, our institution has discussed and acknowledged, among other great concepts, that words are agents of aggression too. The body may be wounded with a firearm or injured by a car; the spirit and the psyche can be hurt with words. Laws are words, therefore, when a law is debated, participation is necessary on account of future repercussions. Lawmakers are also accountable in this Cascade of

Responsibilities in Health. As a consequence, legislators, their advisors and officers with definition powers should be enlightened so that they can understand how serious it is to have medicine without responsibility, as is the case with defensive medicine. It should also be recognized that there are marginal fronts in Health – the so-called gray lines – where non-scientific gestures from Health Team Members and non-Members proliferate. Much work is to be done to attain clarity in order to avoid confusion in the population and return respect for our profession. (Education for the Community).

Another serious problem we should reconsider is the constantly growing substitution of the call on the physician's office in recent years. This entails the elimination of a highly responsible medical gesture such as the medical "prescription" is. Induced consumption (by businesses, the press and the advertising industry) is performed though the press (oral, written, visual). We must admonish scientific pseudo-journalism; one thing is to report a scientific breakthrough, another is to become the deliberate or involuntary sales agent of a company. The media have settled in our daily life.

But the situation is even more complex because man's evolution is constant and new facts that are still unsolved surface every now and then. Future medicine proposes a different model of society. Among the subjects that should be discussed in depth for the 21st century legislation are IT-related confidentiality, televisits, telediagnosis, telesurgery, drugs selling over the Internet, cloning for organ transplantation, computer-based partner selection, genetic manipulation of food, and so on. Given the significance of all these subjects, the Health Team must value the limits within which it develops its activities, especially when the 1978 Declaration of Alma-Ata "Health for Everyone in 2000" could not be met.

When we analyze the vitality of the different scientific activities that have been carried out in the modest rooms of the **Asociación Médica Argentina**, we understand the true institutional role value for the whole sphere of Health in our country. These activities are the basis of the Association's existence and they remain over time. The AMA has always been the environment where ideas are presented for open peer discussion. The light that promoted the development of numberless initiatives marking well-defined objectives that emerged in the course of meetings. The execution of the proposals followed different paths – some became established thanks to the perseverance of many AMA members (for example, Medical Internships in 1962); others did not see the light or were interrupted for lack of continuity or validity over time. But the significance of the **Asociación Médica Argentina** is its calling power, its role as a meeting point for creativity, as a place where all members are part of its history, where they find the habitat for intellectual scientific

development, and where they strengthen their ties of friendship and respect through professional life. In fact, once they finish their specific professional activities, many members find the AMA is the true environment where to keep their creative spirit alive while sharing with the younger professionals with the sole purpose of being useful to the community. So much intellectual and moral richness must be preserved. The **Asociación Médica Argentina** will continue lending its intellectual and moral values in this new Responsibility in Health approach, which implies an active democratic consensus management by all players. An example is the Executive Committee's attitude of the last decade, when it unanimously decided to participate with other organizations in general subjects connected with the medical activity, namely the "transfer of the burden of proof", which led to the unification of the Civil and Commercial Codes (1991); the defense of liberty in the medical act based on the physician's prescriptive responsibility given the technical, legal and ethical implications generated around the quality of drugs (1992); the definition on patents as regards copyright and the defense of Argentine work (1994); the defense of the call on the physician's office versus the influence of the media (1998); etcetera. Furthermore, the AMA implemented the Program of Medical Specialty Recertification (CRAMA, 1994) and the Digital Medical Library Project (1996), which required a considerable transfer of expert human resources from every specialty. Both Program and Project became a reality thanks to the experts' unselfish contribution. These efforts served to promote and impose the need for Continuing Education, and to assemble the secure framework of a building that became growingly enriched with other organizations' understanding and opening. They were made with the population – rather than with temporary individual interests – in view. Needless to say, the balance will not be attained unless some periods of deviation take place that are common to every human movement. AMA members have favored change – even with the distress these movements bring about – because they understand that man's progress is the target. There is no history without change. Knowledge and progress go together. The **Asociación Médica Argentina** has been able to substantiate life's circle for the generations to come… for many generations… and what is outstanding is that everything is done with LOVE… simply with LOVE…

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ASOCIACIÓN MÉDICA ARGENTINA

CODE OF ETHICS

FOR THE HEALTH TEAM

2001

21st CENTURY - YEAR 1

BOOK I
GENERAL ETHICS

CHAPTER 1
ON THE GENERAL PRINCIPLES OF ETHICS

Art.- 1 The Ethics of the Health Team is a special aspect of Ethics, hence the need for certain special considerations. In the first place, we should try to answer what Ethics is, which would thereupon lead us to the need for a definition as a conceptual starting point. But because there are many definitions, specific treatises should be consulted.

Art.- 2 Frequently, Moral and Ethics are considered synonymous or interchangeable with each other. This is inappropriate as it generates confusion between Principles and Practice.

Art.- 3 Morality is the set of universal rules of conduct aimed at preserving the foundations of coexistence among human beings as if they were religious commandments. “Human acts”, as opposed to “man’s acts”, are the product of reflection and willpower; conversely, the latter may not be such, as is the case of actions carried out by forces that are alien to will.

Art.-4 Ethics is the guide of conduct which, based on moral principles, directs itself toward a special class of actions within a specific social or cultural group in a certain historical moment. Ethics deals with the value of goodness of conducts themselves, with what is right or wrong on condition that actions are free, voluntary and conscious. It searches for universal causes that are able to adapt human acts to the universal good.

Art.-5 Also, a philosophic historical review of Morality and Ethics should be carried out which includes the changes that thinking and conduct have undergone since the Ancient Greeks until today. This aspect, however, falls beyond the scope of this brief analysis. Yet, it is necessary to list the basic principles of morality that should be understood before arriving at an ethical discourse of a practical nature.

Art.-6 Morality is thought to be implicit in the human nature, probably at the level of biogenetic mechanisms that are appropriate to build a protective system to make up for man’s vulnerability as an individual, in view of the demands for interaction and social adaptation that are stressed by the process of cultural evolution.

Art.-7 Every moral doctrine is centered on a core of ideas of **Equality, Solidarity, Justice and Search for Common Welfare**, which can be traced back to the ethics of primates and hominids, to the different stages of Natural Laws, the Categorical Imperative, Consensualism, Altruism, the Theories of Justice and the Ethics of Discourse

in modern times. These, together with the Ethics of Responsibility, identified with masculine features, and the Ethics of Solidarity, more akin with the female nature, allow to think that contrary to the notion that there can be no progress in Ethics, the changes the world underwent in the last century have endangered man's survival, not only as an individual, but as a species.

Art.-8 A growing concern for **BIOETHICS** and the urgencies affecting the conservation of the Environment characterize today's society and point to the pressing need for an ethical commitment with life preservation in the best possible conditions for everyone, regardless of race, sex, age, culture or creed.

Art.-9 General Ethics has been linked to the development of Democracy and Human Rights, while Medical Ethics has remained in its initial state for twenty-five centuries. Traditional medicine was essentially paternalistic and absolutist because its raison d'être, the patient, was always treated as a "non responsible" being. Not before the 1950s was the patient granted moral citizenship and her or his status as an autonomous, free and responsible moral agent acknowledged.

Art.-10 Bioethics involved humanity, and in so doing it raised the siege of traditional Medical Ethics to welcome different disciplines connected with biology, such as philosophy, law and religion. It expresses itself as an interdisciplinary ethics, a bridge between science and humanities.

Art.-11 The essential principles of Medical Ethics are rooted in ideas and procedures derived from General Ethics, which is the Ethics governing the rest of the citizens, and which can be summarized as follows:

Principle of Autonomy: obligation to respect everyone's freedom to decide for herself or himself and about herself or himself.

Principle of Non-Maleficence: obligation to do no harm.

Principle of Beneficence: obligation to do to others what one understands is good for oneself.

Principle of Justice: obligation not to discriminate and to treat others equally.

Art.-12 The basic moral rules that allow putting the fundamental ethical principles into practice are three: confidentiality, veracity and fidelity.

Art.-13 Generally speaking, it can be observed that the Patient acts guided by the moral principle of autonomy, the Health Team by the beneficence-non-maleficence principles, and Society by that of justice.

Art.-14 Ethics is a behavioral process with **individual** characteristics that takes the sense of **responsibility within human beings** to its farthest end. It does not have a metaphysical basis because there are no ethical formulas that can be derived from

abstract deductions. And no moral doctrine can be built to support it because it does not have simple repeated elements. Therefore, there is no systemic ethics, nor can the pedagogy of ethics be constructed. This is why Ethics cannot be **taught** in orthodox terms, yet it can be **learned.**

Art.-15 The human being is the reason and foundation of Ethics. The object of society is common welfare.

The articles below will gradually develop the different aspects in connection with each of the topics that are the object of this Code of Ethics.

CHAPTER 2
ON HUMAN RIGHTS

All nations are members of the World Health Organization and have formally accepted the Declaration of Principles included in its Constitution. The Universal Declaration of Human Rights has become a “common ideal for every people and nation".

The goal of the Universal Declaration of Human Rights is to provide the elements that allow unmasking any type of sly attempt by a human group to dominate another, a very typical human attitude deeply rooted in the Western mind in particular. The attitude must be anti-dogmatic for the dogmatic individual forgets, is unaware of and rejects diversity, and considers that there is “one” human essence which truth she or he alone owns, while the individual's and the peoples' identity is based on differences between one another.

In the humanistic field, generalization is synonymous with injustice because, unlike what happens with exact sciences, peculiarities and differences are the essence of the human being. We may accept that everyone has an intuitive idea of what human rights are in connection with one’s daily experience, but not with a formal definition. Three distinctive notes determine history's modern view: history is “one”, events move towards “progress”, and the history of humanity is conceived as “emancipation”.

Standardizing pseudo-universalism should be avoided while universalism based on differences should be built. Only fear can justify the violent exclusion of people on account of their differences. Getting rid of differences creates a wider space for man’s creative and innovative liberty. This higher degree of reflection, which nowadays is morally imperative, is born from the self-consciousness of modern Enlightment intellectual arrogance and of religious fundamentalisms that have characterized us. Recognizing the differences means accepting democratic pluralism.

In democratic states, where leaders are elected by citizens, the former are directly responsible for eradicating the inequalities that prevent the access to Health-related goods that must be included in Human Rights.

It is the national, provincial, municipal government’s duty to look after citizens and avoid their being deprived of any element that the definition of Health considers part of the “complete psychophysical sociocultural well-being”. The absence of any of them implies the rupture of harmony in the human being integrally considered from the anthropologic point of view. The Social Security is an obligatory public service that must be rendered under the State's management, coordination and control, and must governed by the principles of efficiency, universality and solidarity as established by law.

It is government's duty not only to avoid the individual's exclusion from the Health Care System. The government is also directly responsible for every issue connected with Public Health: vaccination campaigns, infectious disease control, prevention of addictions, prevention of traffic accidents, implementation of measures for drinking water supply and sewage disposal by state-owned or private companies, refuse collection, plague control, prevention of malnutrition in children, provision of security, implementation of access to dignified housing to avoid overcrowding, provision of education and job opportunities.

It is the national, provincial or municipal government's obligation to avoid that access to adequate healing or rehabilitation treatments for everybody is refused.

Morality points to the need to give maximum protection to families, man-woman relationships, and parent-child relationships because the traditional roles have been deeply altered and new types of family bonds have been created (recombined families). This has brought about new and more complex personality forms in children.

This Code will list those conducts that the Health Team must consider in its everyday activity in connection with Human Rights.

Art.- 16 Human beings tend to live in society in order to be able to develop their maximum physical, intellectual and spiritual capacities; they are part of the universal historical culture. Selfishness implies an inclination to "manipulate" others having one's personal welfare as an objective, which creates conflicts within the community.

Art.- 17 Every citizen should understand that a Nation's productive development, peace and continuous prestige will be attained when citizens are convinced that every person's supreme value is psychophysical, sociocultural and spiritual well-being.

Art.- 18 Some Human Rights are: right to life, liberty and equality; legal personality; intimacy; free personality development; freedom of thought; freedom of worship; freedom of speech; honor; peace; right to petition; right to work; right of profession or craft; right to teach and learn; due process; habeas corpus; first appeal; right of asylum; freedom of association; right to unionize; citizen participation and so on.

Art.- 19 The defense of Human Rights is a priority for the Health Team member because of her or his condition as a human being and the very essence of the profession she or he has embraced.

Art.- 20 The Health Team members undertake to respect the rights and guarantees set forth in the Constitution and in the corresponding international agreements currently in force. This should not be understood as an exclusion of other rights and guarantees which, while inherent to the human nature, may not be expressly set forth therein.

Art.- 21 The respect for individual rights extends up to where individual actions start to damage common welfare, because this is the very end of social ethics concerned with the coexistence of human beings.

Art.- 22 It is highly unethical for the Health Team member to order a treatment without giving the corresponding information to and obtaining the previous consent from the patient or person in charge, unless under circumstances where the patient's life is at stake or the patient's right to free decision-making is restricted. It is also a severe lack of ethics to deceitfully promote the acceptance of proposals leading to benefit the physician in any manner whatsoever.

Art.- 23 The Health Team member shall not participate in degrading, inhuman or cruel procedures that may cause the death of a person, or engage in torture, either directly or as a witness, or use procedures that may alter the personality or conscience of individuals for the purpose of reducing their physical or mental resistance to reach objectives that are contrary to human dignity.

Art.- 24 The Health Team member shall not devise, instrument, cooperate with or provide information for the execution of death penalty. She or he will be especially careful not to engage in any activity in connection with the elimination of persons or groups for ethnic and/or religious reasons.

Art.- 25 The Health Team member shall not discriminate against human beings for their religious or ethnic origin, sexual behavior, political ideas, physical aspect, disability, educational and economical level, sexually transmitted disease or drug addiction, or for their condition as exiled or immigrant.

Art.- 26 The Health Team member shall respect the inalienable right of every human being to die with dignity, avoiding suffering and lengthening life unnecessarily, as therapeutic cruelty is one of medicine's vices nowadays.

CHAPTER 3
ON ETHICS EDUCATION IN HEALTH

Family and Society are the primary and natural educators of children and youngsters. Ethical educators are essential when values, habits and basic beliefs are to be transmitted.

Teaching is truly “educational” when, in addition to providing knowledge, it develops, promotes and enriches ethical awareness and citizen responsibility. Family and Society cannot develop fully if they are not integrated, understood and improved by Education.

Parents, family environment, social leaders and educators share, even beyond their own desire, “model” characteristics and, as such, they must take on the implied responsibility.

Educational centers are the places where culture is defined; they are the essential frontlines of every democracy. Education is part of the foundations of freedom – it is performed over time as a man’s life project.

The aim of Education in Health is to secure excellence and academic quality.

Art.-27 Health Team members in any field of education (primary school, high school, college, postgraduate education), must act as Health Agents favoring what is general over what is specific and showing the population their own personal responsibility and solidarity.

Art.-28 A student’s basic moral character is already formed when she or he enters the School of Medicine. Thus, the study of Medical Sciences cannot be carried out outside the structural context of every people’s culture, customs and beliefs, and of its social political organization. It is not enough for the Health Team member to know them; it is her or his duty to help change them when they harm the individual’s and the community’s interests.

Art.-29 Educators (both in the public and private spheres) shall receive from their responsible institutions the intellectual and material tools to develop in their students the capacity to interact with other people and improve the moral condition of their conduct.

Art.-30 There is no specific system through which Ethics can be learned. Reasonably, we can start transmitting the philosophical and ethical notions during pre-clinical years, and supervise their application in terms of content and human interaction capacity in the clinical years.

Art.-31 The basic pregraduate curriculum must deal with the problems the physician will encounter more frequently during his normal practice.

Art.-32 The team of educators in Health Sciences should be made up of professionals widely experienced in practical medicine as well as in ethical matters. For this purpose, it is important to have lawyers, psychologists, philosophers and representatives of the different religions participate. All together must constitute an advisory team for permanent consultation.

ation.

Art.-33 Surely, the subjects for discussion will be closely related to those dealt with in this Code, as well as with others that will emerge in the future as a consequence of two circumstances:

Paragraph a) at a certain time, the law may not coincide with what the profession deems ethically correct.

Paragraph b) the uninterrupted changes resulting from progress in scientific knowledge and technological development will require new ethical concepts.

Art.-34 If the School of Medicine has among other objectives those that lead to training an ETHICAL, RATIONAL, EFFICIENT, CRITICAL AND SUPPORTIVE Health Team member, the School must do its best (Institutional Ethical Responsibility) to close the usual gap between “what should be” and “what actually is”, because while it is true that medical ethics rests upon society’s moral principles, the nature of doctor-patient decisions and interactions give rise to special ethical situations not frequent in other professional fields.

Art.-35 From time to time, the School of Medicine must assess the result of the students’ ethical knowledge, setting the objectives, the methods employed and the effective measurement of results, in general and in particular, to face the most frequent ethical problems of the medical practice.

Art.-36 Any training in the different levels of Education in Health, regardless of whether the students follow a career in health care or devote themselves to basic research, must be complemented with the factors of their social environment. Therefore, educational programs, whether curricular or not, must offer special insight in the fields of bioethics, biostatistics, evidence-based medicine, legal liability, economy and management of health resources, related social aspects and other equally relevant issues.

Art.-37 Public and private entities providing education in Human Resources in Health must guarantee the excellence in the practical training of their pre- or postgraduates, with a focus on the respect for the patient.

Art.-38 In order to obtain an adequate educational level that allows the best medical care quality in every medical act, Health Team members shall undergo continuous training that

allows them the updating of scientific and technological changes in every field of education

Art.-39 A Specialist Health Team member is a person who has devoted specifically to one of the branches of the Medical Sciences and has completed studies that are acknowledged in domestic or foreign schools, hospitals and other institutions empowered to certify such education and to guarantee quality Health Care to the population.

Art.-40 Qualifying as a Specialist in a medical branch means a deep commitment with oneself and one's colleagues to focus one's activity on the selected specialty.

Art.-41 While failure to do so cannot be considered an ethical fault, it is convenient for Health Team members from time to time to subject themselves voluntarily to peer evaluation (Health Care Recertification) after a minimum 5-year practice as Certified Specialist showing technical and legal liability as a professional, to guarantee the quality of Health Care to the population.

Art.-42 It is not ethical to focus Education in Health as a commercial activity, which does not mean that a decent compensation for teaching is illegitimate. It is part of the Health Team member's vocational essence to offer her or his knowledge to peers and the community.

Art.-43 Institutions devoted to Education in Health should not be used as the battlefield for political partisan or union struggles.

Art.-44 It is the function of the State's Health department to help define the minimum number of Health professionals the country requires by regions and specialties. The State's Education and Health areas should control the levels of excellence in human resource training.

Art.-45 In view of international treaties currently in force, pre- and postgraduate curricular leveling of different universities should be advocated to ensure good Health Care for the population.

BOOK II
ON THE PROFESSIONAL PRACTICE

CHAPTER 4
ON THE HEALTH TEAM RIGHTS AND DUTIES

Art.-46 Medicine is a science and a profession at the service of the community and human being's health. It shall be practiced with no discrimination of any kind.

Art.-47 The Health Team member shall know the structure of her or his own system of values, and how her or his personal judgment impact on decisions connected with good and evil. The process whereby she or he makes ethical decisions and implements those decisions must be systematic and consistent with logic.

Art.-48 The Health Team member shall enjoy freedom to practice her or his profession and shall possess the technical conditions to act independently and assuring quality. No circumstance may restrain professional freedom unless on the basis of a strict scientific criterion.

