



**UGANDA MEDICAL AND DENTAL
PRACTITIONERS COUNCIL (UMDPC)**

Centenary

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CODE OF PROFESSIONAL ETHICS

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FOREWORD

One of the cardinal statutory functions of the medical and Dental Practitioners Council is to take firm and fair disciplinary sanctions against practitioners who behave unethically in the course of their work.

In 2002, the council published “Guidelines with respect to complains against medical and dental practitioners” which outline the procedures through which complaints are handled by the council; provide a list of the different categories of offences and types of penalties that are handled out to errant practitioners. The guidelines do not however, spell out the does and don’ts in clinical practice. The publication of this ‘Code of Professional Ethics’ endeavours to fill the gap.

It is significant to bring to the attention of practitioners that this code is a legal document which is derived from S 34 of the Medical and Dental Practitioners act, Cap of Laws of Uganda and it’s implementation will have a full legal force. It is, therefore, a must read for every practitioner is problem are to be averted in future.

It is important to observe that the number of complaints received by the council is rising every year. Although this may be partly attributed to increased public awareness of patients’ rights are a result of improved information technology and world-wide travel for medical treatment, the increase in complaints may also mean deterioration in standards of health care delivery of the part of practitioners understand their responsibility in different situations in clinical practice. This code is not a blue print, but will undergo future reviews as new developments emerge, such as some aspects of HIV/AIDS, DNA testing, in vitro fertilization (IVF), organ donation, end-of-life care, etc.

It is noteworthy that some practitioners commit offences because they do not know that is unethical to do so. The code, therefore, provides an invaluable opportunity to increase practitioners’ awareness about the need to comply with the acceptable norms and standards of professional conduct, care and competence as well as

respect for patients' rights and human rights. The code is not substitute for the experience and integrity of individual practitioners, but it may serve as a reminder of the shared obligations and duties of the medical profession

The code is fully implemented, will contribute immensely to improvements in quality health care delivery. It will also help in revamping the reputation of the noble profession. I wish you good reading.

Dr. Sam Zaramba

Director General of Health Services

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PART I- INTRODUCTION

1. Preamble

This code of professional ethics is intended to be used as a guide to promote and maintain the highest standards of ethical behaviour by practitioners in Uganda. In order to maintain public confidence in the professional standards of practitioners, it is essential that high ethical standards be exhibited in carrying out their duties.

2. The function of a practitioner in society

In society founded on respect for human rights, a practitioner fulfils a special role. Patients are entitled to good standards on competence and conduct from practitioners. The duties of a practitioner do not begin and end with the faithful performance of his job but encompasses the necessity to serve the interests of the patients as well.

A practitioner's function therefore lays on him or her variety of ethical and moral obligation towards:-

- (a) The patient
- (b) The medical and dental professions in general and each follow member in particular;

3. The nature of the code of professional ethics

The code is designed through an obligation acceptance to those it applies to ensure proper performance. Failure of a practitioner to observe the code may result in a disciplinary sanction.

The rules herein therefore, require conduct that makes the care of the patient the practitioner's first concern, is ethical, does the patient no harm, and expects professional cooperation with other members of the health team and action against the practitioner if his or her practice places a patient at avoidable risk.

The acts or omissions set out in this code among others constitute acts or omissions in respect of which the council may take disciplinary steps against a practitioner. They however do not necessarily constitute an exhaustive list of unprofessional conduct and as such the council may inquire into and deal with any allegation that may be brought therefore it, based on generally accepted standards of conduct care and competence expected of a practitioner.

PART II- ETHICAL OBLIGATION

4. Respect for Human Rights

- 1) A practitioner shall not violate the human rights of a patient the patient's family or his or her caregiver.

2) A practitioner shall;-

- (a) Not use his or her professional skills to participate I any actions that lead to violations of human rights
- (b) Report to the Council if there has been a violation of human rights;
- (c) Not carry out any specific actions that constitute a violation of bill of rights enshrined in the Constitution of Uganda and international human rights law.

5. Respect for persons

A practitioner shall not;-

- (a) Discriminate in the management of patients basing on gender, race, religion, disability, HIV status or any other indication of vulnerability
- (b) Act violently or indecently towards a patient, a professional colleague or the general public.

6. Protection of privacy

A practitioner shall observe the patient's confidentially and privacy and shall not disclose any information regarding the patient except-

- (a) With the express consent of the patient; or in the case of a mirror with the consent of a patient or guardian; or in the case of a mentally disadvantaged or unconscious or deceased patient, with the consent of his or her authorized next of kin.

- (b) To the extent that it is necessary to do so in order to protect the public or advance greater good of the community.

