

Introduction

Awareness by the General Syndicate of Doctors of Egypt that the medical profession is a humane and ethical profession that is based on science and requires that whoever practices it must be familiar with it and adequately trained to practice it and respect the human personality in all circumstances and conditions, and an affirmation that every work Medical aims at the absolute interest of the patient and that there is a necessity that justifies it, and in the belief that health care is one of the basic human rights that society works to fulfill towards all its children, and based on the decisions of the Syndicate Council and the General Assembly of Doctors of Egypt, this regulation was issued by Resolution No. 238 of Prof. Minister of Health and Population for the year 2003, amending the previous regulations issued in 1974.

Chapter One: Doctors' Department

Article (1):

Before practicing the profession, every doctor must take the following oath before the President of the Medical Association or his representative

((I swear by Almighty God to watch over God in my profession, and to preserve human life in all its stages in all circumstances and circumstances by humiliating and striving to save it from destruction, disease, pain and anxiety, and to preserve for people their dignity, cover their nakedness and conceal their secrets, and that I will always be one of the means of God's mercy humiliating My medical care for the near and far, for the good and the wrong, friend and foe, and that I persevere in seeking knowledge, I use it to benefit man, not to harm him, and that I respect those who teach me and know those who make me small, and that I am a brother to every colleague in the medical profession, cooperating in righteousness and piety, and that my life be the credibility of my faith in secret and my public is pure Which disgraces her towards God, His Messengers, and the believers, and God is Witness to what I say)).

Chapter Two: Duties of the Doctor

First: Doctor's duties towards society:

Article (2):

The doctor, in his professional or private work location, is obligated to have his work purely for the pleasure of God and to serve the society in which he lives with all his capabilities and energies, in conditions of peace and war, and in all circumstances.

Article (3):

The doctor must set a good example in society by adhering to the principles and ideals, and is faithful to the rights of citizens to obtain due health care, free from all forms of exploitation of his patients, colleagues or students.

Article (4):

The doctor must contribute to the study of ways to solve the health problems of the community and support the role of the syndicate in supporting and developing health policy and promoting it for the public interest, and be

cooperative with the relevant state agencies in requesting data necessary to develop health policies and plans.

Article (5):

The doctor must inform the competent health authorities when an epidemic disease is suspected, so that preventive measures are taken to protect the community

Second: Duties of the Doctor towards the Profession:

Article (6):

The doctor must observe honesty and accuracy in all his actions, adhere to correct behavior, and preserve his dignity and the dignity of the profession, which disgraces it, according to what is stated in the doctors' department and in the professional code of ethics.

Article (7):

A doctor may not write a medical report or give testimony that is outside his specialization or contrary to the reality he reached through his personal examination of the patient.

Article (8):

The doctor may not perform any of the following actions:

A- Seeking help from intermediaries in practicing the profession, whether with or without pay.

B- Permitting the use of his name in the promotion of medicines, drugs, various types of treatment, or for any commercial purposes in any form.

C- Requesting or accepting a reward or wage of any kind in return for the undertaking, prescribing certain medicines or devices for patients, or sending them to a hospital, treatment advice, nursing home, pharmacy, or any specific place to conduct medical examinations and analyzes, or to sell medical supplies or equipment.

D- Carrying out medical consultations in commercial stores or their appurtenances, which are intended for the sale of medicines, devices or medical supplies, whether for free or in return for a salary or reward.

E- Carrying out medical consultations through telecommunication companies.

F- Selling any medicines, prescriptions, devices or medical supplies in his clinic - or while practicing the profession - for the purpose of trading.

G- To share his wages with any of his colleagues, unless he actually participated in the treatment with him. Or to act as an intermediary for another doctor or hospital in any way.

Article (9):

A physician may not apply a new method of diagnosis or treatment if it has not been tested in the proper scientific and ethical manner and has been published in approved medical journals, its validity has been proven, and it has been licensed by the competent health authorities. It is also not permissible for him to unjustly attribute to himself any scientific discovery or to claim that he is unique to it.

Article (10):

It is not permissible for a doctor to advertise for himself in any way, whether by publication, audio or video broadcasting, via the Internet, or any other method of advertising.