Art.-49 The Health Team member shall limit her or his functions and responsibilities to her or his qualifying degrees or certificates. Health Care must be qualified by planning based on scientific principles.

Art.-50 The Health Team shall not delegate any powers, functions or duties that are exclusive of her or his professional practice or activity to any unqualified person.

Art.-51 By no manner of means and under no circumstances can medicine be exercised as a Trade or medical work exploited by third parties for profit or political reasons.

Art.-52 The Health Team member shall adapt her or his professional behavior, as well as every other act of her or his life, to rules of circumspection, probity and honor. Clean habits and temperance are also indispensable to practice the medical profession righteously.

Art.-53 The Health Team has the obligation to seek the highest efficiency in performance to secure the best possible quality level in Health Care. Therefore, its members shall keep up to date in line with scientific advances.

Art.-54 If a Health Team member has other means that are detrimental to the education or professional improvement she or he owes her or his patients, she or he shall have to make a choice.

Art.-55 When a study or treatment is beyond the acting Health Team member's capacity, she or he shall request the intervention of a colleague having the skills required for the

emergency. However, in the absence of a more qualified professional she or he shall nonetheless take on the responsibility.

Art.-56 No person alien to Medicine shall be admitted in a medical act unless expressly requested by the patient, her or his family or legal representative, and solely as a witness.

Art.-57 The Health Team member shall respect the patient's religious beliefs and shall not object the patient's practices, except when the religious precept represents an attack on the life the Health Team member is bound to protect. In this case, she or he will inform the patient and refuse to continue assisting her or him if the patient insists in her or his position.

Art.-58 The Health Team has the duty to fight cunning salesmanship and any form of quackery by resorting to every possible legal means. The intervention of scientific organizations, union bodies and the law is welcome.

Art.-59 The Health Team member shall only use or indicate products that are quality-guaranteed and quality-proven.

Art.-**60** Given that drug indication is part of the medical practice, the Health Team member shall defend the right of prescription as she or he is taking on the ethical and legal liability for the outcome of her or his action.

Art.-61 It is the Health Team's duty to cooperate with the public administration, either personally or through scientific organizations or unions, in compliance with the legal provisions related to her or his profession.

Art.-62 The Health Team member's legal liability as a professional takes place in the following instances:

Paragraph a) When she or he breaches common law;

Paragraph b) When she or he causes damage out of neglect, lack of skill, imprudence or inexcusable abandonment.

Art.-63 The Health Team member's obligation to answer a call during her or his professional practice is limited to the following cases:

Paragraph a) when another Health Team member requires her or his professional cooperation.

Paragraph b) When no other colleague is present where she or he develops her or his professional activity.

Paragraph c) in emergencies or when the patient's life is at stake.

Art.-64 The Health Team member shall inform the patient or person(s) in charge, as her or his judgment may dictate, when the severity of the disease anticipates a fatal outcome, or complications arise that may provoke a fatal outcome. Whenever advisable, she or he will have the Informed Consent signed by the patient, family member or legal

representative before carrying out any diagnostic or therapeutic maneuver that may endanger the patient's life.

Art.-65 The Health Team member is entitled to a decent and fair remuneration for her or his professional activity.

Art.-66 Health Team members have the right to be treated appropriately by patients, their families and the institutions where they work.

Art.-67 Health Team members are responsible for risks, reactions or negative results, either immediate or delayed, that are impossible or unlikely to foresee within the field of medical practice when prescribing or carrying out procedures or treatments that are not backed scientifically.

Art.-68 If the conditions set forth in this chapter were not met, the Health Team shall be entitled to file a claim, either individually or through the scientific and/or professional institutions, in the public or private spheres, as well as to report the fact to her or his patients and to the community, as necessary.

Art.-69 The Health Team member's office is a neutral territory where the Health Team member is be entitled to see all patients requesting her or his service, notwithstanding who has assisted them before and under what circumstances.

Art.-70 Health Team members have the right to choose their patients freely. This right shall be limited by the cases set forth herein.

Art.-71 In the case of patients under treatment, Health Team members are entitled to give up their assistance and refer the patient to another colleague in the following circumstances:

Paragraph a) If in her or his opinion an appropriate Health Team-Patient relationship has not been established, with negative effects on what is right medical care.

Paragraph b) If the patient$ on her or his own accord and will, does not comply with the prescribed indications or in the absence of such conditions, her or his relatives in charge do not cooperate for compliance.

Paragraph c) if the Health Team member finds out that her or his patient is being surreptitiously assisted by another professional.

Art.-72 Health Team members hold the copyright of the scientific studies they carry out based on their knowledge as well as on any other documents reflecting their scientific thinking or criterion.

Art.-73 The non restricted listing of rights and duties contained herein does not affect the Health Team member's rights as a human being, graduate and worker, of an individual as well as a collective nature, which are acknowledged, set forth or guaranteed by Law.

CHAPTER 5

ON THE PATIENT'S RIGHTS AND DUTIES

Art.-74 Every healthy person has the moral and social obligation to look after her or his health.

Art.-75 Every person suffering from a disease is entitled to respect for her or his dignity and to receive the best possible care from the Health Team members and Institutions where she or he is assisted to make her or his psychophysical and sociocultural well-being a reality.

Art.-76 Health care must be based upon the patient's free selection of physician in the private, institutional or State practice.

Art.-77 The patient is entitled to information that will allow her or him to understand and consent to the diagnosis, prognosis, therapy and primary or secondary preventive care in regard to her or his health status. When deemed necessary by the physician, the patient, her or his family or legal representative shall sign a free "Informed Consent".

Art.-78 The patient has the right for her or his health status to be kept a secret in connection with third parties, both verbally and through the disclosure of her or his medical record.

Art.-79 Every patient is entitled to receive emotional support and request spiritual or religious aid from selected persons.

Art.-80 The patient is entitled to:

Paragraph a) be looked after by persons that are capable of helping her or him maintain a sense of hope and trust in critical instances.

Paragraph b) Maintain her or his individuality and capacity for decision-making, and have the person or persons she or he may appoint accepted when her or his intellectual ability is compromised.

Paragraph c) Receive therapeutic help for alleviation of her or his suffering.

Paragraph d) be listened to when expressing concepts and emotions on how to approach her or his death.

Paragraph e) Die in the company of persons she or he loves or is fond of.

Paragraph f) Have her or his body treated with respect after she or he has died.

Art.-81 When the patient wishes to use her or his right to a second opinion, she or he shall communicate this fact to the treating physician, and shall respect the treating physician's right to withdraw if deemed appropriate.

Art.-82 The patient has the moral obligation to recognize her or his responsibility for non compliance with professional indications in the event of her or his health worsening or severe circumstances arising in the course of her or his condition.

Art.-83 The patient must be a responsible custodian of her or his disease to prevent it from spreading, provided such risk is possible.

Art.-84 The patient must be understanding in connection with her or his physician's honest conscientious objection

CHAPTER 6
ON THE HEALTH TEAM-PATIENT RELATIONSHIP

Art.-85 The Health Team-Patient relationship is established every time a Health professional accepts a request from a member of Society who seeks her or his opinion, advice or possible treatment.

Art.-86 The main objective of Health teamwork is the prevention, preservation, protection and recovery of people's health, either as individuals or as members of Society, maintaining the respect for personal dignity.

Art.-87 A Family Doctor or Patient's doctor is she or he who is visited by the family or the patient on a regular basis, and whom they trust professionally and as a human being. The General Practitioner is she or he who assists the patient during his current suffering.

Art.-88 The basis for an essential human relationship in the medical practice is the twofold Doctor-Patient (Health Team-Patient) formula. The doctor's primary loyalty shall be to her or his patient, prioritizing the patient's specific needs over any other interest.

Art.-89 Health Team members must establish a relationship of loyalty, decorum, respect, understanding and tolerance. Likewise, she or he will conduct the inquiry, clinical examination and diagnostic and therapeutic indications within the strictest moral consideration to human dignity and with no discrimination whatsoever.

Art.-90 Health Team members must dedicate their patients the necessary time to assess their ailment, indicate the diagnostic stages and provide them with the appropriate explanations.

Art.-91 Hasty visits, lack of clinical examination and lack of explanations to the patient's or her or his family's worries are serious unethical conduct. Citing lack of time due to an excessive number of patients or a low compensation per patient shall not exempt the physician from meeting her or his ethical duties.

Art.-92 Among the rules governing the Doctor-Patient relationship, the following are a prime category: the respect for professional secret, confidentiality and the free informed consent expressed personally or through a person in charge, when necessary.

Art.-93 Health Team members, even those with the highest professional and academic prestige and qualifications shall avoid condescending omnipotent paternalistic attitudes with the patient or her or his family. A positive disposition to analyze problems jointly will allow to reach satisfactory agreements on the patient health care as well as the patient's responsibility regarding the compliance with medical indications.

Art.-94 Health Team members shall be extremely prudent when offering an opinion in critical situations such as:

Paragraph a) Severe disease or imminent fatal outcome.

Paragraph b) Incurable disease

Paragraph c) Progressive irreversible psychophysical disability

Art.-95 The following medical circumstances shall demand the authorization or Informed Consent from the patient or person in charge:

Paragraph a) Procedures, diagnoses or therapies involving risk for the health.

Paragraph b) Convulsive therapies

Paragraph c) Amputation, castration or other mutilating procedures

Paragraph d) Interventions to minors

When in doubt, the Health Team member is advised to request a written authorization as well as a detailed evidence in a special medical or surgical protocol that will be included in the corresponding Medical Record.

Art.-96 Health Team members shall not entrust the application of diagnostic and/or therapeutic procedures to their patients unless such procedures have been previously subjected to the control of renowned scientific authorities under Clinical Research (Book III, Chapter 23)

Art.-97 A Health Team member visiting a friend or family member who is another physician's patient shall refrain from making questions related to the disease or observations on the other Health Team member's professional conduct. The visiting physician shall show no personal interest in the case or control attempt.

Art.-98 The patient shall be entitled to:

Paragraph a) choose the Health professional who will take care of her or his disease freely and to consult another for a second opinion. This will not be detrimental to her or his continuity or to the quality of her or his assistance.

Paragraph b) not being arbitrarily abandoned by the Health professional who assists her or him. The professional may abandon the assistance if the patient has lost her or his trust. Both patient and doctor shall analyze this situation and decide on a substitute who accepts to take charge. The withdrawing professional shall act with loyalty and respect for the proposed colleague, regardless of his opinion on the professional.

Art.-99 Health Team members have the ethical obligation to assist people in an emergency unless a more suitable emergency system is readily available. In such situations she or he may dispense with the patient's or family's approval. Thus, the assistance shall be her or his own decision, or when she or he is identified and her or his

urgent intervention is requested. In this case, the Health Team member shall not refuse, even if there is a risk of contagion or her or his physical integrity is endangered.

Art.-100 The application of diagnostic or therapeutic procedures requiring the patient's personal decision when the patient's decision has not been requested, especially in instances related to the beginning or end of life, is deemed to be serious unethical conduct.

CHAPTER 7

ON PROFESSIONAL SECRET

Art.-101 A professional secret in Health is a professional secret which cannot be ethically or lawfully revealed unless for a fair reason.

Art.-102 Professional secret is an ethical duty that is born, in the Health Team member, from the essence of her or his profession and is connected with her or his respect for the patient's freedom. Public interest, patients' safety, family honor, professional respectability and Medicine's dignity demand the secret.

Art.-103 Such is the importance of professional secret that it constitutes an obligation whose unjustified breach is a criminal offense according to the Penal Code. Publication of the fact is not necessary for disclosure to exist; the mere confidence to an outsider will suffice.

Art.-104 The Health Team member has the right and duty for everything the patient has entrusted to her or him, everything she or he has seen or deduced, and every document produced during her or his professional practice to be kept in secrecy. She or he shall be so discreet that nothing will be directly or indirectly discovered.

Art.-105 In case of pregnancy of or delivery by a single minor, the physician shall remain silent. The best procedure is to recommend the adolescent to report the situation to adults in her family.

Art.-106 Professional secret obliges the entire assisting Health Team. This shall not be exempted from the duty of secrecy even if the patient dies.

Art.-107 The physician shall only provide information on a patient's diagnosis, treatment or prognosis to the patient herself or himself, or to the patient's closest environment. The physician shall only act differently if he or she has an express authorization from the patient, or the patient's closest environment if the patient is not in a condition to make an autonomous decision.

Art.-108 When inescapable institutional situations take place, the treating Health Team member shall be able to disclose information on her or his patient to a requesting colleague only by express request from the competent professional authority, preferably in person or, if in writing, in a closed envelope.

Art.-109 Changes in the organization of welfare medical care and union demands are no excuse for disclosure of diagnoses and certifications generally violating the professional secret.

Art.-110 The Health Team member, or the head of the team or health care service or center is responsible for establishing the necessary controls to prevent patients' intimacy and confidentiality from being violated.

Art.-111 When a Health Team member is forced to claim her or his fees at court, she or he shall just confine herself or himself to indicate the service she or he has provided, shall be circumspect with the diagnostic information and the nature of the disorders and shall keeping the details for the appointed professional experts.

Art.-112 If the Health Team member considers that a certificate containing the diagnosis harms the patient, she or he must express her or his concern to the patient and await the patient's decision.

Art.-113 As diseases of a social nature, alcoholism, drug addiction and sexual transmission disorders force Health Team members to protect their patients through the professional secret provided it does not inflict real and demonstrable damage to the patient, a third party or the community.

Art.-114 Making reference to identifiable clinical cases, exhibiting photographs of patients in professional advertisements or disclosing medical matters in radio or television programs, cinema, newspaper or magazine interviews or any other non medical mass medium is a violation of medical secret standards.

Art.-115 The Health Team member's prudence and ethical responsibility in connection with the professional secret are particularly relevant when the information on the patient's health must be notified to her or his family.

Art.-116 The physician and other Health Team members are exempted from keeping a professional secret in any of the following cases:

Paragraph a) When insurance company experts intervene. Experts' reports shall abide by the professional secret standards, and shall be sent to the company's responsible staff member in a closed envelope. The latter shall be bound by the same duties.

Paragraph b) When commissioned by the competent authority to recognize the physical or mental status of a person.

Paragraph c) When tests or autopsies of a forensic nature must be carried out in any jurisdiction whatsoever or when her or his intervention is necessary to prevent a court error.

Paragraph d) When acting as officials from the health system or when they must clarify infectious diseases.

Paragraph e) When the physician issues the death certificate.

Paragraph f) in her or his own defense against any claim for negligence during her or his professional practice or when acting as a witness in court.

Paragraph g) When reporting crimes she or he has known of during her or his medical practice, under the Penal Code, with the exception of crimes of a private nature set forth therein.

CHAPTER 8
ON THE QUALITY OF HEALTH CARE

Art.-117 Despite the difficulty in finding a universally accepted definition, the notion of Quality in Health Care is closely connected with satisfaction of the individual patient's needs and demands, as well as of her or his family and society as a whole. It is based on the organization of change, the objective of which is to attain levels of excellence in the delivery of service, eliminating mistakes and improving institutional performance.

Art.-118 The World Health Organization defines the following factors as necessary to reach Quality in Health: high level of professional excellence; efficient use of resources; minimum risk for patient; high patient satisfaction; and assessment of the final impact on Health.

Art.-119 Quality in Health must be understood through three dimension: a) human dimension; b) scientific technical dimension; and c) economic financial dimension.

Art.-120 The new Models of Health Care must be backed by the scientific ethical social reasoning.

Art.-121 Health Team members must participate in Quality Policies by defining general objectives, planning and drawing strategies to attain them, organizing and implementing quality programs and controlling results with a view to a permanent improvement.

Art.-122 Health Team members must commit themselves to the development of Quality Management on the principle set forth by the World Health Organization regarding every human being's right to attain "the highest possible level of health". This principle should be included in the laws of every country as part of the State and health organization's legal and ethical liability.

Art.-123 Health Team members must carry out specific actions to apply Quality Control procedures that are universally accepted, as well as techniques and activities of an operative nature used to monitor relative requirements to determine whether production quality matches design quality. These actions should allow to measure Real Quality, compare Standards (Quality Manual) and act on the differences.

Art .-124 The assessment of health care quality shall be the responsibility of the different Health Team members, namely:

Paragraph a) Providers in general

Paragraph b) Users

Paragraph c) Health Managers (Public Health Care providers, Union-owned organizations, HMOs, and other systems).

Art.-125 Health Team members must promote the acquisition of Quality Assurance systems through a set of planned and systematized actions that are necessary to guarantee that a certain good or service meets the required quality standards and includes the set of activities aimed at assuring that the quality produced meets user needs.

Art.-126 Providers as a whole shall possess the highest attributes of responsibility and ethical conduct in terms of the constant search for equity, effectiveness, efficiency and appropriateness in the application of updated knowledge with the right technology.

Art.-127 The notion of satisfaction must be assessed both for the user and for the professional working conditions.

Art .-128 As part of the Health Team, Health managers shall accept this Code and act under it, anticipating and facilitating the means to attain Quality Health Care. Health managers are as responsible as direct providers for good practice in Health.

CHAPTER 9
ON TEAM MEDICINE

Art.-129 The Health Team's prime objective is that a group of persons working in harmony can offer excellence in health care for patients they are in charge of, trying to cure the patient or alleviate her or his suffering.

Art.-130 Health Team members must be aware that at all times they their decision making shall have to be connected with two elements – the scientific and the ethical – which are essential in their formation as human beings.

Art.-131 The Health Team shall have an indispensable training period and process not only on strategies and scientific and technical procedures, but also on moral values and ethical conduct in particular.

Art.-132 The medical act may or may not be carried out (abandonment). If carried out it may be a) accepted, or b) not accepted. The latter case may constitute a form of imprudence, lack of skill or negligence in terms of team work. Based on this, it is necessary to control the technical capacity and moral values, especially of the essential components of the medical act:

Paragraph a) the doctor-patient relationship

Paragraph b) Learning

Paragraph c) Research

Paragraph d) the specific medical activity

Art.-133 The Health Team head or leader has additional responsibilities of her or his own:

Paragraph a) Ethical conduct towards those who report to her or him

Paragraph b) Recognition of the multidisciplinary nature of those who make up the Team

Paragraph c) Institutional relations

Paragraph d) Control of the social, economical and legal environment, which may vary from deep gratitude to hostility, annoyance and aggression, of opinion as well as of legal action.

Art.-134 From the legal point of view, the following responsibilities may arise:

Paragraph a) Direct: against the team

Paragraph b) shared: against some members.

Paragraph c) Collective: when the final responsible of the medical action cannot be individualized.

Paragraph d) Joint: when involving assisting staff (nurses, OR nurses, physical therapists, hemotherapists and other health care professionals).

Paragraph e) concurrent: when involving the physician and the patient.

Art.-135 Indiscreetness by the Health Team as a whole or by any of its members is deemed to be serious unethical conduct because it violates confidentiality and medical secret.

Art.-136 The Team head and even the Team members are responsible for accepting to work in a place where there are no technical, environmental, and infrastructure conditions allowing the right development of their specific activities.

Art.-137 The full medical record is one of the mainstays of medical care and several team members have responsibilities attached to it.

Art.-138 Teamwork does not exempt the team leader or those with assigned functions from complying with the free Informed Consent, whose characteristics in some procedures are beyond the signing of a pre-established form.

Art.-139 Team work shall not prevent the patient from knowing who the professional in charge is. However, the Team leader shall continue sharing the responsibility before the patient and the law.

