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Code of Medical Ethics

During the *Extraordinary XVI National Medical Assembly of May 18, 2024*, delegates processed proposals for amendments to the Code of Medical Ethics.
Over 50 amendments were submitted. The deliberations took place in an atmosphere of open and constructive exchange of views. One of the main points of discussion was the issue of the doctor-patient relationship, including maintaining the basic principles of professional ethics in contact with the patient.
During the vote on the new regulations, delegates decided to introduce a number of changes aimed at adapting the Code to the changing medical realities and the ongoing digitalization of healthcare. Among the novelties were, among others, guidelines on the use of modern technologies in medical practice and recommendations on the use of social media by doctors and dentists.

Electronic version of the Polish **Code of Medical Ethics**

Appendix to Resolution No. 5 of the Extraordinary XVI National Medical Assembly of May 18, 2024

CODE OF MEDICAL ETHICS

THE PHYSICIAN'S PLEDGE [1]

I accept with respect and gratitude to my preceptors the title of physician conferred upon me and, fully aware of the duties associated with it, I pledge:
- to fulfill these duties conscientiously;
- to serve human life and health;
- to the best of my knowledge, to prevent suffering and prevent disease, and to provide help to the sick without distinction such as race, religion, nationality, political views, wealth and others, with the sole aim of their wellbeing, showing them due respect;
- not to abuse their trust and maintain medical confidentiality even after the death of the patient;
- to uphold the dignity of the medical profession and not tarnish it in any way, and to treat fellow physicians with the goodwill due to them, without undermining confidence in them, but acting impartially and with the best interests of patients in mind;
- to constantly expand my medical knowledge and make known to the medical world all that I manage to discover and improve.

I SOLEMNLY SWEAR!

GENERAL PART

Article 1.

(1) The principles of medical ethics derive from general ethical standards.
(2) They obligate the physician to respect human rights and to uphold the dignity of the medical profession.
(3) It is a violation of the dignity of the profession for a doctor to act in a way that undermines trust in the profession.

Article 2.

(1) The vocation of a physician is to protect human life and health, prevent disease, treat the sick and relieve suffering; a physician may not use medical knowledge and skill in activities contrary to this vocation.

(2) The doctor's highest ethical imperative is the welfare of the sick - *salus aegroti suprema lex esto*. Market mechanisms, social pressures and administrative requirements do not exempt the doctor from observing this principle.

Article 3.

Doctors shall perform their duties with respect for human beings without regard to age, sex, race, genetic endowment, nationality, religion, social affiliation, material situation, political opinion, sexual orientation or other conditions.

Article 4.

For the fulfillment of their tasks, doctors shall maintain freedom of professional action, in accordance with their conscience and the latest medical knowledge.

Article 5.

The medical self-government has the duty to ensure that the ethical principles and the dignity of the profession are observed by all its members, and that the legal regulations not contradict the principles of medical ethics.

SPECIFIC SECTION

CHAPTER I

Conduct of the physician toward the patient

Article 6.

(1) A physician is free to choose the methods of treatment they deem most effective. However, they should limit medical procedures to those actually needed by the patient according to the latest state of knowledge.

(2) A physician shall not use methods that are not scientifically verified or that are considered by science to be harmful or worthless.

Article 7.

In particularly justified cases, a physician may decline to undertake, or waive the care of a patient, except in cases where a delay in providing such care could endanger life or cause a significant deterioration of the patient's health within a short period of time. When not undertaking or waiving the care of a patient, the doctor must indicate to the patient another possibility for obtaining medical assistance.

Article 8.

The doctor shall carry out and document the diagnostic, therapeutic or preventive procedures with due diligence, in accordance with current medical knowledge, devoting the necessary time to this.

Article 9.

The doctor shall undertake the care of the patient after assessing their condition. The doctor shall choose the form of consultation (in particular, in-patient visit, consultation by telephone) that provides the patient with available quality and continuity of medical care.

Article 10.

(1) A physician shall not exceed their professional competence in the performance of diagnostic, preventive, and therapeutic activities, and when issuing rulings such as in cases of issue of sick leaves and/or other documents related to health.

(2) If the scope of these activities exceeds their competence, then they should refer to another more competent doctor. This does not apply to emergencies and serious illnesses where delay may endanger the health or life of the patient.

Article 11.

A physician should strive to practice their profession under conditions that ensure the appropriate standard of patient care.

Article 12.

A doctor may use artificial intelligence algorithms in diagnostic, treatment or prevention proceedings under the following conditions:

1) the patient is informed that artificial intelligence will be used in making a diagnosis or in the therapeutic process;

2) informed consent of the patient is obtained for the use of artificial intelligence in the diagnostic or therapeutic process;

3) the artificial intelligence algorithms used are approved for medical use and appropriately certified;

4) the final diagnostic and therapeutic decision is always made by the doctor.