Article (11):

When opening or moving a clinic, the doctor may announce this in newspapers within three times. He may also, if he is absent from his clinic for more than two weeks, publish two announcements, one before his absence and the second after his return.

Article (12):

The doctor must adhere to the signs, publications, medical tickets, and the like, with the legislation, laws, and regulations regulating this.

Article (13):

It is not permissible for the doctor to exploit his job with the intention of achieving personal benefit or obtaining material gain from the patient, nor is he allowed to charge the patient a wage for work that falls within the competence of his original job for which he is being hired.

Article (14):

The doctor must seize every opportunity to carry out health education for his patient and introduce him to healthy lifestyles, and to be keen on permanent and continuous medical education and training, and to maintain his scientific and skillful competence that qualifies him to practice the profession.

Article (15):

The doctor may not definitively diagnose a disease or recommend a treatment through verbal, written or video data without personally interviewing and examining the patient.

Article (16):

The doctor may participate in scientific opinion exchange circles whose parties are specialized doctors. He may also participate in the transfer of medical information from one colleague to another, whether in writing or through other means of communication.

Article (17):

If contact or consultation takes place between a doctor and another doctor regarding any treatment or diagnosis of a patient, the full responsibility of the doctor who deals with the patient in treatment and diagnosis shall be borne.

Article (18):

The physician shall refrain from expressing any medical or scientific advice or opinion in writing or orally when discussing a matter that is based on personal interest or brings material benefit to him outside the framework of his practice of the medical profession.

Article (19):

When addressing the public on medical issues through the media, the doctor is bound by the following rules:

A- Avoid mentioning his place of work, methods of contacting him, and praising his expertise or scientific achievements, and only mentioning his professional capacity and field of specialization.

B- The address should be in a simple manner that suits the non-specialized listener or viewer.

C - Avoid mentioning unconfirmed or unconfirmed scientific opinions, or dealing with controversial topics that are only discussed in private scientific sessions that are not directed to the public.

Third: Duties of the Doctor towards the Patients:

Article (20):

The doctor must do everything in his power to treat his patients, work to alleviate their pain, treat them well, and treat them equally in care without discrimination.

Article (21):

The doctor must provide his patient with information related to his medical condition in a simplified and understandable manner.

It is permissible for the doctor, for humanitarian reasons, not to inform the patient of the serious consequences of the disease, and in this case he must inform the patient's family, in a humane and appropriate manner, of the seriousness of the disease and its dangerous consequences, unless the patient expresses his desire not to inform anyone about his condition or selects specific people to inform them of it and there is no danger to him. around it.

Article (22):

The physician must abide by the limits of his professional skills and seek the assistance of the expertise of physicians who are more qualified than him in discussing and treating his patient when necessary.

Article (23):

The doctor should take into account the following:

a- Not to overestimate his fees and to estimate the patient's financial and social situation.

B - To adhere to the necessary medicines, bearing in mind that priority is given to the national medicine and the lowest price, on the condition of efficacy and safety.

c- To be limited to requesting laboratory analyzes or the necessary diagnostic means.

Article (24):

In non-urgent cases, the doctor may apologize for treating any patient initially or at any stage for personal or profession-related reasons. In urgent cases, however, the doctor may not apologize.

Article (25):

A specialist doctor may not refuse to treat a patient if he is summoned by that general practitioner and there is no other specialist available.

Article (26):

If a doctor ceases to treat one of his patients for any reason whatsoever, he must provide the doctor who replaces him with the correct information that he believes is necessary for the continuation of treatment, in writing or orally.

Article (27):

The doctor must alert the patient and his companions to take precautionary measures, guide them to them, and warn them of the possible consequences of not observing them.

Article (28):

It is not permissible for a doctor to conduct a medical examination or treatment of a patient without the consent (based on knowledge) of the patient or his legal representative if the patient is not qualified to do so, and the patient's going to the doctor in his place of work is considered an implicit approval of that, and in cases of surgical or semi-surgical intervention It is necessary to obtain written consent (based on knowledge) from the patient or his legal representative, except for life-saving reasons.