CHAPTER 10
SECOND OPINION

Art.-140 Medical Consultation or Second Opinion is the result of a consultation with another physician or health team not directly in charge of the patient's care (legal and ethical aspect) to ratify or modify the original procedure.

Art.-141 Second Opinion is part of Health Care. It may refer to the whole procedure or be circumscribed to a certain item.

Art.-142 Given the many repercussions of the medical act on the players, the parties involved are required not only scientific and technical knowledge but also the appropriate balance of maturity and respect because Medicine's prestige is at stake every time a medical act is performed, which is even more critical in the event of a Second Opinion.

Art.-143 The principle of benefit or beneficence results in the Health Team member's obligation to consider the patient's health above all other aspects. Any conflict of interests between the consultants shall be subordinated to the primary interest of the patient's health.

Art.-144 This type of consultation may result from the patient's request. Under the principle of autonomy and the rule of confidentiality family members shall only request the treating doctor to carry out a consultation with another professional if they have the patient's express authorization or the patient is incompetent. The primary responsible person can also propose a second opinion in the following cases:

Paragraph a) When it is difficult to reach a diagnosis of certainty.

Paragraph b) When a satisfactory result is not obtained with the indicated treatment

Paragraph c) When the prognosis severity requires sharing the responsibility with other colleagues.

Paragraph d) for legal, work, administrative or similar reasons.

Art.-145 when the patient, or her or his family promotes the second opinion, the general practitioner shall not oppose, and shall accept the proposed consultant. However, the G^P has the right to reject the consultant for a fair cause. If an agreement is not reached, the GP shall have the right to propose the appointment of a doctor for each party. If rejected, the GP may waive the consultation and shall be exempted from continuing patient care.

Art.-146 The principle of autonomy (capacity to make one's own decisions) dictates that the patient should take on responsibility for decision making on her or his medical assistance, that she or he can change her or his mind along the process, and that she or he should be honestly advised of the problems that may arise.

Art.-147 The Second Opinion is an ethical act. Usually, unethical acts are procedures leading to a Second Opinion. The greater responsibility for setting the ethical framework corresponds to both consultant and consultee.

Art.-148 During consultations, the consultant shall show an honest and meticulous attitude towards the moral and scientific reputation of the GP, whose conduct she or he shall always justify provided it coincides with true facts or with the fundamental principles of science. In any event, the consultant's moral obligation, when no harm to the patient is involved, is to tone down the error and refrain from judgments and insinuations that may affect the trust that was placed on the GP.

Art.-149 The consulting doctor shall not become the patient's general practitioner in the course of the same disease that gave rise to the consultation. The following are exceptions to this rule:

Paragraph a) When the GP hands over the therapeutic management voluntarily.

Paragraph b) When the nature of the disorder makes it necessary for the specialist to take charge.

Paragraph c) When the patient, or her or his family, makes the decision and states so in the presence of the consultation participants or medical board.

Art.-150 Any Second Opinion sought behind the GP's back is deemed to be serious unethical conduct, except in the absence of, impossibility of or repeated refusal by the GP, or with the GP's consent. All these circumstances, and especially if carried out on a regular basis, shall be evidenced and if possible documented, and the general practitioner duly reported.

Art.-151 If after consultation with a Specialist the disease appears to be comprised in the consultant's specialty, the GP shall honorably hand management over to the Specialist. If it is not a complication but an alternative to the clinical picture, the therapeutic management shall still correspond to the general practitioner and the specialist shall limit herself or himself to offer the knowledge that may contribute to the situation, stopping her or his intervention as soon as her or his services are not required. Both physicians shall act in agreement.

Art.-152 For surgical procedures, the surgeon shall determine the time and place of execution, and shall select her or his assistants. The surgeon may request the GP to take part in the procedure.

Art.-153 When the treating Health Team member refers her or his patients to a specialist, it is good ethical practice to contact the latter previously. Once the patient has been examined, the specialist shall report the results to the GP. Hereinafter, both colleagues shall act under the preceding articles. This type of visits is considered extraordinary.

Art.-154 It is advisable yet not obligatory for the specialist who receives a spontaneous patient to communicate the examination results to the patient's GP, unless otherwise stated by the patient.

Art.-155 Doctors have the obligation to attend the patient in time. If after a considerable waiting time of a maximum 15 (fifteen) minutes the GP does not attend, or does not requests to be further waited, the consultants are entitled to examine the patient after the patient's due informed consent is given.

Art.-156 Once the consultants or board have met, the general practitioner shall expose the case without omitting any point of interest and shall reveal the result of the diagnostic elements being used. Immediately after, the consultants shall examine the patient. The board shall meet again and the consultants shall deliver their opinion, starting with the youngest professional and ending with the GP, who just then shall submit her or his verbal or written judgment. The GP shall summarize her or his colleagues' opinions and state the conclusions, which shall be subjected to the board's decision. The GP shall offer the final deliberation results to the patient or family members in front of her or his colleagues, or she or he may pass this mission over to any of the remaining physicians.

Art.-157 If the consultants do not agree with the general practitioner, it is the GP's duty to say so to the patient or family members so that they can decide who will continue assisting the patient.

Art.-158 The general practitioner is authorized to draft and keep a minute containing the above opinions. The GP and the consultants shall sign this minute whenever the GP, based on the nature of the board's decisions, deems it necessary to protect her or his responsibility from misinterpretations.

Art.-159 During consultations and board meetings, detailed arguments on doctrinal or speculative subjects shall be avoided, and the discussion shall be focused on the solution of the clinical problem in a practical manner.

Art.-160 The general practitioner may modify Consultation and board decisions if a change in the course of the disease dictates a change. However, every modification as well as its causes, shall be exposed and explained in subsequent consultations.

Art.-161 Discussions in the course of the board meetings shall be confidential. This is a collective responsibility and nobody shall be exempted from this duty. No judgments or comments shall be produced outside the board meetings themselves.

Art.-162 It is ethically forbidden for consultants to return to the patient's home after the consultation is over, except in an emergency or with the GP's express authorization and the patient's or family member's consent. In addition, the consultants shall omit any specific comments on the case.

Art.-163 When the family cannot pay a consultation, the GP will be able to authorize a colleague in writing to examine the patient in an extraordinary visit. This colleague has the obligation to get in contact with the GP or to send the GP her or his written opinion in a closed envelope.

Art.-164 When a colleague needs information or the patient herself or himself requests information, this shall be complete, shall not omit any data obtained during the examination, and shall be attached to the test results. In turn, the requesting physician shall rely on the information that she or he is being given. However, if seriously in doubt, she or he is entitled to access the original documents, which she or he shall return immediately after verification.

Art.-165 The general practitioner shall not be substituted unless in compliance with the rules set forth herein.

Art.-166 A guarantee of better Health Care is to have the Second Opinion vested in the Consultant and/or Expert Committee of the different health care systems.

Art.-167 The IT revolution has developed the Remote Second Opinion. The absence of the patient shall be taken into account; for the Second Opinion to be useful, the ethical factor of the Health Team Member-Patient relationship and its variables shall be taken into account, as well as those set forth in the Chapters dealing with Medical Record and Professional Secret.

CHAPTER 11

ON THE MEDICAL RECORD

Art.-168 The Medical Record shall be an objective instrument that can be easily understood by third parties and not only by the person or persons writing it.

Art.-169 The Medical Record is one of the most outstanding elements in the Health Team-Patient relationship. Moreover, it is highly relevant as evidence before the law as well as in matters of an economical or administrative nature.

Art.-170 The Medical Record shall be written and signed by the doctor who rendered her or his service. The substitution by a colleague in some functions shall be recorded in detail.

Art.-171 The Medical Record shall be legible, have no crossing outs, overwriting or erasures, and shall contain no blank spaces. When a mistake is made, the word ERROR shall be written and clarifications will follow. The text shall not be interlined.

Art.-172 Every page in the Medical Record shall be numbered and shall carry the patient's name, the Health Team member's name and the date of the service. The time shall also be written down, and the patient's conditions upon admission shall be detailed.

Art.-173 A precise description of every study and analysis shall be recorded on the Medical Record. In the event of an invasive method being indicated, the Medical Record shall contain a full description of all the symptoms that led to the recommendation. Data recordation shall be contemporary to the different services that are being rendered.

Art.-174 When medical consultations with other professionals are made, the attending physician shall record their opinions as well as the date and time when they were given.

Art.-175 The Medical Record shall detail the information provided to the patient, and/or to her or his family, as well as the patient's response to the treatment, either medical or surgical.

Art.-176 No essential data that may improve the treatment shall be omitted even when they may be the object of false modesty or may be socially reprehensible.

Art.-177 The free Informed Consent signed by the patient, her or his family, or legal representative shall be included in the Medical Record.

Art.-178 The Medical Record – complete and clearly written – is one of the greatest responsibilities the Health Team has. If defectively drafted, it becomes an aggravating element in civil suits for damages.

Art.-179 The Medical Record contains personal data. The patient is the exclusive owner of these data and has an inalienable and truly personal right over those data. Refusal to hand them to the owner may bring about a claim for damages.

Art.-180 What applies to the Medical Record itself is equally applicable to any complementary information such as clinical analyses, x-ray and tomographic studies, etc.; all these elements are inherent to the patient's health, body and intimacy, and are therefore inalienable. Only the patient can reveal the content therein.

Art.-181 The physician and/or the medical institution are the custodians of the Medical Record. If the Medical Record is lost or deficiently stored, the action of justice might be hindered and the physician, and even the medical institution, could be deprived of an invaluable tool for defense in a lawsuit. The Medical Record custodians shall have to answer for this situation.

Art.-182 Therefore, the preservation of the medical secret and Medical Record shall be guaranteed and shall not be exposed to persons or institutions having interests other than purely professional ones.

Art.-183 It is ethical to abide by the court's decision to submit the Medical Record for investigation purposes, either to attack or defend legal responsibilities.

Art.-184 The Medical Record shall not be used for illegitimate purposes, for any kind of discrimination, or to exclude persons from the lawful benefits they are entitled to.

Art.-185 When Medical Records are computerized, security systems shall be implemented that are enough to ensure data inalterability and data protection from the action of hackers.

CHAPTER 12

ON HEALTH TEAM MEMBERS' MUTUAL RELATIONSHIPS

Art.-186 Mutual respect among all professionals devoted to Health Care, avoiding to interfere with someone else's professional sphere unless in an emergency, and trying not to trespass on fields outside one's own scientific competence are the ethical bases governing relationships among Health Team members.

Art.-187 The Hippocratic oath points to the tradition of free assistance to a colleague, her or his spouse, children and parents whenever these are in the physician's care and are not covered by health insurance. This habit has stopped being a norm for many Health Team professionals, so the procedure to adopt shall rest on the physician, and the decision not to pay shall not be made by the health care recipient.

Art.-188 When consultation fees can be recovered through the health insurance company, or the colleague has a source of income other than the medical practice, the Health Team member shall feel free to charge her or his fee.

Art.-189 In a probate hearing to determine the heirs or legatees of a decedent who is a Health Team member having no forced heirs, the assisting Health Team shall receive the fees that are owed to her or him.

Art.-190 Every Health Team member has the right to accept to be inquired or called on by a patient, regardless of the colleagues who have assisted the patient before and the circumstances thereto. The conduct to be adopted shall point to the degree of respect for ethics among colleagues.

Art.-191 When a Health Team member is called to assist a patient who is a regular patient of another professional, she or he must request the family to notify the colleague and, if the family omits to do so, it is ethically appropriate for her or him to do so.

Art.-192 When a Health Team member is temporarily substituted by a colleague, the conditions in which this situation will take place shall be previously agreed. The substituting professional shall act with utmost respect for her or his colleague and patient.

Art.-193 When a Health Team member develops an administrative function, as director, coordinator, auditor or other, she or he must always bear in mind that she or he is dealing with a colleague who deserves her or his full respect and consideration. A Health Team member is a Health Team member under any circumstances, and society acknowledges

this fact and expects she or he will behave under the ethical standards of her or his medical profession.

Art.-194 It is ethically incorrect to take the post or function of a colleague who has been fired for defending legitimate professional rights as recognized by the Health Team rules and regulations.

Art.-195 It is deemed to be serious unethical conduct to hide crimes against or flagrant violations of the professional ethics, which have been committed by a colleague. Any such act must be reported before the Ethical Committee, or lawful Scientific Societies, Professional Associations or Medical Associations.

Art.-196 When a Health Team member holds a hierarchical position, she or he shall not use it to prevent her or his subordinate colleagues from acting and defending professional ethical principles.

Art&-197 While probably the most significant decisions affecting patient health care concern the Physician, Health Team members shall always remember their duties, which they do not relinquish for the fact of being part of a team. Health Team members shall also respect their specific fields of action and avoid passing their own responsibilities over to others.

Art.-198 The following ethical conducts shall be observed when conflicting situations arise from urgent calls from persons who are other colleague's patients, from overlapping attendance, temporary substitution and the like:

Paragraph a) Respect the order of arrival

Paragraph b) Limit oneself to precise indications given at that time

Paragraph c) Avoid referring patients that have been seen during a substitution to one's own office

Paragraph d) Respect, even in disagreement, the General Practitioner's indications, and discuss them only in the absence of the patient and relatives. Avoid suggestions from family members to change original roles. Once the patient is out of danger and in the presence of the GP, it is the Health Team member's responsibility to withdraw and give up assistance, unless there is a GP request to act jointly.

Paragraph e) All professionals attending an urgent call, notwithstanding who takes charge of the patient, are authorized to charge the corresponding fees for their service.

Art.-199 The General Practitioner may propose the participation of another helping professional when she or he deems it necessary. In this situation, the patient shall be assisted jointly. The GP shall direct and control but the helper shall have absolute

freedom to act. It is deemed to be serious unethical conduct by the helper to take or try to take the GP's place in the current or future management of the same patient.

Art.-200 It is in the so-called Medical Consultation where the sense of ethics among professionals is put to test. Medical Consultations are very useful as they are learning opportunities for younger and less experienced colleagues.

Art.-201 It is ethically reprehensible for a Health Team member – based on her or his hierarchy or position – to exert pressure on other professional co-workers to prevent them from meeting their ethical obligations or acting with the integrity, honor and values of the Medical Profession.

Art.-202 When a Health Team member becomes aware of objections to her or his judgments or indications made by other Health Team members, she or he shall render respectful attention to them, trying to reach the necessary agreement so that the problem be overcome on the basis of the best argument.

Art.-203 The mutual relationship of Health Team members is particularly important given the significance of their activities in caring for, comforting and efficiently treating patients.

Art.-204 Given the growing complexity of today's life and future prospects, the cooperation of the Social Sciences and Mental Health professionals within the Health Team is especially significant. Their integration must be completed in a stable manner for the benefit of patient's care.

Art.-205 The different Health Team members may partner with one another in order to make up a competent technical team for improved professional performance.

Art.-206 Understanding health care complexity and cost is also necessary. Therefore, a good relationship with professionals from the Administration of Health Care Providers is essential.

CHAPTER 13
ON THE HEALTH TEAM MEMBERS-INSTITUTION RELATIONSHIP

Art.-207 Relationships between Health Team members and Health Care Providers (Private, Public, Union-owned, Community-owned, Armed Forces-owned Organizations) shall be ethical and harmonious, and shall avoid any coercion attempt mainly resulting from economical conditioning.

Art.-208 The Health Team and the Institution shall favor the assistance of the patient who makes a call on the physician's office. The acting doctor shall be responsible for providing the patient with the appropriate physical and psychological assistance as well as with the corresponding explanations to her or his family.

Art.-209 The Health Team shall not accept any kind or degree of discrimination from the Institution where she or he works.

Art.-210 The Health Team and the Head of the Team in particular are responsible for the quality of the assistance. It is their obligation to report to and request from the institutional authorities the solution to failures or defects that may endanger the medical act in any manner whatsoever. The Health Team member shall take no part in any health care plan that may restrict her or his capacity to decide what is best for the patient.

Art.-211 Contractual relationships between the Health Team, on the one hand, and the Institution or Health Care organization, on the other, will guarantee the existence of the honorable respectful ethical framework that both professional and patient deserve. Professional Associations should tend to monitor regulation compliance.

Art.-212 Hospitals and Institutions hiring Health Team members shall promote a Hospital Medical Career, which shall include entrance through an open selection process involving competitive examinations and interviews, job stability, seniority and retirement programs, among other specific conditions. The organization of professional unions with by-laws protecting medical work are highly recommended provided they do not come into conflict with this Code.

Art.-213 Health Team members have the right to a decent salary. Salaries and fees shall be paid on the dates duly agreed upon. The professional's claim, even before a court if deemed necessary, is not considered an ethical fault.

Art.-214 It is a severe ethical fault for Health Care organizations and their managers, directors and administrators to hire professionals or professional teams whose members

do not qualify under this Code. It is also deemed to be serious unethical conduct to force them to perform duties that are outside their functions or professional fields.

Art.-215 Health Care Institutions shall own resources and buildings having conditions and working environment that comply with the applicable rules, regulations and standards, and biosafety equipment and materials guaranteeing quality health care and protecting the staff from nosocomial infections. For such purpose, accreditation and quality control systems shall be implemented.

Art.-216 Health Care organizations such as hospitals (public, union-owned or private) and their managers, directors and administrators acting on "captive patient populations" are ethically and legally responsible for complying with quality standards of all medical products they administer to their patients, regardless of the purchase method they use.

Art.-217 Professional secret and confidentiality are the patient's inalienable rights; the Health Team has the obligation to become a zealous custodian of these rights. Health Care organizations and health care professionals shall act jointly to have report and certification contents regulated so that they do not breach the abovementioned rights; furthermore, they shall monitor the ways in which the professional secret may be violated within the Institution.

Art.-218 A control over the Health Team member shall only be accepted if it is carried out by her or his peers within the organization where they belong.

Art.-219 Health Team members connected with health care institutions shall defend their right to free prescription. Moreover, they have the obligation to use diagnostic and therapeutic means in a rational manner, and to avoid excessive or useless indications (unnecessary medicine).

Art.-220 It is deemed to be serious unethical conduct for Health Team members to be connected with organizations or companies that produce, distribute or sell medicinal substances, disposable items, prostheses and/or technological products. They shall not receive any money or goods in compensation for prescribing certain products or performing practices or procedures that may be a form of economic benefit o promotion for the above organization or company.

Art.-221 The managers of all the Health Care organizations offering hospitalization services shall tend to create Ethics Committees and Committees of Professional Conduct.

Art.-**222** Health Team members, regardless of the Health Care institution they work in, shall fully comply with their contractual professional and administrative duties.

Art.-223 Health Care institutions shall not be used for political party struggles. The Health Care professional holding a managing position shall meet all the provisions set forth in this Code.

CHAPTER 14
ON THE NEW IT AND HEALTH SCIENCE TECHNOLOGIES

Art.-224 Every piece of Health Care information that is electronically supported in current or future IT and communication technologies shall adapt itself to the applicable ethical principles and legal regulations.

Art.-225 Websites offering Medical and Health Care information on the Internet allow physicians and health care-related professionals, patients and consumers in general to access masses of medical information. This access capacity is causing a transformation in the Health Team-Patient relationship.

Art.-226 Certain situations shall have to be considered in order to prevent the process from being harmful: the wide variation in content quality, business interests influencing contents and privacy-related factors, among others.

Art.-227 The above calls for the need to set an ethical position regarding these new forms of communication; thus, principles have been established in connection with content characteristics, advertising, economical support and any other matters concerned with ensuring quality, privacy and confidentiality, and guaranteeing page users (patients and professionals) an effective and safe electronic commerce.