Respect for patients' rights

Article 13.

(1) The doctor shall treat patients in a friendly and polite manner, respecting their personal dignity, right to intimacy and privacy.

(2) The relationship between the doctor and the patient shall be based on their mutual respect and trust with due regard for the patient's right to choose the doctor.

Article 14.

(1) It is the doctor's duty to respect the patient's right to participate in an informed manner in decisions concerning their health.

(2) The doctor is obliged to inform the patient about the benefits and risks of the proposed diagnostic and therapeutic measures, as well as about the possibility of using a different medical procedure.

(3) The information given to the patient should be formulated in a way that the patient understands.

Article 15.

A doctor must not use their influence on a patient for any purpose other than therapeutic.

Article 16.

(1) A physician may initiate diagnostic, therapeutic and preventive procedures after obtaining the informed consent of the patient.

(2) If the patient is incapable of giving informed consent, the doctor is required to obtain the consent of an authorized person or a court.

(3) In the case of a minor, the doctor should also try to obtain their consent appropriate to their age and maturity.

(4) Diagnostic, therapeutic and preventive procedures without the patient's consent are permitted only exceptionally in special cases of danger to the life or health of the patient or of others.

(5) An examination without the required consent of the patient may also be carried out by the doctor at the behest of authorities or an institution authorized by law, provided that it does not pose an undue health risk to the patient.

(6) If consent to a proposed procedure is not obtained, the doctor is obliged to continue, as far as possible, to provide medical care to the patient to the extent to which the patient does consent.

(7) Once the patient has regained decision-making capacity, the doctor must obtain the patient's informed consent for further treatment.

(8) The consent and objection, if any, referred to in paragraphs 1-2, may be expressed either orally or by such behavior of the persons mentioned in these provisions as to indicate in terms that leave no room for doubt about willingness to undergo the activities proposed by the doctor or the absence of such willingness.

Article 17.

(1) The doctor need not inform the patient about the state of their health or treatment, if the patient so wishes. Informing the family or other persons is to be done on the condition of the consent of the patient.

(2) In the case of a patient who is a minor, the doctor is obliged to inform their legal representative or actual guardian, respecting the right to privacy and dignity of the patient.
(3) In the case of an unconscious patient, the doctor shall provide the necessary information to the authorized person.

Article 18.

In case of an unfavorable prognosis for the patient, the doctor is obliged to inform the patient about it with tact and caution. The news of the diagnosis and poor prognosis may be withheld from the patient only if, in the doctor's opinion, its disclosure will cause special suffering to the patient or other adverse health consequences, but the doctor must give full information upon the patient's express request.

Article 19.

At the request of the patient and in case of doubts regarding diagnosis or therapy, the doctor should, if possible, facilitate the patient’s consultation another doctor. The consultant's opinion is advisory, as it is the treating physician who is responsible for the patient's care.

Article 20.

In the course of hospital treatment, the doctor should enable the patient to benefit from the care of family or friends and also enable contact with a member of the clergy. The doctor should behave with understanding toward the patient's relatives expressing concerns to the doctor about the patient's health and life.

Article 21.

A doctor who undertakes the care of a patient should endeavor to provide continuity of treatment to the patient and, if necessary, the assistance of other doctors.

Article 22.

If a doctor commits a grave mistake or encounters unforeseen complications during treatment, the doctor is obligated to inform the patient and take measures to correct the consequences.

Article 23.

In cases requiring diagnostic, therapeutic or preventive measures that cannot be applied simultaneously to all patients waiting, the doctor should determine the order of treatment based on medical criteria.

Doctor-patient confidentiality

Article 24.

The doctor is obliged to maintain medical confidentiality. Information related to the patient obtained by the doctor in connection with their professional activities shall remain confidential. The death of the patient does not exempt from the obligation to maintain confidentiality.

Article 25.

It is not a violation of doctor-patient confidentiality to communicate information about the patient's condition to another doctor, if this is necessary for further treatment or to make an assessment of the patient's condition.

Article 26.

Exemptions from doctor-patient confidentiality may occur:

- when the patient consents ,
- if the maintenance of confidentiality substantially endangers the health or life of the patient or others, and
- if obligated to do so by law.

Article 27.

It is not a violation of doctor-patient confidentiality if, after a medical examination is ordered by a legally authorized body, the result of the examination is communicated to that body; however, it is an indispensable condition that the doctor informs the person to be examined of this before

starting the examination. Any information that is not necessary to substantiate the conclusions of the examination shall remain covered by doctor-patient confidentiality.