7. Integrity

A practitioner shall not-

- (a) Aid in any form to inflict violence, torture, or degrading punishment or treatment to a person by the state or a private individual;
- (b) Conduct any intervention or treatment without consent except where a bonafide emergency obtains.

8. Access to Health Care Services

- (1) A practitioner shall not deny emergency treatment or health care to a patient.
- (2) A practitioner shall at all times exercise due diligence and provide services of good quality of good quality especially where he or she bears responsibility for the resources that determine the quality of care.

PART III- STANDARDS OF PROFESSIONAL PRACTICE

9. Clinical Practice

A practitioner shall-

- (a) Regular update his or her skills and knowledge base to his or her scope of practice;
- (b) Maintain adequate standards of equipment and hygiene in all aspects of his or her service;
- (c) Assess a patient's condition based on the history and clinical signs and where necessary carry out appropriate investigations;
- (d) Refer a patient to another practitioner, where it is deemed necessary;
- (e) Keep clear, accurate and current records of the relevant clinical findings the decisions made advice given and treatment prescribed to a patient;
- (f) Meet the standards of professional practice that are generally regarded as appropriate nationally and internationally;
- (g) Not perform a professional act for which he or she is inadequately qualified or insufficiently experienced;
- (h) Not perform a professional act under improper conditions or in an appropriate surroundings;

(i) Not over-service a patient for his or her own personal gain;

(j) Not issue a false medical reports;

10. Participation in Biomedical Research

A practitioner shall-

(a) Subject his or her research proposal to authorized institution ethical review;

(b) Ensure the protection of human rights of all study participants;

(c) Conform to recognized norms and guidelines for acceptable ethical practice in research.

11. Developing and Implementing Health Policies

A practitioner shall-

(a) Not promote or implement policies related to health and health care that violate the human rights of a patient or a community,

(b) Not promote or implement policies related to health and health care that lead to poor quality;

(c) Observe, at all times, ethical and human rights implementation of health policies.

12. Advertising

A particular shall not advertise his or her services in an unprofessional manner

13. Canvassing and touting

A practitioner shall not canvass or tout for patients in any manner whatsoever.

14. Professional stationary

1. A practitioner shall not print on any professional stationary such as letterheads and account forms any information other than his or her name, profession, registered category, specialty (If any), registered professional qualifications or other academic qualifications and honorary degrees in abbreviated form, addresses, telephone numbers and hours of consultation.
2. A group of practitioners as a juristic person may indicate such fact on their professional stationery.
3. A practitioner shall not use prescription forms or envelopes bearing the name and address of a pharmacist.

15. Practice names

A practitioner shall not for private practice, use a name or any other expression that creates the impression that such a practice is in association with or affiliated to an existing hospital or clinic.

16. Itinerant practice.

A practitioner shall not carry out itinerant practice at a place where another practitioner is established unless he or she renders the same service at the same cost, as in the place where he or she is resident.

17. Fees and commissions

A practitioner shall not do the following;

- (a) Accept a commission from a person or another practitioner in return for substances or materials used by him or her in the conduct of his or her practice;
- (b) Pay a commission to any person for recommending a patient;
- (c) Share fees with any person or practitioner who has not taken a part in the service for which those fees are charged;
- (d) Charge or receive fees for services not personally rendered, except for services rendered by another practitioner with whom he or she is associated as a partner, shareholder in a juristic person;
- (e) Receive any consideration from or on behalf of a particular facility or institution in return for carrying out any professional activities for such facility or institution.

18. Partnerships and juristic persons.

A practitioner shall not-

- (a) Practice in partnership or association with a person not accredited or registered with the council as a health professional;

- (b) Practice in partnership, association or as a juristic person outside the scope of the profession in respect of which the practitioner is registered.

19. Covering

A practitioner may not-

- (a) Employ as a professional assistant or locum tenens, a person not registered as a practitioner;
- (b) Help or support a person registered in respect of a profession in any illegal practice or conduct;
- (c) Employ any person who is suspended from practicing.

20. Taking over a patient

A practitioner shall not take over patient from another practitioner without taking reasonable steps to inform the practitioner who was originally in charge of the case.

21. Impeding

A practitioner may not impede a patient, or someone acting on behalf of a patient, from obtaining the opinion of another practitioner or from being treated by another practitioner.

22. Professional reputation of colleagues

A practitioner shall not unjustifiably cast doubt on the probity or professional reputation or skills of another practitioner.