Art.-228 The above principles are based on standards that have been drawn by institutions enjoying international prestige, which have been working on the subject for many years now, among them the American Medical Association and the **Asociación Médica Argentina**.

Art.-229 The commitment with these essential principles will enable the acquisition and application of medical information to patients, the general public and the Health Care professionals.

Art.-230 Ethical principles include the content of web sites, including the overall material, that is, texts, pictures, charts, tables, audio and video, menu icons, bars, lists and indexes. These principles also affect functions supporting the contents (e.g., links, searches, calculations) and other that may be developed in time.

Art.-231 Contents shall be provided by Health Team members or qualified organizations. Otherwise, it shall be expressly stated. The information that is provided shall be aimed at complementing rather than substituting the existing patient-doctor relationship.

Art.-232 Site ownership as well as authorship shall be clearly specified.

Art.-233 The site shall provide information regarding browsing, content-access restrictions, whether it is necessary to register, protection key, subscription fees, and privacy disclaimer. Every site shall provide an adequate search engine or browsing tool to

facilitate use, as well as instructions on how to use a function and how to conduct the different types of search.

Art.-234 Before uploading or publishing material, the page content shall be revised in terms of Quality (including originality, accuracy and reliability). Experts not involved in their creation shall revise clinical editorial contents. Dates of publication, updating and revision shall be clearly stated. The list of persons or institutions taking part in the process shall be published.

Art.-235 The linguistic complexity shall be consistent with site users, and texts shall be subjected to grammatical, spelling and style review.

Art.-236 Content links inside and outside the site require review before publishing, as well as follow-up and control. If out of order, they shall be repaired in time.

Art.-237 Web sites shall not direct users to other sites they do not intend to visit.

Art.-238 If the content may be downloaded to a file, instructions must be supplied and access must be easy in terms of how to download and how to obtain the necessary program. A link to the program shall also exist.

Art.-239 Advertising in a Web page implies product, service or company endorsement by those that are responsible for the page. Therefore, unless otherwise stated, they are exposed to any claim that may arise in connection with the above.

Art.-240 Advertising space shall not interfere with the mission, scientific content or editorial decisions of the website.

Art.-241 No advertising shall be placed that is adjacent to the editorial content through links or on the screen, and which shares its subject matter.

Art.-242 The user shall have the option to press (or not) the manual command (mouse) on the ad. Users shall not be sent to a commercial place unless they voluntarily accept to do so.

Art.-243 Every financial material or support to contents and other online product types shall be easily recognized and clearly visible on the page or through links.

Art.-244 Health Team members shall bear in mind that the patient's computerized medical data may be easily violated by third parties. Therefore, they shall make sure and see to it that data introduced in the IT system, whatever their supporting technology, shall only be pertinent, necessary and verifiable data. Thus, an easily accessible user link in connection with the privacy and confidentiality policy shall be placed in the home page or browsing bar.

Art.-245 Every data that the site may collect such as name, e-mail address or any other personal information shall be used under legally approved criteria.

Art.-246 The process of opting for any functionality comprising the collection of personal information shall include an explicit warning. Such personal information shall be kept, and an explanation of how and by whom it will be used shall be given. The option statement shall be included in a brief document that is clear enough for the user.

Art.-247 Every data that the site may collect such as name, e-mail address or any other personal information shall be provided by the visitor voluntarily, only after she or he has been informed of its potential use.

Art.-248 The collected medical data shall not be disclosed to third parties without the express consent of those originating the data.

Art.-249 To help browsing the page, hidden files that are kept in the user's computer may be used. The site shall inform if these files are to be used. If the user's browser is configured so as not to receive them, such configuration shall not prevent site navigation.

Art.-250 Privacy and confidentiality policies regarding electronic mail are the usual ones; this means that the user shall be familiarized with them and that she or he shall have no dependence on the site. E-mails and newsletters shall contain an "unsubscribe" option.

Art.-251 Patient-derived information that does not preserve anonymity shall have the patient's Informed Consent. When the express consent has been obtained, the page content shall state so. The remaining information shall follow the same guidelines and standards of scientific publications.

Art.-252 Health e-commerce is governed by the following principles:

Paragraph a) It must ensure users that they will access safe and efficient transactions.

Paragraph b) Users shall be entitled to reviewing transaction information before actually making the transaction (information, products, services, etc.)

Paragraph c) an e-mail with the transaction information shall be sent to the user.

Paragraph d) If the user browser does not support a safe connection, no financial transactions shall be allowed.

Paragraph e) Response and compliance terms shall be clearly specified.

Art.-253 The sale of drugs over the Internet shall respect the doctor and pharmacist's figures. The medical act cannot be separated from the responsible, legal and ethical prescription.

Art.-254 The "electronic prescription" implementation, especially for chronic disorders, will allow the patient's commitment with the indicated therapy.

Art.-255 The **Asociación Médica Argentina** has always opposed the direct sale of drugs requiring diagnosis or professional prescription, by the company producing medical supplies to the ill or healthy patient, through mass media adverting (oral, written, visual, computerized), without the due call on the physician's office.

Art.-256 In the Cascade of Responsibilities for the use of new IT technologies in Health, the State (the Executive, the Legislature and the Judiciary) shall have a controlling role of the websites and companies dedicated to disclosing information for the professionals and the community, as well as to marketing goods and drugs, as regards the commercial authorization of drugs that are sold through virtual drugstores, and the advertising and spreading in the Web that have a direct impact on the general population.

Art.-257 Page owners, regardless of where their website and website replications are, shall be legally and ethically responsible for the site contents, and shall be liable for damages caused directly or indirectly to the population in general or to one person in particular. Restating the concept of health as Everyone's Responsibility, regardless of whether they are Health Team members, nobody shall feel excluded from her or his duties as part of the community. Nobody shall recognize herself or himself as a mere intermediary having no responsibility.

Art.-258 All spheres of society participating in the production chain or sharing information on health issues, regardless of their target, shall be included in the Cascade of Responsibilities that are connected with the effects such information may produce, and shall reinforce controls to prevent violations of privacy and confidentiality. Furthermore, they shall respect the standards herein contained.

CHAPTER 15

ON PROFESSIONAL SCIENTIFIC ORGANIZATIONS

Art.-259 Professional Scientific Organizations shall preserve the ethical principles that are to make up professional behavior, such as the respect for every human being's life and dignity, the sense of professional work as a service, the scientific calling of Medicine, the independence of the Health Team member to decide in all conscience what to do for her or his patient, the defense of the Health Team-Patient relationship, and the custody of confidentiality. These immutable principles are the guarantee that Medicine will always be humane and scientific.

Art.-260 Professional Scientific Organizations shall use every appropriate means to attain scientific development and progress in medicine, and shall direct it as a social function.

Art.-261 Professional Scientific Organizations shall remain alert and sensitive to changes occurring within themselves and in the population and influencing professional practice standards, such as social impulses, cultural mutations, ethical problems derived from the application of new technologies, the effects of the media, and many other situations.

Art.-262 Professional Scientific Organizations shall participate in the career promotion, and in the creation and maintenance of dignified life and environmental conditions, and shall also define the scope and benefits that new breakthroughs in Medicine can offer to the population.

Art.-263 Professional Scientific Organizations shall foster active Health Team member participation in the scientific drawing up, implementation and control of Health Care policies, plans and programs in their country or region, under the criterion of a supportive and fair resource distribution; also, they shall take part in the different stages that are required to authorize the drawing up of new Health practices and/or techniques.

Art.-264 While it is not a specific function of Scientific Organizations, they shall give their opinion and defend Health Teamwork (Professional Issues). At the same time, every Health Team member shall feel it is her or his duty to watch over the prestige of the entities she or he has freely adhered to.

Art.-265 Professional Scientific Organizations shall foster the excellence in Education in Medical Sciences, and shall make all the necessary efforts for professionals to receive both ethical and scientific continuing education.

Art.-266 Professional Scientific Organizations shall participate very actively in the drafting of policies promoting human resources that are adequate to the country's needs.

Art.-267 Professional Scientific Organizations shall encourage scientific relationships through cultural exchange with similar domestic and foreign medical organizations with an aim at offering and accepting the new conquests the Medical Sciences have reached.

Art.-268 Community communication devices shall be implemented that establish that the Professional Scientific Organizations' priority interest is to achieve an appropriate health level for their patients. Their press organs shall find room for the particular ethical aspects of their activities.

Art.-269 On matters of scientific publications, the following are deontological misconduct:

Paragraph a) spreading prematurely the value of procedures whose efficacy has yet to be determined and doing so in a sensationalistic or exaggerated manner.

Paragraph b) Forging or making up data.

Paragraph c) Plagiarizing other authors' articles and publications.

Paragraph d) Expressing opinions on matters outside one's competition.

Paragraph e) including someone who has not contributed substantially to the design or execution of a piece of work as an author.

Paragraph f) Publishing the same originals repeatedly.

Art.-270 Professional Scientific Organizations shall promote the creation of Ethics Committees in order to request their opinion on the different research protocols.

Art.-271 Health Team members have the duty to communicate the discoveries they have made or the conclusions they have derived from their investigations to the scientific press in the first place. Prior to reporting them to the non-medical public, they shall subject their discoveries and conclusions to their peers' criterion.

Art.-272 Insofar as it is possible, Professional Scientific Organizations shall watch and report discriminating investigations in humans, such as those that can be carried out in different countries with no regard for ethical regulations.

Art.-273 Professional Scientific Organizations shall inform the general population that it has been shown that the excess of legal claims have brought about an unnecessary defensive medicine altering the Health Team-Patient relationship.

Art.-274 Given that one of the factors that has promoted the presentation of unwarranted legal claims is the possibility to litigate at no cost, it is ethical for Professional Scientific Organizations to defend the regulation of this benefit with full rigor and, once granted, to have claims channeled through the Ombudsman and tests carried out by legally recognized entities.

Art.-275 Professional Scientific Organizations shall permanently watch over the interests emerging between industry and trade, on the one hand, and the scientists on the other, from the point of view of Ethics.

Art.-276 Professional Scientific Organizations shall develop such academic activity that is a factor balancing the trends and ideologies of today's bioethics.

Art.-277 The **Asociación Médica Argentina** and the **Sociedad de Ética en Medicina** shall adopt the necessary measures to keep this Code updated in line with the evolution of knowledge and the impact it may have on the profession's ethical conduct.

CHAPTER 16
ON PROFESSIONAL UNION ORGANIZATIONS

Art.-278 Today's practice of medicine bestows a "union" quality upon its members given the number of individuals who are employed (vs. self-employed).

Art.-279 Every Health Team member has the right to join a medical professional union organization freely. It is ethical misconduct against membership to join two or more professional unions having opposed principles or principle implementation.

Art.-280 Membership involves recognizing that member's duties regarding the objective function of the Professional Union Organization are necessary.

Art.-281 The primary objective of Professional Union Organizations is to defend working conditions influencing the Health Team member's economic, geographical, of habitat, intellectual, legal and even spiritual stability having a direct impact on the workers and/or their families and/or the population.

Art.-282 Because essentially the Health Team member's work is currently based on the worker's dependence upon third parties (public health care, union-owned health care organizations, HMOs) Professional Union Organizations shall provide professionals with the necessary means for them to channel their activity in a context that is consistently backed by the Institutions, individual and collective guarantees, legal protection, so as to develop their principles and contents ethically and within the sphere of their institutions. Standing work committees on specific issues are highly useful.

Art.-283 Given that current Health Care Systems in general have brought about a growing loss of importance and impoverishment of Health Teamwork, which has in turn led to lack of protection for physicians and their families, Professional Union Organizations shall undertake actions aimed at creating ethical Social Security systems that provide protection and defend their existing rights as workers.

Art.-284 Health Team members, regardless of their professional or hierarchical position, shall be active members of the Professional Union Organizations or Associations where they belong, participating in decision-making and by-law drafting. They shall avoid any personal or group interests, especially when these involve economical aspects or abuse of authority attempts.

Art.-285 Professional Union Organizations have the obligation to defend their members when these have been damaged in the course of their medical practice within the sphere of the health care institutions they belong to. This defense will be connected with labor aspects emerging from constant changes in the collective agreements as well as with legal matters (Legal Liability).

Art.-286 It is the obligation of professional union bodies and their members to promote every possible change and professional growth, as well as to coordinate actions for Ethics to be seen as an “action in Health" among colleagues, and from the colleagues to the community within the spontaneous framework of self-regulation.

Art.-287 When a Health Team member is chosen to hold a position in the professional union organization, she or he shall devote entirely to it for the benefit of all. The professional union leader's representative or executive authority shall not exceed the boundaries of her or his power. If no authority has been vested in her or him, she or he shall act under the spirit of representation and ad referendum.

Art.-288 A Health Team member acting as a professional union leader shall have clear concepts in a conflict among the parties, and shall define and express her or his position as this is part of her or his functions. Rather than evading the problem, she or he shall face it honestly and clearly.

Art.-289 Every relationship with the State, insurance companies, benefit societies, and other shall be regulated through one's professional union organization. This shall be in charge of allocating positions based on a selection process involving competitive examinations and interviews, seniority, retirement plans, setting fees, and the like. In no case shall a Health Team member accept a professional agreement for general competition services unless those established by the professional union organization.

Art.-290 No Health Team member shall lend her or his name to any person who has not been empowered by the competent authority to carry out Health Care activities, and she or he shall not cooperate with professionals who have been punished by a court or the provisions herein while the punishment was in force.

Art.-291 Health Team members having managing functions shall not reveal the matters she or he has become aware of while holding office.

Art.-292 It is a duty of Health Team members to report the individual who not being a health professional carries out activities that are the field of health professionals. The report shall be submitted to the respective Professional Union Organization.

Art.-293 The Health Team member shall sign no agreement that has not been previously assessed by the professional union.

Art.-294 When referring patients to a hospital, it is important that no fair interests of a colleague are harmed, among them economical interests. Regardless of whether the hospital belongs to a benefit society, the community, a charity institution or the State, the health professional shall not use it to enter into unfair competition with other colleagues.

Art.-295 It is against Ethics to oust or intend to oust a colleague from a public position, clinic, hospital or other health care institution through a means other than a selection

process involving examinations and interviews in the presence of the corresponding professional union organization.

Art.-296 It is against professional Ethics and hence forbidden to substitute a Health Team member who has been unfairly fired from a hospital, clinic, and other health care center without a summary proceeding and hearing. Only the corresponding professional union organization may authorize the exceptions to this rule expressly and precariously.

Art.-297 The Health Team member who is a stockholder in an insurance company having a conflict with the professional union shall strictly abide by the instructions provided by the professional union organizations, even when harming company interests. If the Health Team member is a union leader, she or he shall stop holding office while the conflict persists.

Art.-298 As citizens, Health Team professionals are entitled to all the rights comprised in the National Constitution, including the right to strike.

Art.-299 The special guidelines derived from the Health Team members' activity cannot be ignored as their activity is not one where certain inherent liberties can exist without meeting some basic requirements. Those guidelines are based on the following criteria:

Paragraph a) they must enjoy the freedom to unionize.

Paragraph b) they must defend their rights through the professional union association they belong to.

Paragraph c) Their choice to go on strike shall only be based on professional union reasons that are duly grounded and affect the Health Team, and when other methods for conflict resolution have failed.

Paragraph d) The strike will be ethical when the organizers advise the citizens well in advance: 3 (three) to 4 (four) days will be allowed in the event of a sudden decision; and a minimum of 7 (seven) to 10 (ten) days when the strike has been planned. The strike shall be announced through the different mass media reaching the affected population. The organizers shall ensure and reinforce the care for hospitalized patients, emergencies and activities that cannot be postponed (Captive Population Concept).

Paragraph e) Health Team members themselves shall take on the responsibility to determine which patients need urgent care or cannot be postponed.

Art.-300 It is part of the "inter peer" ethics to participate in the defense of professional union rights, especially if we consider that the Health Team's social acknowledgement and weight on the community cannot be ignored. However, given the spiritual and humanistic education of Health Team members, the right not to strike shall be respected for members who do not wish to participate (by allowing them to work), or when

alternative methods for conflict resolution are in place. Patients shall not be used extorsively to ensure successful demands (Concept of Defenseless Captive Population).

Art.-301 The **Asociación Médica Argentina** adheres to the World Medical Association in that it condemns employers who exploit Health Team members by paying them salaries or fees below market level and offering them working conditions below their professional dignity. Also, it adheres to conscientious objection to strike.

CHAPTER 17
ON HEALTH TEAM FEES

Art.-302 Health Team members have the right to an economical compensation for their work as a normal means of survival. The service members provide shall benefit the recipient and herself or himself, not a third party trying to make the physician the object of commercial exploitation.

Art.-303 Health Team members shall get decent fees, regardless of whether she or he is paid by the State, a union-owned health care organization, an HMO or the patient her/himself.

Art.-304 Health Team members acting as Team Heads with final responsibilities in any of the Health Care Systems (state-owned, union-owned, HMO) shall see to it that the Health Team obtains decent professional fees.

Art.-305 Health Team fees may be a source of conflict between the parties. For that reason the professional conduct shall be especially careful on this matter.

Art.-306 The Health Team shall establish members' fees based on the following criteria:

Paragraph a) Honesty, common sense and social equity, which have been normal in their profession.

Paragraph b) Medical experience and scientific prestige

Paragraph c) the patient's economical and social situation, except when fees have been set through an agreement.

Art.-307 Health Team fees shall be previously agreed upon between patient and physician, and shall be collected by the person who rendered the medical service. It is deemed to be serious unethical conduct to withhold colleague fees on any pretext whatsoever.

Art.-308 It is unethical conduct to charge portions of fees for supplementary services turning the medical act in a commercial process, unless previous agreement based on therapeutic variables posed by certain diseases.

Art.-309 It is against ethics to share fees with professionals or laboratories, specialized centers and other paid entities.

Art.-310 When a Health Team member has a contractual or de facto relationship with a health care service provider - the state, a union, HMO or private organization - , she or he shall not be paid directly by the patient, unless previously agreed. The Health Team member shall not suggest that the patient should become her or his private patient.

Art.-311 It is deemed to be serious unethical conduct in the whole free public health care system to participate actively in fund raising activities for a Collecting Body (the State, mutual benefit societies, or the like) not specified by law.

Art.-312 It is deemed to be serious unethical conduct and it can even become a breach of Civil Code regulations to make untrue statements in documents, regardless of whether they are for one's own benefit, or that of the patient, or of both.

Art.-313 The situations that are reported in connection with fees are an institutional Ethics Committee concern, and eventually of the professional union body, which shall act under the scope of its legal powers.

Art.-314 Free care by the Health Team member shall restrict to close relatives, close friends, colleagues and evidently poor people. In the latter case, it is not against ethics to refuse to provide private care if there is a nearby public health care service available and access to it is possible.

Art.-315 The presence of a Health Team member in a "medical act" following a patient or family request is an act affecting third party provider benefits and shall always entitle the professional to charge special fees.

Art.-316 Patient inquiries by mail, email or any other future method, which generate a professional opinion and decision, shall be considered as a call on the doctor's office and entitle the professional to charge a fee.

Art.-317 In the event a patient, family or health care provider fails to comply with general economic commitments for professional health care service, the Health Team member shall be entitled to file a claim at court with no effects on the plaintiff's name, credit or prestige. It is advisable, though not obligatory, to inform the professional union organization or ask for advise on filing the claim.

CHAPTER 18

ON HEALTH TEAM PROFESSIONALS' ADVERTISING

Art.-318 Professional advertisements are not at odds with ethics provided they are in keeping with the seriousness and discretion of responsible Health Team activities.