Article 28.

The doctor has the right to disclose noticed facts of danger to health or life as a result of violations of human rights.

Article 29.

(1) The doctor should ensure that those assisting or helping them also observe professional secrecy. Confidential information should only be shared with them to the extent necessary for the proper performance of their professional activities.

(2) The doctor is obliged to ensure that medical records are properly maintained. Medical records should contain only the information necessary for medical proceedings.

Article 30.

The doctor and those cooperating with them are obliged to ensure the confidentiality of the information contained in the genetic material of patients and their families.

Assistance to patients in terminal conditions

Article 31.

The doctor should make every effort to provide the patient with humane terminal care and dignified end of life conditions. The doctor should alleviate the suffering of patients in terminal states to the end and maintain, as far as possible, the highest possible quality of the ending life.

Article 32.

A doctor must not apply euthanasia or assist a patient to commit suicide.

Article 33.

(1) A doctor is not obliged to undertake and perform resuscitation on patients in a terminal state.

(2) The decision to discontinue resuscitation rests with the physician or team of physicians and is related to a negative assessment of the outcomes of further treatment.

(3) A physician must not use futile therapy. The decision to consider therapy as futile rests with the treatment team and should, as far as possible, take into account the patient's wishes.

Transplantation

Article 34.

A doctor may take cells, tissues and organs from a corpse for the purpose of transplantation, unless during their lifetime the deceased has objected to this.

Article 35.

A physician, after the determination of brain death, shall maintain the functioning of cells, tissues or organs if they are to be transplanted.

Article 36.

A physician shall not be allowed to accept financial or personal benefits for collection or transplantation of cells, tissues or organs.

Article 37.

The procurement of cells, tissues or organs from a living donor for the purpose of transplantation may, subject to Article 38, be performed only from an adult person with their written consent, under conditions of full voluntariness, after informing them of all possible consequences associated with this procedure. The procurement of a vital organ from a living donor is impermissible.

Article 38.

Donation of bone marrow from a child is permitted with the consent of their legal representative. In the case of a minor, if they are capable of giving informed consent, their consent should also be obtained.

Procreation

Article 39.

(1) A physician should approach the process of transmitting human life with a sense of special responsibility. When performing medical treatment of a pregnant woman, the doctor is at the same time responsible for the health and life of the unborn child.

(2) The doctor is obliged to provide information in accordance with the latest medical knowledge on the processes of conception and methods of regulating conception, taking into account their effectiveness and mechanism of action.

(3) The doctor is obliged to acquaint patients with the possibilities of modern medical genetics, as well as prenatal diagnosis and therapy. In conveying the above information, the doctor is obliged to inform about the risks of prenatal testing.

Article 40.

A doctor is prohibited from participating, assisting or providing support in the performance of human cloning procedures for reproductive or therapeutic purposes.

Medical records

Article 41.

(1) A physician shall keep medical records in a reliable and careful manner.

(2) The issuance of medical certificates is permissible only on the basis of a current examination or appropriate documentation.

Article 42.

The doctor shall issue a certificate or other medical document in a manner that allows its author to be identified. The content of the document must be in accordance with the doctor's knowledge and competence and should contain reliable information about the patient's condition. It must not be formulated by the doctor under pressure or in expectation of personal gain.

CHAPTER II

Scientific research and biomedical experiments

Article 43.

A physician who conducts scientific research, especially medical experiments, shall be required to observe the principles of ethics in scientific research.

Article 44.

A doctor is allowed to conduct medical experiments involving a human being, as long as they serve to improve the health of the patient participating in the experiment or contribute significant data that expand the scope of medical knowledge or allow improvement of diagnostic or therapeutic methods. A physician conducting a medical experiment is required to establish that the expected benefits to the patient significantly outweigh the unavoidable risks.

Article 45.

(1) A physician is required to obtain the informed consent of a potential participant to participate in a medical experiment, after informing the participant of all aspects of the experiment that may affect them, and of their right to withdraw from participation in the experiment at any time.

(2) A person who consents to participate in an experiment must not do so influenced by dependence on the doctor, or whilst under any pressure.

(3) The doctor must not conduct research experiments with the participation of incapacitated persons, soldiers in compulsory service and persons deprived of liberty.

Article 46.

(1) In the case of a patient incapable of giving informed consent to participate in a medical experiment, the doctor must obtain the written consent of the patient's legal representative or a court.

(2) A prerequisite for undertaking a medical experiment with the participation of persons incapable of giving informed consent is the impossibility of conducting research of comparable effectiveness with the participation of persons capable of giving consent.