A physician who is called to the clinic of a minor, incapacitated, or an unconscious patient in a critical condition must do whatever is within his reach to save him, even if he is unable to obtain in due time the consent (based on knowledge) from his guardian, guardian, or custodian. He must also not withdraw from his treatment unless the danger has passed, or if he entrusts the patient to another doctor.

Article (29):

It is not permissible for a doctor to perform an abortion except for medical reasons that threaten the health of the mother, and that is with a written certificate from two specialized doctors. In urgent cases in which the operation is performed for reasons of saving life, the treating doctor must write a detailed report on the case attached to the treatment ticket.

Article (30):

A doctor may not disclose secrets of his patient, which he learned by virtue of his profession, unless this is based on a judicial decision, or in the event of the possibility of serious and certain harm affecting others, or in other cases specified by law.

Article (31):

A doctor may not exploit his relationship with the patient and his family for purposes inconsistent with the dignity of the profession.

Article (32):

If the patient dies inside the private medical facility, the responsible doctor informs the competent authorities as a reporter of the death.

Article (33):

The doctor must inform the competent authorities about injuries and incidents of criminal suspicion, such as cases of gunshot wounds, penetrating or cut wounds, or others, and write a detailed medical report on the case at the time it is presented to him. The doctor can invite another colleague to participate in the case debate and write the report.

Article (34):

The doctor has the right to inform the Public Prosecution of any assault that occurs to him due to the performance of his profession, and at the same time he must inform his subsidiary syndicate as soon as possible so that it can intervene in the matter in solidarity with the doctor.

Article (35):

The physician in charge of the medical care of the women whose freedom is restricted shall provide them with health care of the same quality and standard available to those whose freedom is not restricted. He is prohibited from carrying out, in a positive or negative way, any acts that constitute participation in torture and other forms of cruel or inhuman treatment, or complicity or incitement to such acts, as well as it is prohibited for him to use his information and professional skills to assist in the interrogation of those deprived of their liberty in a way that harms their health or physical or mental condition. them, or participate in Any measure to restrict the movement of those whose freedom is restricted, unless it is decided according to purely medical criteria to protect the physical or mental health of those whose freedom is restricted.

Article (36):

It is forbidden for a doctor to waste life on the pretext of pity or mercy.

Fourth: Duties of the Doctor towards Colleagues:

Article (37):

The doctor shall settle any dispute that may arise between him and one of his colleagues because of the profession by amicable means. If the dispute is not settled, the matter shall be reported to the relevant sub-union council for adjudication by a decision issued by the sub-union council. In the event of a grievance by one of the parties against the decision, the matter shall be referred to the general union council.

Article (38):

A doctor may not seek to compete with a colleague in a dishonorable manner in any work related to the profession or the treatment of a patient.

Article (39):

It is not permissible for a doctor to underestimate the capabilities of his colleagues. If there is a need to criticize a colleague professionally, that should be before an impartial scientific committee.

Article (40):

If a doctor replaces a colleague in his clinic on a temporary basis, he should not try to exploit this situation for his personal advantage, and he must inform the patient before the start of the examination in his capacity and that he is temporarily replacing the doctor who owns the clinic.

Article (41):

If a doctor is invited to the clinic of a patient who is being treated by another doctor whose invitation becomes impossible, he must leave the completion of the treatment to his colleague as soon as he returns and inform him of the measures he has taken unless the patient or his family deems him to continue treatment.

Article (42):

In the event that more than one doctor participates in the treatment of a patient:

A - A doctor may not examine or treat a patient who is being treated by a colleague in a hospital unless he is summoned by the attending physician or the hospital administration.

B - The patient or his family may invite another doctor or more for consultation after informing the treating doctor, and the doctor may apologize for continuing the treatment of the case if the patient or his family insists on consulting someone who does not accept him without giving reasons.

C - If the treating physician refuses to treat the patient according to what the consulting physicians have decided, he may withdraw, leaving his treatment to one of these consulting physicians.

Chapter Three

Medical interventions of a special nature

First: the gender correction procedure:

Article (43):

The doctor is prohibited from performing sex reassignment operations. As for sex reassignment operations, the approval of the specialized committee of the syndicate is required. Correction operations are carried out after hormonal analyzes and chromosomal mapping, and after spending a period of at least two years of accompanying psychological and hormonal treatment.