Art.-319 The Health Team professional may offer her or his service to the public through ads that are sober in size and typeface, where the physician shall limit her or himself to indicating first and last name, scientific and university degrees, hospital position, office hours, address, telephone number, e-mail address or any other communication system as may appear in the future.

Art.-320 It is unethical conduct for the Health Team member to advertise as a Specialist in a branch of medicine where she or he has not been qualified by a Scientific Society or College, or no Specialty qualification has been recognized by the Ministry of Health.

Art.-321 No infallible treatment promises shall be made, or secret medicines or procedures be administered, or patient's acknowledgements be transcribed, or advertising media equivalent to commercial ads (posters, neon signs or the like) be used. No new systems or special procedures, cures or modifications under discussion shall be applied whose efficacy has yet to be determined by official or scientific institutions.

Art.-322 Prescription pads and rubber stamps shall only state the physician's academic qualifications as Doctor and/or Professor in a branch or branches of medicine.

Art.-323 Articles, conferences, interviews or other scientific spreading activities shall not be used as advertising material addressed to the non-medical public for self or institutional promotion.

Art.-324 The Health Team member shall take special care that her or his name is not exhibited in places that compromise the seriousness of the trade. Likewise, public appearances in the press or other mass media shall be respectful of the physician's professional quality, and the quality and prestige of other professionals developing similar tasks.

Art.-325 It is against ethics to take part in scientific spreading activities whose seriousness is dubious or which may lead the general public to misinterpretations.

Art.-326 It is deemed to be serious unethical conduct and a violation of legal rules and regulations any form of covert advertising in the media, where names, specialty and telephone number are given in connection with comments on therapies for different disorders.

Art.-327 Those who promise free medical services or those explicitly or implicitly mentioning fees incur a severe professional ethical misconduct.

CHAPTER 19

ON PUBLIC FUNCTION AND THE HEALTH TEAM

Art.-328 The purpose of the public function is common welfare based on the National Constitution, the International Treaties ratified by the Nation and the standards that regulate them. The public officer owes loyalty to the country through the democratic governmental institutions, which loyalty shall be above any relationship with persons, political parties or organizations of any kind.

Art.-329 As Health is People's Right to which the State must confer priority, every Health Team member having a role in any sphere of the "public function" shall orient her or his activity towards programming a series of measures to attain psychophysical and sociocultural balance in the entire population. Social development is the basis of good Public Health Function.

Art.-330 "Public function" is every temporary or permanent, paid or honorary activity carried out by a Health Team member who has been selected, appointed or elected to act on behalf of the State (national, provincial or municipal) or at the service of the State or its entities in any hierarchical position.

Art.-331 A person outside the Health Team who accepts to be a public officer in any of the health-related areas becomes a Health Agent immediately. Hence, she or he shall abide by this Code in the same conditions as a Health Team member, striving unconditionally for the construction of citizenship welfare.

Art.-332 The public officer shall act in a fair honest manner, trying to satisfy the general interest and rejecting any personal benefit or advantage that she or he her/himself may obtain or through a third party.

Art.-333 The Health Team member accepting to hold public office shall be suitable, that is, shall be technically, legally and morally apt in relation to the position she or he will hold. No Health Team member shall accept a post if she or he lacks the knowledge and aptitude.

Art.-334 The higher the position of the public officer in health, the greater her or his responsibility to comply with these standards. The public officer shall maintain a permanent technical administrative training and updating for best performing the task she or he has been entrusted.

Art.-335 Health Team members in the public function have the obligation to know, observe and have observed the National Constitution, and the rules and regulations governing their activity. They shall implement their actions under criteria of equity and

social justice. They shall reject any conduct that may influence their independent criterion in decision-making affecting the performance of their functions.

Art.-336 Health Team members in the public function have the obligation to be truthful and prudent within the public activity team as well as with individuals. In addition, they shall be discreet in handling facts and information obtained while in office without detriment to the inherent duties of their position. Furthermore, they shall decline all cases where conflicts of interest may emerge.

Art.-337 When a Health Team member has been elected for public office in the Executive or Legislative spheres and her or his position and social commitment require full-time dedication, she or he will give up her or his health care activities.

Art.-338 When a Health Team member assumes a State function (Executive or Legislative), she or he shall not be exempted from the obligations towards her or his colleagues within her or his sphere of action, whereby she or he shall defend the following:

Paragraph a) the right to profess a religion or hold a political idea.

Paragraph b) the right to unionize freely and defend her or his professional union interests.

Paragraph c) the right to a comprehensive defense and preliminary hearing in case of dismissal.

Paragraph d) the right to job stability and to seniority in State-owned institutions.

Paragraph e) the right to have the principle of open, competitive examinations respected.

Art.-339 When a Health Team member is a State officer, the documents produced while in office are the property of the State and she or he shall therefore take all precautionary measures to keep them in good conditions.

Art.-340 It is deemed to be serious unethical conduct for a public officer in health to change the nomenclature of Health Specialties citing reasons of responsibility without the different Scientific and Educational Health Organizations' previous consent.

Art.-341 The public officer in Health who is attributed a crime of public action shall facilitate the investigation and implement the necessary administrative and judicial measures to clarify the situation and keep the honor and dignity of her or his position unharmed.

Art.-342 The public officer in Health shall report to her or his superior or corresponding authorities the actions that she or he learns as a result of her or his functions, and which could damage the State or be a crime or violation of any of this Code provisions.

Art.-343 The public officer in Health shall work to offer the population ethical health care with a comprehensive focus on the person, and uninterrupted care for people of all ages, under the criterion of solidarity and fairness (Principle of Justice).

CHAPTER 20
ON THE HEALTH TEAM MEMBERS AS EXPERTS AND WITNESSES

Art.-344 The purpose of an expert's report is to offer specialized information to an inquirer whose field of knowledge does not cover the subject involved.

Art.-345 In the particular case of legal expert's reports, the jurisdictional power vested in the judge will require the action of an expert and determine the expert's scope of activity.

Art.-346 When psychiatric experts are involved, conflicts may arise as the specific psychiatric ethics prevents these professionals from violating the transferential relationship and what is said within it. However, in such cases the expert shall respect the court's opinion and function in the search for the solution to law-related conflicts.

Art.-347 The expert shall report on the subject, not on deeds. For that reason, no conscience problems should arise as it is the judge who authorizes the expert, and public law – where court decisions are enforceable – predominates.

Art.-348 Psychological aid may offer important elements for the judge to make more appropriate decisions; however, if the expert knows of any possible damage to the subject (minors) she or he must make the judge aware, even though such information does not belong to the therapeutic field but is connected with the expert's professional ethics.

Art.-349 While the expert's report must be clear and easy to understand by laypeople, some occasional difficulty may arise between the forensic language and the psychological streams of human conduct interpretation.

Art.-350 The public health officers or persons reporting infectious diseases shall always demand that other expert situations connected with insurance, physical and mental examinations, and forensic autopsies comply with the professional secret standards contained herein.

Art.-351 It will be highly unethical for a Health Team member to act as an expert in connection with relatives or persons having a relationship such that it may influence her or his impartial performance.

Art.-352 The greater number of legal liability actions has made it necessary for health professionals to act as expert witnesses. Moreover, a definition of expert witnesses' conditions and qualifications has become essential.

Art.-353 The Health Team member acting as an expert witness shall:

Paragraph a) be certified in the jurisdiction where she or he has been summoned.

Paragraph b) be qualified as a specialist by a legally recognized body. In addition, her or his specialty shall be suited to the case.

Paragraph c) be familiarized with and performing in the specialized clinical practice on which subject her or his opinion has been requested.

Paragraph d) Pass fees that are in accordance with the task and amount of time that she or he has been requested as an expert witness.

Art.-354 The Health Team member acting as a qualified expert witness shall be impartial and shall avoid being part of the prosecution or the defense.

Art.-355 The Health Team member shall make all necessary efforts to distinguish negligence (provision of services below accepted standards) from unfortunate medical deed (complications emerging from lack of medical certainty).

Art.-356 Under these circumstances, it is deemed to be serious unethical conduct to act outside medical practice standards that are recognized at the time of the lawsuit.

Art.-357 The Health Team member acting as an expert shall be prepared to discuss alternative methods and viewpoints based on the ethical and legal respect for truth as the defendant's proof of innocence or liability shall depend on it.

CHAPTER 21

ON THE HEALTH INDUSTRY AND TRADE

Art.-358 Because Health is everyone's responsibility, companies, organizations and the people working in them shall become Health Agents inasmuch as they perform in the health field. Thus, they shall privilege the population's interests over those of private individuals' (Social Liability). The Cascade of Responsibilities in Health shall be observed. Production, marketing and distribution in Health shall be responsible, legal and ethical.

Art.-359 Development and growth of the health industry and trade in our country shall be promoted with full respect for health standards, ecology and the legal-administrative framework.

Art.-360 The interaction between the Health Area and Industry and Trade shall be a permanent process basically oriented to maximizing the social benefits they may yield. Only one goal can exist: the improvement of the population's health status parallel to economy's growth.

Art.-361 Doctors whose professional activity falls within the field of drug production or manufacture, or the sale of medical equipment, either as owners, partners, stockholders or promoters, shall refrain from developing health care activities.

Art.-362 In the company, the Health Team member shall be an employee of a laboratory devoted to product development, or the head of the scientific department, or be in charge of training sales representatives, or in a similar position that is compatible with the institutional or private medical practice.

Art.-363 It is recommended that the acquisition of medical equipment and drugs – through tender or direct purchase – is assessed by a committee made up of 2 or more persons not having any special interest in it.

Art.-364 Companies manufacturing or marketing medical equipment shall assure:

Paragraph a) the quality of the product they offer.

Paragraph b) compliance with the term of the guarantee.

Paragraph c) Training of staff involved in the use of equipments, if necessary.

Paragraph d) Timely repair or substitution of damaged part(s).

Paragraph e) Equipment installation in accordance with applicable work safety regulations.

Art.-365 Companies connected with medicine and/or medical equipment supply shall strictly respect the applicable national regulatory provisions on the matter. Any misleading, confusing, erroneous or concealed conduct regarding side effects from drugs or medical equipment features shall be considered a violation of ethical standards.

Art.-366 It is deemed to be serious unethical conduct for companies or laboratories of medical products to lead individuals to use certain drugs or medical biotechnological equipment by promising gifts or rewards.

Art.-367 Health product agents are also responsible for the quality of those products. They shall also guarantee that the product will reach the patient (consumer) exactly under the same quality conditions.

Art.-368 In its exercise of police power, the State shall be responsible for protecting and observing that the custody of public health is met.

Art.-369 Health Team members shall, apart from the applicable legal provisions, refrain from receiving any privilege or gift whatsoever for lending their advice on the purchase of medical material or prescribing certain medical products.

Art.-370 Health Team members, government officials, companies, organizations and individuals in the areas of Health Industry and Trade shall avoid, reject and report practices that involve corruption acts in the public as well as in the private sectors.

Art.-371 In view of the current technological developments to carry out invasive methods (telesurgery, robotics and the like), the production and marketing companies and the people working in them shall guarantee the patient's and the Health Team's safety.

Art.-372 In view of the new technologies for the application of invasive methods and techniques, results cannot be justified by the so-called Learning Curve of product quality and safety as well as of Health Team member training.

Art.-373 In the current interaction of governments and big health care-related private companies, mechanisms should be sought to prevent governments from weakening in their role as protectors of citizens in view of the infringement of and noncompliance with ethical rules.

Art.-374 It is ethical and would be useful for non-profit associations to cooperate as permanent auditors in view of the fact that governments themselves may be deficient controllers of health care-related private companies and also to facilitate equal possibilities for everyone to access health care.

Art.-375 It is advisable that in order to keep this complex interaction in healthy balance these non profit associations should enjoy a national and international scope both in terms of how they are organized and of their agreements with local associations so that they have the power to act on national as well as on transnational companies.

CHAPTER 22
ON THE HEALTH TEAM AND NON SPECIALIZED JOURNALISM

Art.-376 Words (oral, written or visual) shall be used with extreme caution in Health matters. It shall be borne in mind that words may become aggressive psychological, social and cultural tools with hard-to-measure effects.

Art.-377 Spreading medical news that seeks to stimulate the population's awareness on a medical subject shall be done in an ethical and responsible manner, using a language that is accessible to the community in general. Mass media have an important role in building perceptions and attitudes. It is advisable that whenever possible medical news are prepared and broadcast by Health professionals.

Art.-378 Regardless of whether journalists are specialized, in health topics they shall work together with an expert and suitable Health Team professional. Journalists must realize that as soon as they deal with Health-related subjects, the become Health Agents.

Art.-379 Media owners and/or directors are equally ethically and legally responsible for the way Health knowledge is broadcast because they are Health Agents too.

Art.-380 The role of a journalist who deals with Health topics is to act as a bridge between the scientific information and the population. Therefore:

Paragraph a) It is ethical and advisable not to offer her or his personal view on controversial health subjects.

Paragraph b) She or he shall avoid creating false expectations in connection with scientific achievements that have not been proven or alleged healing procedures for severe disorders which have not been backed by science.

Art.-381 The Responsible Professional Journalist shall control:

Paragraph a) the scientific nature of the source of information

Paragraph b) the scientific and academic qualifications of the person and institution where the piece of news originated.

Moreover, she or he shall state her or his source, sign the article (written media), give her or his full name without using a pseudonym (radio), or have her/his name appear at the end of the program together with that of coworkers (television).

Art.-382 It is deemed to be serious unethical conduct for the Professional Journalist to broadcast medical news that is not backed by a responsible and suitable source, and to treat it in a sensationalistic manner.

Art.-383 It is deemed to be serious unethical conduct for the Professional Journalist to:

Paragraph a) Spread what an individual's physical or mental health status is.

Paragraph b) Spread speculations or assays in an experimental stage and attach them therapeutic success.

Paragraph c) Assign extraordinary results to therapies that have not been presented to competent medical institutions or confirmed by rigorous scientific methods.

Art.-384 Providing information cannot be an excuse to induce self-medication and consumption of medicines and/or other therapies. If a comment on a medicinal product needs to be made, the generic name shall be used.

Art.-385 Health Team members having an activity in non-scientific journalism shall respect this Code. The same applies to Health Agents.

Art.-386 If a Health Team member uses a pseudonym when making comments on professional matters, she or he is obliged to report it to the Scientific Organizations and Professional Union Organizations.

Art.-387 Every Health Journalism-Community action shall respect the rules of the medical act.

Art.-388 Health Team members shall not allow the exhibition of medical procedures lively, or of those that have been photographed or filmed, unless when considered suitable for educational or scientific purposes. If a patient could be recognized through the presentation of documents or medical record, the patient's previous written authorization shall be required.

Art.-389 The information of a public figure's health status during the course of the acute or chronic disease shall be treated confidentially. This circumstance shall never be used for the treating Health Team member's benefit or that of journalism in general.

Art.-390 The Health Team member who is the head of a health center or service is responsible for monitoring that information to the media are appropriately and discreetly released, not only that offered by herself or himself but also that produced by employees of other health centers or services.

Art.-391 The patient's authorization to reveal a medical secret shall not oblige the Health Team members to do so. In any case, Health Team members shall see to it that trust in medical confidentiality is kept.

Art.-392 It is strictly forbidden for the Health Team member to carry out medical visits through the mass media as such procedure violates professional secret, especially if names, photographs or patient data are included that may serve to identify them.

BOOK III
ON INVESTIGATION AND EXPERIMENTATION ON HUMANS

CHAPTER 23
ON INVESTIGATION AND EXPERIMENTATION ON HUMANS

Clinical investigation or investigation on humans shall be understood as studies oriented to the progress of medical knowledge, which are carried out by qualified skilled professionals working under a protocol that establishes the objective of the research, the reasons for its application, the nature and degree of anticipated potential risks and their relationship with expected benefits. In this process, it is rigorously ethical to keep the validity of the International Codes listed at the back of this Code of Ethics for the Health Team of the **Asociación Médica Argentina** and the **Sociedad de Ética en Medicina**. The abovementioned International Codes originated in the city of Nuremberg, where an International Tribunal was set up to judge a group of doctors charged with subjecting prisoners to experiments that violated human rights, ethics and morality. Clinical investigation is guided by Basic Principles, which are listed below.

Art.-393 Biomedical investigation on human beings shall abide by universally accepted scientific principles and shall be based on laboratory and animal experiments appropriately performed, as well as on deep knowledge of the corresponding scientific literature.

Art.-394 The design and execution of each experimental procedure on human beings shall be clearly described in an "ad hoc" protocol that shall be sent for consideration, comment and advice to a Committee that is independent from the researcher and the sponsor, on condition that the Committee acts under national rules and regulations and international code provisions.

Art.-395 Biomedical research on humans shall only be carried out by scientifically qualified individuals who shall be supervised by a clinically competent medical professional. The responsibility for the human subject shall always fall on a qualified medical person, not on the individual who is the object of the investigation, even when she or he may have given her or his consent.

Art.-396 Biomedical research on humans cannot be done legitimately unless the relevance of its objective is proportionate to the risk the subject under experimentation may face.

Art.-397 Every biomedical research project on human beings shall be preceded by a careful assessment of predictable risks for the individual versus the potential benefits for

her or him, or others. The concern for the individual's interest shall always prevail over the interests of science and society.

Art.-398 The right to integrity of the experimental subject shall always be respected, and all kinds of precautions shall be adopted to safeguard the individual's intimacy and minimize the effects of the investigation on her or his physical, mental and personal integrity.

Art.-399 Health Team members shall refrain from making investigation projects on human beings when research-inherent risks are unforeseeable. Likewise, they shall interrupt any experiment when it has been shown that risks are greater than the potential benefits.

Art.-400 When publishing results, the Health Team member shall respect their accuracy. Papers reporting investigations that do not adhere to scientifically recognized principles should not be accepted for publication.

Art.-401 Any investigation on human beings shall be preceded by information appropriate for every potential participant on the objectives, methods, possible benefits, foreseeable risks and discomforts it may cause. Every person shall be informed that she or he is free to refuse to take part in the experiment as well as to cancel her or his consent at any time. Only then shall the physician request the individual's voluntary conscious consent, preferably in writing.

Art.-402 When obtaining the informed consent for the research project, the Health Team member shall be especially cautious about the individual not being dependent on the physician or not consenting under coercion. In this case, another Health Team member who is not involved in the research and is outside the official relationship shall obtain the consent.

Art.-403 When the patient is physically or mentally disabled, or is a minor, the informed consent shall be given by her or his guardian, depending on the applicable national legal provisions. When a minor can consent, her or his consent plus that of the guardian shall be obtained.

Art.-404 The research protocol shall always include a statement of the case legal considerations and shall indicate that the essential principles of clinical investigation have been met.

Art.-405 The sectors involved, which are mentioned hereunder, have specific duties that are detailed in the following articles.

Paragraph a) Sponsor of the study

Paragraph b) Scientific Investigator

Paragraph c) Monitor or Controller

Paragraph d) Patient

Paragraph e) Ethics Committee approving the study

Paragraph f) Health Authority

Art.-406 The Sponsor shall be responsible for:

Paragraph a) Implementing and keeping information and quality control systems through standardized operating processes by means of an audit.

Paragraph b) Reaching direct agreements between the parties to obtain direct access to records in order to maintain the volunteer's confidentiality and conduct the protocol according to good clinical practice and national and international recommendations.

Paragraph c) Using a protocol approved by a Committee of Ethics that is independent from the researcher, the sponsor, the research center and the regulating authority.