Article 47.

(1) It is a condition for conducting a medical experiment involving human beings that reliable data justifying the experiment have been obtained in preclinical studies. Animals subjected to experiments must be treated in accordance with current ethical standards for the treatment of animals and protected from avoidable pain or suffering.

(2) A physician is allowed to conduct therapeutic experiments involving a human being in the embryonic stage only if the expected health benefits substantially outweigh the health risks of embryos not subjected to the therapeutic experiment.

Article 48.

A medical experiment involving a human being may be initiated only if it has been designed in accordance with the relevant methodological requirements, and the proposal of the experiment has received a positive opinion from an independent bioethics committee.

Article 49.

A medical experiment involving a human being must be directed by a physician of appropriately high competence.

Article 50.

The doctor shall communicate all discoveries and insights related to the practice of the profession and the results of scientific research to the medical community and publish them primarily in professional medical publications and information channels.

Article 51.

A doctor is obliged to strictly respect copyright in scientific publications. Adding one's name to the work of teams in which one has not participated or omitting the names of those who have participated is a violation of ethical principles.

Article 52.

It not permissible to publish the results of research conducted in violation of medical ethics.

Article 53.

Conducting scientific or didactic demonstrations is permissible only with the informed consent of the patient or the consent of the patient's legal representative, respecting the dignity and privacy of the patient.

CHAPTER III
Relationship of physicians with industry

Article 54.

(1) A doctor may not accept benefits from representatives of the medical industry if this may reduce the objectivity of their professional opinions or undermine trust in the medical profession.

(2) A physician may accept payment from a manufacturer of medicines or medical devices for work performed, conduct of training and research that advances medical or professional knowledge, if this payment is commensurate with the physician's contribution.

Article 55.

A physician with financial ties to the medical industry shall not be allowed to deviate in any way from making clinical decisions based on the latest medical knowledge or from acting in the best interests of patients and research subjects.

Article 56.

A physician must disclose to lecture audiences and editors of publications any relationship with or subsidies from manufacturers of medicines or medical devices, or other benefits that may give rise to a conflict of interest.

Article 57.

A physician who participates in research sponsored by manufacturers of medicines or medical devices must ensure that the research is conducted in accordance with the ethics of scientific research. A physician must not participate in scientific research whose sole purpose is to promote such products.

Article 58.

A physician must disclose their relationship with manufacturers of medicines or medical devices to patients who are to be subjects of research sponsored by that manufacturer.

Article 59.

A physician is prohibited from accepting remuneration from manufacturers of medicines or medical devices for merely referring a patient to research conducted or sponsored by a medicine or medical device manufacturer.

Article 60.

A physician who participates in research on behalf of manufacturers of medicines or medical devices must counteract the unreliable presentation of the results in publications.

CHAPTER IV

The human genome

Article 61.

(1) A doctor may carry out genetic research only for health purposes or related scientific research, after obtaining the patient's informed consent and giving the patient an opportunity for genetic consultation.

(2) A doctor may intervene in the human genome only for preventive or therapeutic purposes.

(3) A doctor may not participate in activities aimed at inducing hereditary genetic changes in a human being.

CHAPTER V

Mutual relations between physicians

Article 62.

(1) Physicians should show one another mutual respect. Special respect and gratitude are due to those who teach the profession, and the elderly .

(2) A doctor should be particularly careful in forming an opinion about the professional activities of another doctor. A doctor should not publicly disparage another doctor in any way. This does not exclude substantive criticism.

(3) Any remarks about perceived errors in the conduct of another doctor should be communicated first of all to this doctor. If the intervention proves to be ineffective or the perceived error or violation of medical ethics causes serious harm, it is necessary to inform the competent body of the medical chamber.

(4) Informing the competent body of the medical chamber of a perceived violation of the principles of medical ethics or professional incompetence of another doctor, as well as substantive criticism, do not constitute a violation of the ethical principles.

(5) If a mistake made by another doctor has an adverse effect on the patient's health, action should be taken to reverse the consequences.

Article 63.

(1) Experienced physicians have a duty to provide advice and assistance to less experienced colleagues, especially in difficult clinical cases.

(1) Doctors in leadership positions are obliged to treat their employees in accordance with ethical principles.

(2) Doctors in leadership positions are obliged to pay special attention to patient welfare, and to the working conditions and professional development of their subordinates.

CHAPTER VI

Rules of conduct in the practice of medicine

Article 64.

It is the duty of every physician to constantly supplement and improve their knowledge and professional skills.

Article 65.