23. Certificates and Reports

- (1) A certificates of illness granted by a practitioner shall contain the following information;
- (i) The name, address and qualification of the practitioner;
 - (ii) The name of the patient;
 - (iii) The employment number of the patient (if applicable);
 - (iv) The date and time of the examination;
 - (v) Whether the certificate is being issued as a result of personal observation by the practitioner during an examination, or as the result of information received the patient and which is based on acceptable medical grounds;
 - (vi) A description of the illness, disorder or malady in layman's terminology (with the consent of the patient);
 - (vii) Whether the patient is totally indisposed for duty or whether the patient will be able to perform less strenuous duties in the work situation;
 - (viii) The exact period of recommended sick leave;
 - (ix) The date of issuing the certificate of illness; and
 - (x) A clear indication of the identity of the practitioner who issued the certificate.
- (2) Where the practitioner uses pre-printed stationery he or she shall delete words that are irrelevant.
- (3) A practitioner shall issue a brief factual report where a patient requires information concerning him or herself.

24. Professional Appointment

A practitioner shall not accept any professional appointment, except in accordance with a written contract of appointment that is not drawn up on a basis, which is detrimental to the interests of the public or the profession.

25. Secret remedies

A practitioner shall not in the conduct of his or her practice use

- (a) Any form of treatment, apparatus or technical process which is secret or is claimed to be secret;
- (b) Any apparatus, which has been proved upon investigation to be incapable of fulfilling the claims, made in regard to it.

26. Consulting rooms.

A practitioner shall not share a consulting or waiting room with a person not registered with the Council as a practitioner; or has an entrance to or a nameplate at the entrance of such person's consulting or waiting room or business.

27. Statutory duties of the council

A practitioner shall not-

- (a) Perform any act, which prevents the Council or the registrar from carrying out duty mandated by legislation.
- (b) Communicate with a person whom he or she knows to be a witness at an inquiry into his or her professional conduct on any aspect of the evidence to be given by such witness at the inquiry.

28. Exploitation

A practitioner shall not permit himself to be exploited in a manner that is detrimental to the public or professional interest.

29. Medicines

- (1) Subject to legislation relating to medicines control, a practitioner shall not;

- (a) Participate in the manufacture (for commercial purposes), sale, advertising or promotion of any medicine, or in any other activity that amounts to trading in medicines;
 - (b) Advocate the preferential use or prescription of any medicine, if any valuable consideration is derived from such preferential use or prescription.
- (2) Without prejudice to sub-rule (1), a practitioner shall not be prohibited from owning shares in a registered company manufacturing or marketing medicines, from being an owner or part owner of a pharmacy, or while being employed by a pharmaceutical concern, from performing duties as are normally performed in accordance with such employment.
- (3) A Practitioner shall not prescribe or supply any substance listed in legislation relating to medicines control as habit-forming or potentially so, unless he or she has ascertained through a personal examination, or by virtue of a report by another practitioner under whose treatment the specific patient has been, that such a prescription or supply is necessary for the treatment of the patient, except in the case of a repeat prescription for a patient with a chronic illness.

30. Financial Interests in Hospitals

A practitioner, who has a financial interest in a private clinic or hospital, shall not refer a patient to such a clinic or hospital without disclosing that he or she has a financial interest in such a clinic or hospital.

31. Specialists

A practitioner shall not contravene the conditions of practicing as a specialist.

32. Impairment.

A practitioner shall-

- a) Report impairment in another practitioner to the Council if he or she is convinced that such other practitioner is impaired.
- b) Report his or her own impairment to the Council if he or she is aware of his or her impairment or has been advised to obtain help in view of impairment.

PART V- LEGAL AND GENERAL OBLIGATIONS

33. Conviction in a court of law.

Where a practitioner has been convicted in a court of law or a legal tribunal has made an adverse finding against him or her, the Council shall deal with him or her in accordance with the Act

34. Delegation of care.

- 1) Where a practitioner believes it is appropriate, he or she may delegate medical care of a patient to a Nurse or other health care staff who are not registered practitioners; he or she shall ensure that the person to whom he or she delegates is competent to undertake the procedure or therapy involved, and to ensure that enough information about the patient and the treatment needed is passed on.
- 2) Where the practitioner has delegated care, he or she shall still be legally responsible for management of the patient.

35. General obligations

In addition to the specific rules set out above, a practitioner shall at all times comply with the norms and standards of professional conduct, care and competence generally accepted by the profession.

36. Interpretations

In this code, unless the context otherwise requires-

“Act” means the Medical and Dental Practitioners Act, Cap. 272 of the laws of Uganda;

“Council” means the Medical and Dental Practitioners Council established under the Act;

“Juristic person” means any legal entity duly constituted or otherwise organized under the Laws of Uganda (including any corporation, partnership, joint venture, trust or association)

“Practitioner” means a person registered under the Act to practice medicine, surgery or dentistry;

“Registrar” means the Registrar of the Council;

“Specialist” means a practitioner who has trained full time for not less than three years in an institution or in different institutions under guidance of a consultant or consultants or senior professionals in the relevant field of medical or dental practice and has obtained a post graduate qualification.