Paragraph d) Guaranteeing the information on safety and efficacy in connection with the experimental conditions on the patient.

Paragraph e) Guaranteeing that the experimental product is appropriate for drug production.

Paragraph f) Taking on the responsibility to report any adverse event to the Committee of Ethics and the health authority.

Paragraph g) Maintaining a permanent assessment of the experimental product and reporting the regulating authority of the findings that might come to be unexpected events in the study.

Paragraph h) Guaranteeing the joint execution of the protocol by all parties involved in the experiment and then controlling the fulfillment of regulations by the appointed qualified staff.

Paragraph i) selecting the researcher and/or institution that will use the adequate technical resources for the study.

Paragraph j) Obtaining the researcher's signed and dated commitment to conduct the study in accordance with regulations, the requirements set forth by the regulating authority, and the protocol as approved by the Ethical Committee, including reports, controls, audits and routine inspections by authorized bodies.

Art.-407 The Investigator shall be responsible for:

Paragraph a) being adequately qualified in terms of education, training and skills in the experimental field (updated resume).

Paragraph b) being informed and accepting compliance with applicable rules and regulations.

Paragraph c) Working with qualified people to whom she or he can delegate tasks as well as with a team member who can act as an observer.

Paragraph d) Conducting the research according to conditions agreed upon, the research plan and valid regulations.

Paragraph e) Having a thorough knowledge of the research subject after a comprehensive search for all the necessary background data, and obtaining the approval from an Institutional Committee for Protocol Review and an independent Ethics Committee.

Paragraph f) Informing these bodies of changes in the course of the investigation as well as of risks that may appear for the patients.

Paragraph g) Controlling the experimental drug conditions, maintaining the drug stored in a safe place while the experiment is being conducted, and returning unused samples to the sponsor at the end of the study.

Paragraph h) Ordering, organizing, and ensuring that the document of the research project is complete for remission and includes the informed consent form and the material that is used to inform the patient.

Paragraph i) ensuring her or his commitment to produce the research document for remission to the sponsor, and seeing to it that the sponsor sends a commitment letter for eventual damage the experiment may cause to the participating volunteers.

Paragraph j) Signing an acknowledgement commitment stating that fraud is deemed to be serious unethical conduct and that such misconduct shall prevent her or him from carrying out new clinical investigations and bring about penalties.

Art.-408 The Monitor shall be responsible for:

Paragraph a) Controlling the researcher's qualifications and resources all along the experiment. Controlling that the researcher is well informed, meets her or his specific functions, adheres to the approved protocol, has obtained the informed consent before patient inclusion, keeps the information on drug evolution updated. Monitoring that the recruited patients meet inclusion criteria and that the researcher submits the required reports and modifications in due time and conditions, as agreed.

Paragraph b) Monitoring product storing conditions, quantity, delivery conditions and corresponding instructions, the drug final use, data accuracy, adverse events and any error or omission in the reports.

Paragraph c) analyzing and discussing discrepancies with the researcher under the research plan.

Paragraph d) Agreeing with the researcher what documents shall be verified and privacy shall be preserved, and keeping the sponsor updated (in writing) on the advances, changes and problems that may arise in the course of the study.

Paragraph e) closing monitoring duties with a final report and verifying that all the material has been returned to the sponsor.

Art.-409 Patients shall be responsible for:

Paragraph a) Acknowledging themselves as volunteers to a therapy for their disease, and to free closely watched medical care.

Paragraph b) Participating with the research team in a conceptual analysis of the difference between a clinical test and the usual medical care.

Paragraph c) Getting comprehensive information on the clinical study and then signing the consent.

Paragraph d) Knowing that they have the right not to start the experiment and/or to abandon once it has been started, provided they keep the physician informed.

Paragraph e) Respecting the researcher's indications as regards follow-up and control, complementary studies, news, use of drugs according to indications and mistakes incurred in the use of drugs (schedule and dose).

Art.-410 The Ethics Committee shall be responsible for:

Paragraph a) Recognizing and adhering to fundamental ethical principles, namely: no maleficence, beneficence, autonomy and justice.

Paragraph b) Protecting the rights, safety and welfare of all patients participating in the clinical study, especially of those who are more vulnerable and who take part in non therapeutic studies.

Paragraph c) Revising the protocol, its amendments, informed consent, patient recruitment procedures, researcher background, safety reports, documents related to payment and/or compensation to patients, list of research centers and any other relevant data.

Paragraph d) Preparing and keeping the necessary research approval criteria updated, and applying them to each study it assesses.

Paragraph e) Establishing and keeping a written record of its standards as well as of the status of project analyses. Keeping record of its decisions and having them signed by its members.

Paragraph f) Demanding that no patient is included in a study before the Ethics Committee's written approval has been given, at the beginning or during the course of the study.

Paragraph g) Interrupting temporarily or stopping definitively a study when previously agreed conditions are not met, and informing the investigator, sponsor and regulating authority immediately.

Paragraph h) verifying that the informed consent is written out appropriately and is presented to the patient on a copy signed by the researcher.

Paragraph i) being fully acquainted with national (ANMAT: Administración Nacional de Medicamentos, Alimentos y Tecnología Médica, 1992) and international code regulations.

Art.-411 The Regulating Authority (ANMAT) shall be responsible for:

Paragraph a) controlling drugs and clinical studies, authorizing their conduction, and reviewing and controlling them permanently through inspections.

Paragraph b) Disqualifying the researcher who does not comply with general regulations, and with the standards that have been accorded with the sponsor and approved by the Ethics Committee. Disqualifying the researcher who has not covered the responsibilities on patient safety.

Paragraph c) Applying the appropriate penalties under the Article of the Law or Decree, regardless of the corresponding penal actions and the subsequent report to the Ministry of Health National Department for Health Surveillance and the corresponding Professional Organizations.

Art.-412 Children shall not be included in protocols where adults can be recruited, even though their inclusion may be essential to research childhood diseases and conditions that are typical of children.

Art.-413 The child's closest relative or her or his legal representative shall sign the informed consent, although it is advisable to obtain their voluntary cooperation whenever possible.

Art.-414 In the case of patients with mental or behavioral disorders, the researcher shall consider the following:

Paragraph a) if the purpose of the study is to obtain benefits for people with mental or behavioral problems.

Paragraph b) Whether it is better, provided such choice is possible, to have these people substituted by other that are in full possession of their mental faculties.

Paragraph c) when the subject is incompetent, the informed consent shall be obtained from her or his legal representative or an explicitly empowered person.

Paragraph d) If the subject were hospitalized by a court decision, an authorization from the same body may be requested for the individual's participation in experimental procedures.

Art.-415 The inclusion of volunteer-prisoners in biomedical research protocols is authorized in few countries and is a matter of controversy.

Art.-416 When investigations involve prisoners, it is considered ethical for prisoners not to be excluded from series with drugs, vaccines or other agents that may benefit them as well as others.

Art.-417 With respect to underdeveloped communities as voluntary participants in clinical investigations, they are presented with the following characteristics:

Paragraph a) the study of local diseases shall be considered top priority since such studies can only be carried out in the exposed communities.

Paragraph b) the study shall originate in and be based on that community's health needs.

Paragraph c) every difficulty shall be overcome to guarantee the understanding of clinical research concepts and techniques.

Paragraph d) Every possible effort shall be made to comply with ethical imperatives and to be absolutely certain that the informed consent is a result of true understanding by the individual.

Paragraph e) the assessing Ethical Committee shall be made up of enough consultants with comprehensive knowledge of family, social and traditional customs.

Art.-418 For numerous types of epidemiological investigations, the individual informed consent is impracticable. Then, an Ethics Committee shall determine whether the plan protects the safety and respects the privacy of the recruited individuals while maintaining the confidentiality over data that have been obtained under professional secret.

Art.-419 In the terminal stages of disorders such as incurable cancer or AIDS, there is no ethical or scientific justification to perform clinical series using "blind" or "double blind" tests, with or without placebo.

Art.-420 Foreign sponsorship of a part or the whole of a project implies responsibilities from the guest – national or international – entity to the competent authorities of the host country.

Art.-421 Foreign funding shall be backed by an ethical and scientific review compatible with the authorization demanded by the regulations that are valid in the funding country. This version shall require that an "ad hoc" committee from the country originating the resources and a local national committee agree upon the research objectives and the conditions for their adjustment to ethical, legal and scientific requirements.

BOOK IV

SPECIAL SITUATIONS

CHAPTER 24

ON INVESTIGATION AND GENE THERAPY

Art.-422 Gene Therapy is a potentially powerful technique. However, it is restricted by the limited knowledge of vectors and the physic
opathology of disorders to be treated, especially of those derived from hereditary disease monogenetic alterations. These facts require doctors to be prudent about the expectations they may create in patients or their families in connection with gene therapy.

Art.-423 The treatment addressed to somatic cells in a series of disorders is ethically accepted when it is carried out by renowned specialists in highly equipped institutions.

Art.-424 Genetic investigations shall be carried out under the ethical criteria set forth in the corresponding Chapter of this code.

Art.-425 Gene therapy shall be used to correct diseases only. It is ethically prohibited to apply gene therapy to attain alleged "improvements" in normal individuals.

Art.-426 Every project for the study of the Human Genome and its application in Medicine shall be assessed by the Ethics Committee for Research, whose recommendations shall be binding.

Art.-427 The Human Genome shall be considered the heritage of humanity in general. It is forbidden to patent human genes, including those with a known function.

Art.-428 What is susceptible of being patented is the invention itself, that is, the treatment or the drug for which such gene will be used.

Art.-429 The tremendous boost this knowledge has given to the capacity to make medical predictions justifies following the world genetic experts' recommendation: to have governments promote the necessary legislation to prevent technology-based discrimination.

Art.-430 In particular, emphasis shall be laid on the insurance company's interest to personalize premiums according to the different genetic risk levels. Likewise, the Human Genome will have to be safeguarded from businesses that might hire their employees through a selection criterion different from capacity, suitability and other conventional requirements.

Art.-431 Legislation regarding genomic confidentiality should be created in order to avoid marketing data banks.

Art.-432 The eventual development of a “forensic DNA” to compare an alleged criminal's genomic data to a scientific police data bank shall have to be strictly regulated and the use of the "forensic DNA" restricted to the judicial sphere, with strict rules affecting third party access.

Art.-433 Human cloning is prohibited by law in our country. Any aspect connected with it shall be governed by the limitations set forth in the corresponding legislation.

Art.-434 Health professionals, companies, organizations and persons devoted to developing transgenic foods shall comply entirely with the general rules that apply to investigation on humans.

Art.-435 They shall watch over the development of transgenic products that pass all the experimentation stages and shall guarantee the absence of factors that might affect human beings. They shall demonstrate with absolute certainty that the transgenic product is not harmful for the human being, both in terms of resistance to certain antibiotics and in the appearance of allergies to the different proteins these foods contain.

Art.-436 The physician shall not give in to pressures from her or his employers to violate these rules, especially when there is no containment framework for an adequate control and surveillance to prevent breaching of these rules.

CHAPTER 25
ON ASSISTED REPRODUCTION

Art.-437 “The sterile patient” is always understood as a couple resorting to assisted reproduction techniques in order to remedy emotional, psychosocial and physical sufferings.

Art.-438 Assisted reproduction shall be the series of medical treatments based on high complexity scientific studies whose objective is to help a sterile couple that has tried other methods unsuccessfully to achieve a pregnancy.

Art.-439 To date, the following assisted reproductive treatments are known worldwide:

Paragraph a) Intrauterine artificial insemination

Paragraph b) In vitro fertilization

Paragraph c) Gamete intrafallopian transfer

Paragraph d) Tubal Oocyte Transfer

Paragraph e) Tubal embryo transfer

Paragraph f) Intracytoplasmic sperm injection

Paragraph g) Embryo cryopreservation

Art.-440 The targets of these treatments are heterosexual couples of age that are capable of making autonomous decisions and who have shown to be sterile after complete studies have been conducted.

Art.-441 The right to procreation shall be considered a Human Right, as recognized by many countries' legislation apart from the European Convention on Human Rights and the UN Declaration of Human Rights.

Art.-442 The ethical guidelines of assisted reproduction treatments are based on the following principles:

Paragraph a) the number of ovules to be fertilized is a couple decision oriented by the physician.

Paragraph b) it is unethical to set an arbitrary number of ovules for fertilization. The number will emerge from a clinical consideration made for each case.

Paragraph c) the transfer of the embryos that have been obtained shall be made in optimal conditions, which the physician will establish according to highly strict criteria.

Paragraph d) When the necessary conditions are not met, embryo cryopreservation shall be considered.

Art.-443 Gamete transfer will be deemed ethical when disorders justify the procedure, under the following criteria:

Paragraph a) It shall be anonymous and there shall be no secondary interest whatsoever.

Paragraph b) Donation of semen is poorly used at present. However, if special banks come into existence, they shall keep rigorous records and shall comply with preventive international scientific standards.

Paragraph c) Ovule donation implies that controls similar to those affecting semen donation are implemented and the pathological conditions requiring it are precisely determined.

Art.-444 All the above processes and procedures shall be carried out by highly specialized professionals in centers having the required physical, environmental, technical and quality conditions to ensure that the procedures are appropriately followed.

Art.-445 In all the above processes and procedures, every rule on free informed consent shall be complied with as established by this Code.

CHAPTER 26
ON EMBRYO CRYOPRESERVATION AND EXPERIMENTATION

Art.-446 New assisted reproduction techniques have brought about a substantial modification in the reproductive system, changing legal, social, cultural, medical and ethical concepts.

Art.-447 Therefore, it is essential that people responsible for these procedures offer full information to those interested in the procedures so that they can make a conscious, ethical and scientifically acceptable election.

Art.-448 Recruited oocytes shall be the minimum number required by the likely fertilization rate to optimize the method.

Art.-449 Technically, embryo transfer to the uterus shall be the one required to achieve a normal pregnancy rate and safeguard the integrity of non transferred embryos, avoiding multiple pregnancies that are unacceptable from the point of view of ethics, medicine, family cost and health system.

Art.-450 Couples shall receive full information, they shall sign the informed consent and set their dispositions on the embryos after they are stored.

Art.-451 The abandonment of embryos by a couple or the treating medical team is against moral principles and ethical standards.

Art.-452 The medical team responsible for the procedure is also responsible for the rigorous regulations on preservation safety and frozen embryo identification.

Art.-453 Experimenting on human embryos, and disposing of and/or destroying them are deemed severe unethical conduct.

Art.-454 Furthermore, cloning is ethically unacceptable and legally prohibited in our country. The only interventions on embryos that are ethical and respectful of human dignity are those performed with diagnostic or therapeutic purposes aiming at facilitating and/or improving embryo viability.

Art.-455 The physician who practices assisted reproduction shall offer full protection to embryos and the respect they deserve as human life. Therefore, any activity on embryos shall always take human dignity in consideration as well as the intangibility of the species genome, which is humanity's heritage.

Art.-456 When for strict therapeutic reasons in connection with the number of fertilized oocytes or the woman's health condition embryos must be kept, they shall be cryopreserved and all precautions shall be adopted to guarantee their genetic identity and integrity.

Art.-457 Embryos shall not be kept cryopreserved for a period exceeding 5 years, during which time gamete donors – through a free informed consent – shall commit themselves

to trying new transfers. Once the 5-year period is over, or if gamete donors express their irrevocable lack of interest in trying a new embryo transfer, the physician shall resort to the corresponding administrative and/or legal authority for a decision on the future of the embryos.

Art.-458 The physician shall never decide by herself or himself on the cryopreserved embryos she or he holds in custody, not even with the gamete donor's express consent.

Art.-459 The physician shall never implant embryos in a woman that is not the ovule donor, unless authorized by a court.

Art.-460 The damage to, destruction, concealment and commercialization of human embryos shall be considered highly severe ethical faults. The same will apply to any embryo manipulation tending to modify its genetic composition, even when therapeutic purposes are cited.

Art.-461 The physician shall refrain from experimenting with human embryos, except when such experimentation has the sole therapeutic purpose of increasing its viability and vitality. The physician shall refrain from generating human embryos for a purpose different from that of procreation.

Art.-462 Transferring genetically manipulated embryos, or embryos that have been the object of experimental practices, except for the aforementioned reasons, is deemed to be serious unethical conduct. The same shall apply to embryos showing a remarkable anomaly that would prevent them from attaining full uterine development or full term gestation.

Art.-463 The physician shall refrain from practicing any activity that aims at selecting the embryo's gender (except when this practice has an exclusively therapeutic objective resulting from the detection of a sex-related genetic disorder), ectogenesis, cloning to produce genetically identical individuals, twin fusion and interspecific fertilization.

Art.-464 Intrauterine selective reduction in multiple pregnancy is legally considered an abortion.

Art.-465 Substitute motherhood, that is, lending the womb, shall in no way receive economical compensation.

Art.-466 In terms of ethics, the sale of genetic material such as sperm, ovules and the so-called "pre-embryos" is unacceptable.

CHAPTER 27

ON BIRTH CONTROL

Art.-467 The physician indicating a contraceptive treatment is obliged to inform the patient on the different birth control methods available, their acceptability, harmlessness, efficacy and tolerance.

Art.-468 The physician shall not influence on the election of any method in particular when several are available.

Art.-469 The physician shall commit herself or himself to respect each method absolute and relative indications and contraindications and to communicate them in detail and in a manner that can be understood by patients of all intellectual levels.

Art.-470 The applicable legal provisions or the principles of analogous laws shall be respected at the time of indicating a certain contraceptive method.

Art.-471 Direct evolution controls shall be performed (by the treating physician or her or his substitute) on patients under contraceptive treatment.

Art.-472 No (definitive or reversible) sterilizing methods can be proposed as contraceptive treatment when there is no precise medical indication.

Art.-473 The physician shall respect the patients' very personal, autonomy and dignity rights in their choice of a contraceptive method.

Art.-474 The physician shall inform patients under treatment on any eventual adverse reaction the Medical Sciences may discover after the establishment of the prescribed method.

Art.-475 The physician, in accordance with her or his philosophical, religious, moral principles and conscientious objection, may decline to prescribe contraceptives or place intrauterine devices or other. At the same time, the physician shall inform the patient clearly and truthfully and shall refer the patient to a colleague.

Art.-476 If the patient abandons follow-up with no prior notice, or does not attend the doctor's office for controls, or surreptitiously carries out treatments other than those indicated, the physician shall have the right to stop seeing the patient and will be released from her or his medical duties.

CHAPTER 28
ON ABORTION

Art.-477 Abortion at any time during pregnancy is ethically prohibited and may be legally punished.

Art.-478 When the exceptions set forth are requested, they shall always require the patient, or husband, or family, or legal representative's free written Informed Consent. A Medical Board shall issue a certificate of necessary pregnancy interruption. The Medical Board shall have at least one member who is a specialist in the disorder originating the request. The abortion shall only be made in an environment having all the scientific resources available.

Art.-479 Exemptions to ethical and legal regulations are the following:

Paragraph a) when there is an absolute necessity to save the mother's life and every other scientific resource has been tried out.

Paragraph b) When pregnancy is a result of rape or an attack on the decency of an idiotic or insane woman, and the intervening judge deems it lawful, the procedure shall be authorized.

Paragraph c) When there is an unquestionable scientific evidence that the embryo has been affected by irreversible genetic alterations whose characteristics make the newborn unviable, even with the aid of the most complex technologies to sustain life, after judicial authorization has been granted.

Art.-480 Health care institutions and organizations (state-owned, union-owned, HMOs, private) shall respect the professional's freedom of thought when, once the exceptions have been presented and the legal requirements met, the abortion has to be performed.