Second: Assisted Fertilization Operations:

Article (44):

Assisted fertilization of the wife's egg from the husband's sperm inside or outside the wife's body (in vitro fertilization techniques or ICSI) is subject to ethical controls aimed at preserving human offspring and treating infertility, while ensuring the purity of lineages and the legal standards issued by the competent authorities.

Article (45):

Assisted fertilization operations may not be carried out inside or outside the wife's body except by using her husband's sperm when the legal marital relationship is established between them.

It is also not permissible to transfer fertilized eggs for implantation in the wombs of women other than the legal mothers of these eggs.

Article (46):

It is not permissible to establish banks for eggs, sperm or embryos.

Article (47):

It is only permitted to perform assisted fertilization in centers that are equipped and licensed to perform such operations.

Article (48):

The center must keep a detailed record of each case containing all the data separately for a period of not less than ten years, and the file must contain the contract and the declaration from the spouses.

Third: Removing and transferring human organs and tissues:

Article (49):

Transfers of human organs and tissues are subject to the ethical standards and controls stipulated in the legislation and regulations governing this.

Article (50):

Before conducting organ transplants in accordance with the legislation regulating this, the doctor must inform the donor of the medical consequences and dangers that he may be exposed to as a result of the transplantation process and take the necessary declarations indicating his knowledge of all the consequences in this regard before performing the operation.

Article (51)

Trafficking in human organs, tissues, cells, and genes is prohibited. In no case is it permissible for a doctor to participate in these operations, otherwise he will be subject to disciplinary accountability.

Chapter four

Conducting medical experiments and research on human beings

First: General Provisions

Article (52):

The doctor is obligated to take into account the implementation of all standards, ethical controls, and social and religious values set by the competent authorities for conducting medical research on humans.

Article (53):

It is forbidden for a doctor to conduct any experiments with drugs and technologies on humans before they are approved by the competent authorities.

Second: Procedures to be taken before conducting any research on human beings

Article (54):

Taking into consideration the provisions of the two preceding articles, the researching doctor is obligated before conducting any medical research on human beings to provide him with a comprehensive study on the risks and burdens to which the individual or the group is exposed, and compare them with the benefits expected to be obtained from the research. A high degree of competence and specialization, and the responsibility for the health protection of the volunteers to conduct the research lies with the supervising physician.

Article (55):

The researcher is committed to fully and clearly defining the volunteers with the research objectives, the research methods that will be used in the research, the expected benefits from it, the potential risks that may occur, and the extent to which they can affect the volunteers. It is also necessary to inform the volunteers of the research funding sources, the identity of the responsible researcher and his institutional affiliation, and confirm the right of the volunteer to stop volunteering to conduct experiments and tests. Or complete withdrawal from the research without incurring any negative consequences as a result of stopping or withdrawing.

Article (56):

The research doctor is obligated to obtain a written consent (based on knowledge) from the volunteer to conduct the research on him, and that this consent is obtained in an official manner and in the presence of evidence witnesses and in any case If the volunteer is a minor, disabled, or deficient in eligibility, it is necessary to obtain approval from the official guardian or curator, and it is stipulated that the research is specific to his medical condition.

Article (57):

The researcher is committed to preparing a detailed and clear report on the objectives of the research and the justification for conducting it on human subjects, and submits this report to the competent authority to obtain its approval to conduct the research.

Third: Procedures to be taken during and after conducting research on human subjects

Article (58):

The researcher is obligated to immediately stop completing any experiments on human beings if it is proved that the associated risks outweigh the expected benefits of the research. It is also necessary to ensure that the privacy of individuals and the confidentiality of the results are protected and preserved, and to limit the negative effects on the physical, mental and psychological safety of the volunteers.

Article (59):

The researcher is committed to ensuring that all preventive, diagnostic and therapeutic means are available for each patient to conduct the study.

Article (60):

The researcher is prohibited from conducting research and practices that involve suspicion of mixing of lineages or participating in them in any way. He is also prohibited from conducting or participating in medical research aimed at cloning the human being or participating in it.

Article (61):

The doctor is obligated to take the required undertaking from the funding agency for the research to provide the drug that is tested on patients and proves its efficacy until the end of the treatment program without charge.