(1) A physician may not collaborate with persons engaged in treatment who are not authorized to do so.
(2) When choosing a form of diagnosis or therapy, the doctor is obliged to be guided primarily by the criterion of efficacy and safety of the patient and not to expose the patient to unreasonable costs.
(3) A doctor may not for the sake of their own benefit recommend diagnostics, treatment, or a health care provider.

Article 66.

It is the doctor's duty to relate to medical and supporting personnel with due respect and in a polite manner.

Article 67.

It is the duty of the physician to support the professional self-government, showing solidarity.

Article 68.

If a doctor's good name is violated, and the ombudsman for professional responsibility or the medical court does not uphold the allegations against them, the doctor should obtain from the medical chamber all possible assistance in repairing the damage done to them.

Article 69.

A doctor employed in a state office, local government, public or private institution is obliged to conscientiously perform the duties of their employment. A doctor shall not fulfill an employer's instructions if these are inconsistent with the principles of medical ethics.

Article 70.

A physician may practice medicine only under their own name. A doctor may use only the professional and scientific titles due to them.

Article 71.

(1) A doctor's professional reputation is formed on the basis of the results of their work.
(2) The doctor is entitled to make use of information about services offered, provided that such information shall be in accordance with the principles of medical ethics.
(3) Information on services offered means any form of communication aimed at disseminating the image of the doctor or services related to the medical profession.
(4) The doctor shall be responsible for information on the services offered published on their behalf or for their benefit by third parties.
(5) It is not permissible to use the authority of a physician to promote services unrelated to the practice of the medical profession.

Article 72.

A doctor, in the course of their work, shall not be under the influence of any substance that interferes with their mental and physical abilities, including alcohol, narcotics or other substances that produce such effects.

Article 73.

A doctor must not impose their services on patients or obtain patients in a manner inconsistent with medical ethics and loyalty to colleagues. A doctor must not use methods of unfair competition, especially in the area of dishonest information about the services offered, competence possessed, or the cost of treatment.

Article 74.

(1) A doctor has the right to agree the level of fees before starting treatment.
(2) An exception to this rule is emergency treatment. In the absence of relevant price lists, the doctor should take into account the value of the service provided, their own costs incurred, their qualifications, and, as far as possible, the material situation of the patient.
(3) The doctor may give treatment free of charge.
(4) It is good practice to treat other doctors and members of their immediate family, including widows, widowers and orphans of doctors, free of charge.

Article 75.

If it follows from the physician's employment that they should fulfill their duties to the patients entrusted to their care without financial benefits from them, they may not demand remuneration

in any form from these patients, nor may they make treatment contingent on obtaining pecuniary or personal benefits.

CHAPTER VII
The physician and society
Article 76.
A physician is not permitted to refuse medical assistance in urgent cases if the patient is unable to obtain it from the institutions established to provide assistance.
Article 77.
A doctor has the right to expect from society and public authorities protection of their personal rights, physical integrity and support in the performance of their professional activities.
Article 78.
(1) A doctor should draw the attention of society, the authorities and every patient to the importance of healthcare, as well as to environmental hazards.
(2) A doctor must not promote anti-health attitudes by their conduct and public statements. The doctor should be an example of proper attitudes to health and take care of their own health and well-being.
(3) When speaking in a public forum with the participation of non-doctors (including in the media, on the Internet and in social networks) about scientific discoveries, medical technologies or diagnostics or therapies, the doctor should be certain that their statements are based on the latest medical knowledge.
(4) A doctor's actions and behavior in a public forum, especially on the Internet and in the media, should be guided by the same ethical principles as when in direct contact with patients, medical personnel or other doctors.
Article 79.
A physician participating in an organized form of protest shall not be exempted from the obligation to provide medical assistance, insofar as failure to provide such assistance may expose the patient to loss of life or deterioration of health.
Article 80.
A physician is not allowed to participate in or facilitate the infliction of torture or other cruel, inhuman or degrading acts or punishments.
Article 81.
A doctor may not use doping agents and methods for non-medical purposes. In the case of practitioners of sports it is unethical to employ means and methods that are considered to be doping.

CHAPTER VIII
Final Rules
Article 82.
In cases not provided for in the Code of Medical Ethics, one shall be guided by the principles expressed in the resolutions of the organs of the medical self-government and in the judgements of the medical courts.
Article 83.
Physicians who teach students or train physicians should, by their conduct, set an example worthy of emulation for students and physicians under their supervision, acquaint them with the principles of medical ethics and motivate them to assimilate and apply these principles.

[1] The Code of Medical Ethics refers to two professions: physicians and dentists. Whenever the term “physician” or “doctor” is used in this Code, it refers also to dentists.