Art.-481 Science in general, and physicians and jurists in particular, shall commit themselves to work jointly to reach a consensus regarding current contrasting conditions giving rise to unyielding positions of conscience and opinion on the subject.

CHAPTER 29

ON ORGAN AND TISSUE ABLATION FOR TRANSPLANTATION

Art.-482 In organ transplantation, ethics is governed by the following principles:

Paragraph a) Dignity and mutual respect

Paragraph b) Justice and solidarity

Paragraph c) trust and informed consent.

Art.-483 Persons shall be recognized the intrinsic value of dignity which imposes the obligation to consider them an end in themselves and not a means, in their capacity as autonomous, unique and unrepeatable moral subjects. The principle of human dignity imposes obligations such as the respect for the human being's autonomy and inviolability.

Art.-484 Solidarity is the social dimension of the principle of dignity. It is implicit in people's equality condition and promotes social development and cooperation.

Art.-485 The distribution of slender resources such as organs for transplantation implies the inescapable application of principles of distributive justice seeking fair balance without arbitrary distinctions regarding right and duty allocation. Transparency, advertising, and pluralism are guarantees for decision-making affecting the distribution of resources from the point of view of equal opportunities.

Art.-486 Trust implies recognition for self-determination and autonomy where respect for the other's personality is made evident. Then, the free Informed Consent becomes a sine qua non condition to guarantee the respect for the abovementioned principles.

Art.-487 The donation of organs and tissue implies exercising a strictly personal right of an extra patrimonial nature. Giving organs or tissue for a reward would generate a system of inequality where the economic situation would determine access priority to the detriment of the most underprivileged members of society.

Art.-488 The rule of confidentiality affecting the donor and receptor's identity and medical data shall be respected to guarantee public trust.

Art.-489 The definition and the scientifically validated medical criteria that are used to determine death should not be conditioned by purposes other than those guaranteeing people's protection and due care.

Art.-490 As regards the nature of the human body, organs and tissues, respect and care for them is essential according to the cultural cosmovisions on the symbolic value of the body in terms of its final disposal. After an ablation, the body shall be guaranteed care and respect. Its physical and esthetic indemnity shall be repaired to preserve its integrity.

Art.-491 The hypothesis of organ donation between living persons shall be limited to individuals that are related by affinity and consanguinity. In the assumption that the scope

were widened to include subjects that are not related, the rule of confidentiality shall be preserved and non commercialization of organs shall be guaranteed.

Art.-492 The capacity to donate shall necessarily be articulated with the right to exercise autonomy, and the levels of competence shall be duly assessed, especially in cases involving minors or persons lacking legal capacity.

Art.-493 The therapeutic use of xenografts shall previously pass though all the basic and preclinical research stages.

Art.-494 The potential application of xenografts shall take into account the integrity and genetic individuality of the involved species, shall favor the protection of biodiversity and prevent disease transmission resulting from crossing genetic material among species.

CHAPTER 30

ON THE CARE FOR DRUG ABUSERS

Art.-495 For many years categorized as a vice and attributed to ethnic minorities, the abuse and/or addiction of psychoactive substances became a highly serious social and health problem in contemporary societies on account of its multifactor process features where a psychic structure (the subject), a substance (the psychoactive element), and a historical moment (sociocultural context) participate.

Art.-496 The above circumstances complicate the possibilities of sanitary intervention in the field of drug dependency.

Art.-497 The assessment of the degree of health or impairment of the multiple dimensions of the human existence requires the adequateness of a certain intervention to be weighted. Furthermore, this assessment requires an integrating approach that rejects ineffective reductionist options that fragment human beings and their sufferings.

Art.-498 General conditions framing the problem require defining objectives for those working in the field and, particularly in this case, an analysis of their ethics and procedures.

Art.-499 Objectives:

Paragraph a) the promotion of improved life quality for people affected by drug abuse, as well as of their family and environment.

Paragraph b) the need to approach the patient, and the right that shapes the freedom to choose a therapeutic modality, from a personal interdisciplinary point of view.

Paragraph c) the need to articulate different types and levels of specific and non-specific resources addressed to rehabilitate and reintegrate the affected persons into society.

Paragraph d) the prevention of drug abuser segregation and stigmatization.

Art.- 500 In the assistance of drug addiction, the family environment and the social groups the patient belongs to, where aid, research, educational and/or training activities are carried out, shall be considered too.

Art.-501 The respect for self-determination based on the following premises is an inexcusable ethical condition:

Paragraph a) The recognition of the right to be assisted at one's will, unless one's life or a third party's is at imminent risk, under the applicable rules and regulations (altered judgmental function – mentally ill person in fact or at law).

Paragraph b) The acceptance of the decision to abandon the treatment, provided it does not imply an impending risk to one's own or a third party's life.

Paragraph c) any attempted moral or physical mistreatment, or ideological, political, religious, sexual manipulation, or any other action that may be injurious to human dignity shall be extremely unethical conduct.

Paragraph d) the recognition of inalienable personal rights of individuals who have limitations and/or children under age, through their parents, guardians or legal representatives.

Art.-502 The person who is being cared for, or her or his guardian, has the right to know the different treatment or care alternatives that are available and the physician to obtain the informed consent, under the conditions detailed below:

Paragraph a) full information on the treatment features, before it is initiated.

Paragraph b) written consent by the patient (or guardian) who will retain her or his right to a second opinion.

Paragraph c) Family members and significant close friends have the right know the patient's evolution from time to time. Likewise, the patient has the right to know this circumstance and to decide whether the above shall be informed of her or his health status. This information includes any change introduced in the treatment.

Paragraph d) The patient whose treatment includes hospitalization has the right to keep in contact with the outside world through visiting persons, unless deemed harmful. However, in this case, the patient shall be duly informed, and she/he or her/his legal representative shall lend her or his consent.

Paragraph e) Every person has the right to abandon the treatment of her or his own free will, after being informed of the risks involved, if any such risks exist for herself/himself or third parties. Also, the patient shall be advised of other options, according to her or his needs, and shall be given support for an adequate referral. If the patient is insane, the guardian shall be informed and/or the judge shall decide if the treatment should be abandoned.

Art.-503 Every assisted person has the right for professional secret to be respected, and it is also an ethical duty for those treating her or him to respect professional secret. Such respect for professional secret guarantees her or his intimacy and preserves her or his rights and dignity as a person.

Art.-504 This ethical duty of confidentiality includes the administrative personnel handling files with medical reports.

Art.-505 The above reserve may be raised if certain information has to be used to prevent damage to the patient or third parties. In that case, the patient shall be duly notified.

Art.-506 In the event of scientific interest, any exposure of data shall be previously approved by the patient (or guardian or court), and precautions shall be taken to avoid individual or group identification.

Art.-507 The treating teams shall step up ethical-professional measures described in Book II herein. Furthermore, they shall make an in-depth assessment of the essential factors detailed hereunder prior to any intervention:

Paragraph a) the technical indication in view of the proposed request.

Paragraph b) The patient and her or his family's wish, or that of her or his significant close friends, as well as the community's interests.

Paragraph c) the change in life quality the intervention might bring about.

Paragraph d) outside factors involved in the therapeutic intervention.

Art.-508 The fundamentals of the intervention are:

Paragraph a) theoretical and practical criteria having a scientific basis, with permanent follow-up of how the knowledge of the subject evolves.

Paragraph b) Ethical criteria contained in this and other codes, from other participants' technical and professional specialties.

Paragraph c) to promote conducts tending to improve health and aiming at reducing the consumption of psychoactive drugs.

Paragraph d) to prevent the individual and collective social isolation that drug abuse brings about.

Paragraph e) to cooperate to improve the social reintegration of those who wish and make efforts to give up addiction.

Paragraph f) To recognize and discriminate the technical and ethical criteria of treating team members based on moral, religious, ideological, political and sexual convictions.

Paragraph g) To back the professional criteria that guide their action, rejecting pressures of any kind, mainly when these pressures tend to be discriminating and endanger the professionals' technical proposal.

Paragraph h) Treatments shall meet the specific requirements with which the proposal will operate. They are:

*Definition and explanation of the therapeutic objective and method's conceptual framework with which the proposal will operate.

*Right diagnosis from which a technological device emerges.

*Objective recognition of the teams' educational and professional level.

*Process and product assessment criteria and mechanisms, giving importance to timing and informing the patient, or her or his representative, of these elements when the therapeutic contract is agreed upon.

CHAPTER 31

ON THE CARE FOR THE PSYCHIATRIC PATIENT

Art.-509 As in all the medical ethics, the general standards that have been described in the various Chapters of this Code shall be predominant. However, psychiatry has other special rules that take into consideration the patient's educational handicap as a consequence of her or his disease or psychic alteration.

Art.-510 Every person having a mental disorder has the right to develop the activities allowed by civil, political, economic, social, cultural and labor regulations, principles and declarations in the community and within the possibilities of her or his disease.

Art.-511 Every patient with a mental disorder has the right to be treated in the best possible way through specific therapies adequate to her or his mental situation, which shall be applied with minimum restriction to and invasion of her or his freedom, and shall provide physical and mental protection to third parties.

Art.-512 The determination of whether a person has a mental disorder shall be made in accordance with strict medical rules that are accepted internationally and contained in Human Rights codes.

Art.-513 When a psychiatrist is requested to produce a mental evaluation, it is her or his ethical duty to explain the purpose of the evaluation to the subject, as well as the results and their application to the therapeutic conduct within the individual's understanding capabilities.

Art.-514 When the patient is mentally handicapped or cannot exercise an appropriate judgment on account of her or his mental alteration, the psychiatrist shall consult her or his family, legal representative and even a jurist in order to safeguard the patient's dignity and legal rights. In the hospital, the institutional Ethics Committee shall also be informed.

Art.-515 The patient's autonomy shall be safeguarded in every activity a psychiatrist carries out in connection with the patient. Patient autonomy is the capacity to recognize her or himself as a person different from the rest, distinguishing outer from inner reality and being able to govern her or himself in order to make life decisions that keep the patient in inner balance and well adapted to the environment. In the therapeutic process, the patient shall be accepted as an equal in her or his own right.

Art.-516 Necessarily, one of the psychiatrist's first evaluations shall take into consideration her or his patient's degree of autonomy and capacity to become aware of her or his status and the surrounding reality. The aim is for the patient to be able to understand the psychiatrist's report on her or his health status and make use of her or his right to the free Informed Consent as these may vary spontaneously or after treatment.

Art.-517 Specifically, from the ethical point of view, treatments shall be considered not only on the basis of their symptomatic and therapeutic objectives, but also because they imply the potential development of the patient's personality and ethical conduct. The latter leans on the physician's ethics based on the principles of beneficence, no maleficence, autonomy and justice.

Art.-518 In Psychiatry and Psychology, the treatment is based upon a trust and mutual respect relationship that is very similar to a therapeutic alliance between professional and patient (Confidentiality). This favors the creation of emotional relations, and even of sexual fantasies and needs that will interfere in the relation with the therapist as well as with the family, work and social environment, and which will sometimes generate strongly antiethical situations. The professional shall be especially careful regarding these matters and the patient's tendency to model her or his conduct on the identification with the therapist's. This circumstance gives rise to a power relationship that may damage the ethical foundations of the relationship. That is why no advantage shall be drawn from these phenomena that are typical of the therapeutic process.

Art.-519 To carry out investigations, Health Team members related to the area of Psychiatry shall abide by national and international rules and standards contained in this Code.

Art.-520 Health Team members related to the area of Psychiatry who are involved in the research of genetic mental disorders shall be observant of the fact that the boundaries of genetic information not only are not restricted to the person who provided such data but may have negative dissociating effects on the individual's families and communities.

Art.-521 Health Team members related to the area of Psychiatry shall protect their patients, and shall help them to exercise their right to self-determination to the fullest extent possible in matters of Donation of Organs and Tissues for Transplantation.

Art.-522 The **Asociación Médica Argentina** adheres to the 1996 Declaration of Madrid, Spain, approved by the General Assembly of the World Psychiatric Association.

CHAPTER 32

ON THE CARE FOR THE PATIENT WITH AIDS

Acquired Immunodeficiency Syndrome (AIDS) is the most important universal epidemic ravaging industrial-age nations, regardless of whether they are developed, developing or underdeveloped.

The fact that the disorder pervades the most personal aspects of life shapes a problem that confronts the public and private aspects of sovereign state's health policies. These aspects are intimately connected in this condition, and spark the debate on what the frontier between "private" and "public" spheres is.

In this Code, the following shall be considered: discrimination against infected individuals, confidentiality and its limits, and the exercise of State powers to put a check on the propagation of a disease which has already become a danger to civilization.

Art.-523 As a current example of world epidemic, AIDS has turned discrimination into a phenomenon that divides nations, ethnic, cultural and sexual groups, with no respect for age, life conditions or legally acquired rights.

Art.-524 Given that the risk of HIV infection through common means has shown to be remote, it is severe unethical conduct for the Health Team member to discriminate AIDS-affected people, refusing them rights, benefits or privileges when risks to health are only theoretical or when the affected persons' social behavior is appropriate.

Art.-525 Health Team members shall not participate in discrimination campaigns, especially when they are promoted out of hostility towards the social groups usually considered to be connected with AIDS – homosexuals, drug abusers and prostitutes.

Art.-526 Health Team members shall show utmost respect for the principle of confidentiality in patients with AIDS, even in situations where preventive notices are a legal requirement. Health Team members shall make their best effort to comply with the law and the profession's ethical standards on medical secret.

Art.-527 Health Team members, either officials or not, shall make all possible efforts to harmonize private rights with the concept of common welfare in public health, analyzing experiences in countries where both premises are met with a low level of social controversy.

Art.-528 Measures limiting the disease propagation as the superior public health criterion shall be proposed that fall within highly strict ethical and legal criteria, together with mechanisms that prevent the names of those who are affected by the disease from being spread.

Art.-529 Confidentiality is especially complex when the infected person endangers third parties' health and refuses to report her or his condition, or prevents the Health Team from reporting the disorder citing the principle of professional secret. Under these circumstances, it is ethical for Health Team members to act under the lesser of two evils criterion and turn to health authorities, and to the court if necessary, to request an appeal for breaching confidentiality herself/himself and for third parties.

Art.-530 Some countries' legislation allows the collective isolation of infected persons when their behavior risks other people's life. The application of penalties – from moral to criminal punishment as their conduct may be a criminal act (deliberate attempt to damage, attempt to murder for knowingly selling contaminated blood) – is still a matter of debate.

Art.-531 Physicians and other Health Team members are required to provide their utmost cooperation and shall emphasize ethical social behaviors in connection with the dignity of persons.

Art.-532 In the field of Ethics, the following are top priority:

Paragraph a) education programs for all of the population.

Paragraph b) Volunteer control tests.

Paragraph c) information for everyone seeking advice.

Paragraph d) prevention and treatment for psychoactive substance users.

Art.-533 The State shall commit itself to supply the required quantity and quality of medication according to the dictates of scientific progress.

CHAPTER 33

ON THE CARE FOR THE PATIENT WITH INCURABLE DISEASES

Art.-534 The following distinctions shall be drawn:

Paragraph a) patients with incurable diseases.

Paragraph b) Critically ill patients.

Paragraph c) Terminally ill patients.

Art.-535 The general principle set forth in the Declaration of Venice shall govern all of the above categories: “The duty of the physician is to heal and, where possible, relieve suffering and act to protect the best interests of his patients".

Art.-536 A critically ill patient is a patient whose life is seriously endangered but who retains his or her possibilities to recover from the disorder through the application of therapeutic measures and high complexity technology usually in an Intensive Care Unit.

Art.-537 A terminally ill patient is a patient who suffers irreversible damage that will cause her or him to die soon. Her or his admittance in an Intensive Care Unit means the introduction of measures tending to extend the death process.

Art.-538 The measures applied to terminally ill patients shall allow the patient to die with dignity and no procedures shall justify the extension of suffering. The demand for a medical ethical conduct means avoiding therapeutic cruelty in situations where life cannot be recovered.

Art.-539 Furthermore, it should be remembered that there is no difference in the individual moral and operational responsibility between "acting" and "stop acting" and that the primary authorization for either conduct comes from the patient and her or his inherent right to autonomy.

Art.-540 The right to autonomy may be exercised through will, by the direct communication between the patient and the medical team, or by the patient's family in case of incompetence in any of the following circumstances:

Paragraph a) lack of full mental lucidity.

Paragraph b) inability to understand the information he or she is offered.

Paragraph c) Impossibility to adopt a voluntary decision

Art.-541 The medical team's decision on withholding or withdrawing life-sustaining means should be discussed and shared by the assisting team, and if in doubt or disagreement, the Institution's Ethics Committee should be consulted.

Art.-542 Withholding or withdrawing life-sustaining means shall in no way mean depriving the patient of measures for her or his physical, psychological and spiritual comfort. This includes moving the patient to the palliative care area.

Art.-543 In the event of conflict of opinions between the medical team and the family, the adoption of any of the following options shall be ethically appropriate:

Paragraph a) Consultation with a new physician as proposed by the family

Paragraph b) Consultation with the Institutional Ethics Committee

Paragraph c) Moving the patient to another Institution where the medical team's opinion coincides with that of the family.

Paragraph d) medical team's request for court of law intervention.

Art.-544 Respect every patient's moral and/or religious principles at the time of death.

Art.-545 Respect the patient's decisions as adopted during her or his life regarding the disposal of her or his remains.

CHAPTER 34

ON EUTHANASIA AND PHYSICIAN-ASSISTED SUICIDE

Art.-546 The terminally ill patient is entitled to die with dignity, with conventional or non conventional therapeutic assistance within the accepted standards, to avoid psychological or physical suffering, using every kind of support that respects the right inherent to his dignity as a person.

Art.-547 Any measure tending to alleviate a patient's physical or psychological suffering shall be provided for and shall be exclusively aimed at easing her or his suffering effectively. Among a number of methods producing similar results the physician shall opt for the less harmful to the patient's health.

Art.-548 Under these circumstances, the physician shall strictly respect the patient's Principle of Autonomy, with the following exceptions:

Paragraph a) patients under age.

Paragraph b) mentally disabled patients with psychiatric diagnosis by a specialist.

Art.-549 If the palliative measures to adopt represent a reduction in the patient's physical or mental resistance, the physician shall have the patient's prior or current express free consent, or that of her or his legal representatives, and the concurrent opinion of two physicians different from the doctor directing or performing the palliative treatment.

Art.-550 It is against medical ethics and shall be considered serious unethical conduct to give a deficiently palliative medication for physical or psychological symptoms to patients affected by a severe illness or accident when they or their legal representatives have consented to a proportionate effective supply.

Art.-551 The terminally ill patient is entitled to requesting that therapeutic cruelty to prolong her or his life be avoided, which request the physician shall be ethically obliged to accept, respecting the human person's values.

Art.-552 In no case shall the physician be authorized to shorten or interrupt a patient's life through actions or omissions directly aimed at such purpose. Euthanasia by omission is against ethical medical conduct and legal rules and regulations. The patient's death may be permitted but never provoked.

Art.-553 It is in accord with the dictates of medical ethics to withhold or withdraw therapeutic measures of any kind used to fight intercurrent disorders or new manifestations of an already diagnosed pathological process in a person whose death is thought to be imminent as a consequence of a serious disease or accident when those measures are judged to be disproportionate considering the suffering that their placement or maintenance would bring about versus their non-existent or low effectiveness. To that

purpose, the physician shall have the patient's prior or current express free consent, or that of her or his legal representative, and the concurrent opinion of two physicians different from the treating professional.

Art.-554 It is in accord with the dictates of medical ethics to withdraw artificial resuscitation devices in patients in permanent vegetative state who are judged to be in such state by the coinciding reports of two physicians different from the treating doctor.

Art.-555 Dysthanasia, or artificial and unnecessary extension of a permanently vegetative patient's agony is against the ethical demand to die with dignity. Dysthanasia shall only be justified when the patient is pregnant and it is in the best interest of the child to be born.

Art.-556 Notwithstanding the above, the measures of hygiene and care shall be kept until the patient's death is verified under the law.

Art.-557 In any of the above cases, an experimental therapy may be carried out provided there is an agreement with the assisted patient, or legal representatives' consent, when the weighted advantages and risks justify such therapy exclusively in the interest of the affected individual.

Art.-558 Experimentation on a human being constitutes extremely unethical medical conduct, even when the patient's death appears to be impending on account of a severe disease or accident, unless there is consensus or the therapeutic interest set forth in the preceding article.

Art.-559 The physician, individually or as part of the treating team, has the right to seek the court's protection to safeguard the supreme right to life against the refusal of a patient with no discernment and volition, as confirmed by a medical board, to accept a therapeutic proposal that may save her or his life.

Art.-560 It is unethical conduct and against the law for the physician to carry out any procedure that may fall within the legal framework of Physician-Assisted Suicide.

BOOK V

ON OTHER PROFESSIONALS IN THE HEALTH TEAM

CHAPTER 35

OVERVIEW

Art.-561 Modern Health Care development has required the education of qualified personnel to cover PREVENTION, DIAGNOSIS, RECOVERY AND REHABILITATION needs in the population. Upper Education (graduates or non graduates) has given an adequate answer to demands in our country. Today more than 35 different degrees can be obtained from technical and professional education in the Health area.

Art.-562 Under the criteria contained in this Code regarding the meaning and making up of the Health Team, all persons connected with it have ethical responsibilities, although to different extents depending on their activities and the provisions in Books I, II, III and IV.

Art.-563 All the disciplines from the different branches of the art of healing should commit themselves with all the branches of knowledge to analyze the dilemmas raised by Health Care and define the social, legal and ethical framework of development.

Art.-564 As Health is the responsibility of Medical Sciences professionals and non-professionals acting in the field of Health, all of them become Health Agents and shall privilege the population's interests over private interests when performing in the Health Care sphere.

Art.-565 Because Health Team-related activities are so numerous, they have not been listed in detail to avoid involuntary exclusions, and taking for granted that the list would comprise all those that may have direct or indirect significance for the human health. However, it is necessary to explain some that correspond to technical professionals with primary responsibility, emphasizing the aspects that are specific to them, which does not mean their exclusion from other articles in this Code.

Art.-566 In the practice of their professional activities, the different Health Team members shall accompany their names only with their official qualifications, and shall be able to add their address, telephone number, office hours, together with the activities they perform and the different awards as admitted and recognized in the Argentine Republic.

Art.-567 Health Team members holding public administrative functions shall not use them to increase the number of clients; it is contrary to ethics to enter into agreements or carry out activities having speculation in health care as an objective; likewise, Health

professionals shall avoid the participation of a third party in the remuneration of her or his professional services.

CHAPTER 36

SPECIAL CONSIDERATIONS

A) On Pharmacists and Biochemists

Art.-568 Whenever necessary, the Pharmacist or Biochemist shall be obliged to recommend her or his clients to make a call on the doctor or odontologist. No Pharmacist or Biochemist shall modify a prescription unless with the author's previous express consent. The Pharmacist or Biochemist shall not influence her or his clients regarding the use of certain medicines.

Art.-569 The Pharmacist or Biochemist shall avoid any medical encounters to be carried out or agreed upon in her or his office or laboratory.

Art.-570 The Pharmacist or Biochemist shall be the Quality Guarantor of the products he or she uses, produces or markets, and shall never act as a mere intermediary. Her or his opinions are highly valuable for the population's Health.

Art.-571 As regards medicines, Pharmacists shall be responsible to patients not only for the Quality of the product in the source but also for the Safety during medicine transportation, storing and distribution (for example, drugs requiring cold chain).

Art.-572 All of the above, apart from their ethical connotation are legal obligations, both civil and criminal.

B) On Nursing Professionals

Art.-573 Professional, technical and auxiliary nurses shall render their service in the following conditions:

Paragraph a) to everyone requesting their service.

Paragraph b) respecting the dignity of the patient.

Paragraph c) Showing no objections to the individual's religious, moral or ethical convictions, nor to her or his physical or mental status.

Paragraph d) The nursing professional may decline to assist a patient based on incompatibilities resulting from the conditions set forth under Paragraph c), but shall report such situation to her or his superior.

Art.-574 The nursing professional shall protect the patient's tranquility and safety, shall try to alleviate her or his suffering and shall cooperate with the family's sound requirements. It is unethical conduct to foster or cooperate with active euthanasia.

Art.-575 Professional secret is an ethical and legal responsibility of the nursing staff. When taking part in an investigation, the nursing staff shall be bound by the provisions under Book III contained herein.

Art.-576 If her or his deposition as a witness is required, he or she shall inform her or his superior and shall request the corresponding legal advise.

Art.-577 Any objection that the nursing professional may have to a colleague's professional care, he or she shall inform her or his superior, her or his professional association (if necessary), and even an ordinary court.

Art.-578 The nursing professional shall be updated on her or his knowledge of personal care as well as of care for the environment and the use of toxic substances.

Art.-579 She or he shall pay careful attention to the relationship with other Health Team members and shall be entitled to the following:

Paragraph a) to request information from responsible sources.

Paragraph b) to inquire her or his professional association's Ethics Committee or that of the Institution where he or she works.

C) On the Operating Room Nurse

Art.-580 The OR nurse shall assist the patient from the moment the patient enters the operating room. The OR nurse shall know the patient's medical record and the immediate surgical act, anticipating any possible changes to the initial plan.

Art.-581 The OR nurse shall try to avoid, whatever the cause may be, to abandon the patient during the surgical procedure, and to delegate her or his own functions to other persons.

D) On Physiotherapists

Art.-582 The responsibility for physiotherapeutic care cannot be delegated. Physiotherapists shall not assign auxiliary personnel or hire qualified persons, not even undergraduates, to carry out activities that are her or his responsibility.

Art.-583 The physiotherapist shall make up the corresponding patient record and protect its privacy.

Art.-584 From the point of view of the so-called heterodox practices, the professional shall bear in mind that many of these procedures have been recognized in the medical practice, although not all of them have been scientifically and legally authorized.

E) On Odontologists

Art.-585 As regards the special ethics of Odontology, the following are important:

Paragraph a) It is unethical conduct to accept as collaborators dental technicians who practice illegally.

Paragraph b) the participation of dental technicians as helpers in odontological offices is unethical conduct.

Art.-586 The odontologist's practice requires economical investment in materials. For that reason, it is not unethical conduct to request that a down payment or the total payment be made in advance of the corresponding fees.

F) On Psychologists

Art.-587 Given modern social evolution, their role is particularly significant in the following areas:

Paragraph a) care for addict patients.

Paragraph b) care for insane patients.

Paragraph c) Care for patients with AIDS.

Paragraph d) care for patients with incurable diseases.

Paragraph e) Care for patients in pre- and post- transplantation conditions.

Art.-588 In view of the above, the attention these professionals pay to their qualifying scientific education and training is of utmost importance.

G) On Hospital Engineering and Architecture

Art.-589 The professional practice shall be carried out following recognized scientific rules and principles. When the professional performs her or his activity, she or he shall take into consideration that she/he will depend on her/his professional judgment to comply with her/his duty: to protect people's health, safety and welfare, as well as the integrity and safety of the physical habitat, facilities and equipment of health centers.

Art.-590 The health professional shall keep the confidentiality of medical matters obtained in the course of her or his practice, unless when requested by a court or competent authority, or when reasons of security or protection of people's health, or the integrity and/or safety of the physical habitat, facilities, equipment of health center require that they are made known.

H) On Managers, Auditors and other Professionals in the area

Art.-591 Economists, accountants, managers and other Health Service-related professionals have the obligation to defend the ethical principle of JUSTICE in connection with resource allocation and procedure control.

I) On Nutritionists

Art.-592 Nutritionists shall protect themselves against the commercial influence that suppliers will try to exert.

Art.-593 They shall pay attention to the quality of the products they use, in particular of those that lend themselves to conflict on account of their transgenic origin.

J) On Midwives

Art.-594 Midwives' professional activity is not autonomous, but strictly connected with the specialist's work.

Art.-595 It is against the law and ethics to take part in abortion procedures even as a mere collaborator.

K) On Social Service Professionals

Art.-596 Their work within the heart of the family or the person's intimacy obliges them to full respect for the confidentiality of the information they obtain.

Art.-597 Discrimination based on the knowledge of private aspects of persons in their charge is unethical conduct.

BOOK VI

ON THE RESOLUTION OF ETHICAL DISPUTES

CHAPTER 37

ON THE ETHICAL DISPUTE AGENTS, HOW TO REPORT - REQUIREMENTS AND PROCEDURES

Art.-598 Any public or private person considered or demonstrated to be affected by any action or omission to the ethical principles described in this Code of Ethics, arising from the conduct of any health agent or agents as are comprised herein, may -within the term of one year of such fact having taken place- report same by fulfilling the applicable requirements and procedures and presenting himself before the Body described in this Book.

Art.-599 Such report shall be entered by the Secretary of the Argentine Medical Association and shall be made in writing, be signed and include any public or private instrument in support thereof. Both the report and any supporting instrument thereof shall be submitted with as many sets of copies as parties are being denounced in the report, and the reporting person shall specify her or his full name, Identity Card number and occupation, and shall make a brief statement of the facts that have given rise to this report, specifically stating the health agents involved in the ethical dispute as well as –if applicable- indicating their names and addresses and the names and addresses of any witnesses -up to a maximum of three- who might contribute to elucidate such dispute. The reporting person –at his own expense- shall be entitled to submit its report via her or his legal counsel.

Art.-600 The Administrative Secretary of the Argentine Medical Association shall enter the report by recording it on the Registration Book, on which numbered pages the date of such report shall be stated, as well as the sequential number, the name of the reporter and of the reported parties. A Dossier shall thus be opened which title shall include the above information.

Art.-601 Within 5 (five) business days of entry, the Proceedings so initiated shall be sent to the Secretary of the “Health Ethics Court” -TEPLAS- that seats at the Argentine Medical Association and the date when said Proceedings are received shall be recorded on the Registration Book above.

Art.-602 TEPLAS shall examine any supporting information submitted and shall decide on initiating a Preliminary Investigation if it deems that the reported facts are ethically relevant to the purposes of this Code.

Art.-603 No later than 10 (ten) business days after the Secretary of the Ethics Court has opened the Preliminary Investigation, the Argentine Medical Association shall serve notice by authentic means to the persons being reported, attaching thereto the copies of the supporting instruments. The reported person or persons shall have 15 (fifteen) business days to answer the charges and provide any supporting evidence, with as many sets of copies as parties have entered the report, including their names, addresses, identity card numbers and occupation. The dates of issuance and reception shall be authentically recorded on the preliminary investigation proceedings. The reported person or persons may –at their own expense- seek legal counsel for submitting their answer to the report. The absence of an answer by the reported person or persons shall be deemed as background evidence to be considered at the time of the Final Decision on the contested issues.

Art.-604 The Preliminary Investigation proceedings shall be secret and may only be disclosed to the parties, their designated legal counsels and any persons authorized by the parties.

Art.-605 Having met all the requirements and once the terms hereinabove have elapsed, the Health Ethics Court of the **Asociación Médica Argentina** shall summon the parties by any authentic means to a Settlement Conference to be held at the Argentine Medical Association premises or wherever else such Association may state. The summons shall specify the date and time of the Settlement Conference and shall be served no later than (15) fifteen business days before the date of such Conference.

Art.-606 Notwithstanding the effective compliance with the provisions of this Chapter and for the purpose of ensuring due process for the parties, TEPLAS, at its sole discretion, may extend any terms or take any steps as it may deem necessary to solve the ethical dispute as best suits. For the purpose and intent described hereinabove, TEPLAS shall be entitled to passing any procedure rules TEPLAS considers convenient or appropriate to comply with its assigned duty.

CHAPTER 38

ON THE MEDIATION BODY AND THE PARTS OF THE MEDIATION PROCESS.
RESOLUTION AND PENALTIES.

Art.-607 Mediation Body: The **Asociación Médica Argentina** shall cause a Health Ethics Court (TEPLAS) to be formed, made up by **Asociación Médica Argentina** members – 5 (five) regular members and 5 (five) alternate members – who shall replace the regular members in case of absence or disability in the same order in which they were designated. Members shall remain in office for 4 (four) years and may be reelected simultaneously with the election to designate the members of the Honor Court of AMA, to which election requirements they must conform, pursuant to the Bylaws and Voting Regulations of the **Asociación Médica Argentina**. The Health Ethics Court shall be chaired by the oldest member, assisted by one Vice-Chairman, one Secretary of Minutes and two Voting Members, all of whom shall exercise the Chair in that order in the event of the Chairman's absence or inability. The Court shall meet only if at least 3 (three) of its members are present. In order to form the Health Ethics Court, professionals from the different Health Sciences shall be selected from among the members of the **Asociación Médica Argentina** whose trajectory and credentials may be of one mind with the principles and goals of the ethical conduct described herein. Under no circumstance shall the members of TEPLAS be called to declare or testify before a law court in connection with or with reference to the cases they are involved in.

Art.-608 Parts of the Mediation Process*:* Once the steps set forth in Chapter I of this Book V have been complied with, the Preliminary Information proceeding shall take place in accordance with the following:

Paragraph a) The Health Ethics Court shall meet and hear in the first place the reporter and then the party being reported. Both the reporter and the party being reported shall be entitled to attending with their legal representatives. Their statements may be clarifications on the issues being heard.

Paragraph b) TEPLAS shall endeavor to determine, and to have the parties agree, on the facts and circumstances originating and having evolved into the ethical dispute, their existence and the scope thereof, and for this purpose TEPLAS may decide that one of the parties be heard alone while the party not being heard awaits its turn to be called at a different room in the premises.

Paragraph c) Should the parties not come to agree on the facts stated in the report, TEPLAS, in that same act, shall cause the evidence offered to be produced in order that it may be assessed no later than 30 (thirty) business days after that date, and within such term the witnesses listed shall be examined and heard by TEPLAS. Once the evidence discovery period is over, the parties shall be summoned for a new Settlement Conference.

Paragraph d) In the event that TEPLAS should deem it necessary to convene further Settlement Conferences, it shall record in writing the day and time for holding such conferences.

Paragraph e) In the event that the parties should resolve the dispute, a Record shall be made to detail the terms and scope of the agreement, including mutual redress. The Record and as many copies as parties are involved shall be signed by the Chairman of TEPLAS and the parties, the original copy being filed in the Dossier.

Paragraph f) In the event that the parties should not reach an agreement, it shall be considered that the mediation has come to an end. This fact shall be certified in a Record, which respective copies shall be signed by the Chairman of TEPLAS and the parties.

Paragraph g) Within 10 (ten) business days after this last Settlement Conference, the parties may submit their arguments on the evidence presented.

Paragraph h) The above having been complied with, TEPLAS shall – within 30 (thirty) business days – study the Dossier in order to come to a decision thereon based on sound legal grounds. TEPLAS Decision shall accept or dismiss the report in all or in part, stating any penalties, if applicable. Said Decision shall be notified in an authentic manner to the parties at their specially stated addresses.

Paragraph i) This Decision may not be appealed except to clarify it or to annul it returning the case to its original state, with respect to its unclear provisions, and this appeal to TEPLAS must be based on sound grounds and entered within ten (ten) business days of the notice of such Decision having been received. The appeal shall be accepted or dismissed no later than fifteen business days after it was entered.

Paragraph j) The Final Decision shall be made known to the Societies to which the reporter and the reported party belong for its recordation in their respective personal files.

Art.-609 Penalties*:* TEPLAS, in order to assess the measures taken and the scope of any penalties it may decide on, shall take into consideration the parties' prior history, their professional ethical credentials, the seriousness of the offense, and the implications thereof for the ethics of Health Sciences, for the Community and for the Society in which the person being reported or the reporter lives if the claim is found to be negligent. In keeping with the above, penalties shall go from just a warning to suspension from the Societies in the **Asociación Médica Argentina** for a term as may be stipulated, the maximum penalty being suspension and definitive discharge from such Societies.

Art.-610 Court of Law Intervention*:* In the event that either party should deem it has been affected by illegitimacy or manifest arbitrariness against its constitutional rights, such aggrieved party, at its sole expense, shall seek the legal remedy it is entitled to before any court as may be applicable.

REFERENCES:

1946 Code of Nuremberg (It establishes the guidelines for medical experimentation on human beings).

1948 Universal Declaration of Human Rights. United Nations Organization.

1948 World Medical Association. Declaration of Geneva (Adopted as Oath by Schools of Medicine).

1949 World Medical Association. International Code of Medical Ethics.

1950 Code for Nurses. American Nurses Association, re-updated in 1976.

1955 Code of Medical Ethics. Medical Confederation of the Argentine Republic (With 17 Chapters focusing on multiple ethical and deontological subjects of the professional practice).

1961 Code of Medical Ethics of the Medical Association of the Province of Buenos Aires, re-updated in 1986.

1964 World Medical Association. Declaration of Helsinki.

1968 World Medical Association. Declaration of Sydney. (It provides guidelines for the definition and determination of death).

1970 World Medical Association. Declaration of Oslo (Postulate on therapeutical abortion).

1973 Declaration of Patient's Rights. American Association of Hospitals.

1975 World Medical Association. Declaration of Tokyo-Helsinki II. (Update of Helsinki I. Basic Principles on Biomedical Research on Human Beings, clinical investigation and non-therapeutic investigation).

1975 World Medical Association. Guidelines for Physicians on Torture and other Cruel, Inhuman or Degrading Treatments or Punishments imposed on arrested or imprisoned people.

1975 World Medical Association. Venice Declaration on Terminal Diseases (It refers to the relief of suffering, the use of extraordinary means and the use of organs for transplantation).

1976 Recommendation regarding the Rights of the Terminally Ill and the Dying. Council of Europe Parliamentary Assembly.

1977 Recommendation regarding the situation of the Mentally Ill. Council of Europe Parliamentary Assembly.

1977 Specific Ethical Implications of Psychiatry. Hawaii Declaration. World Psychiatric Association.

1981 Rules and Regulations on Research on Fetus, Pregnant Women, in vitro Fertilization and Prisoners. US Code of Federal Regulations. (It sets the basic

conducts for the protection of individuals in human research, their guarantees, the operation of Institutional Research Review Committees, the requirements for adult and child informed consent, and the operation of Ethics Committees).

1982 Proposal of International Guidelines for the Biomedical Research on Humans. OMS-CIOMS (Council for International Organizations of Medical Sciences). Re-updated in 1993. Geneva.

1983 Declaration of Ethics in Medicine. Latin American Association of Medical Academies. Quito.

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1984 World Medical Association. Declaration on Child Mistreatment and Abandonment. Singapore.

1992 American College of Physicians Ethics Manual.

1995 World Medical Association. Declaration on Patient's Rights. Lisbon.

1996 The Surgeon's Manual of Ethics and Deontology. Argentine Association of Surgery.

1996 Declaration of Manzanillo on the Ethical and Legal Implications of the Human Genome Research. Latin American Program for Human Genome.

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