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# FRENCH CODE OF MEDICAL ETHICS



ORDRE NATIONAL DES MEDECINS  
Conseil National de l'Ordre

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Edition November 2013



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## PREFACE

The principles enshrined in the articles of this Code of Ethics have been supplemented by explanatory notes adopted by the French National Medical Council.

The purpose of these notes is to clarify the Council's interpretation of each article. Although these notes can be considered as an integral part of the code, they are not legally binding rules. These can only be adopted in the course of disciplinary proceedings and their legality is subject to judicial review by the French Council of State.

In order to reflect the on-going changes in medical practice, the notes shall be updated as and when necessary and posted on the website of the French National Medical Council.

(The French Code of Medical Ethics published by the French National Medical Council applies to all doctors and all patients, women and men. However, in order to make this English version more concise and easier to read, the masculine is used throughout for both doctors and patients. The French text is the only authentic text.)

We are particularly grateful to Mr. MINNS, Dr. AHR, Dr. DEAU and Dr. KAHN-BENSAUDE for the time and energy they devoted to this translation.

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# FRENCH CODE OF MEDICAL ETHICS

This Code is an integral part of the French Public Health Code (Code de la Santé Publique-CSP), Articles R.4127-1 to R.4127-112

## **ARTICLE 1<sup>ER</sup>** (ARTICLE R.4127-1 OF THE CSP)

The provisions of the present code are mandatory for all doctors on the medical register, for all doctors performing a medical procedure pursuant to Article L. 4112-7 of the French Code of Public Health or under the terms of an international agreement, as well as for medical students acting as a locum or a doctor's assistant as provided for in Article 88 of this Code. Pursuant to Article L.4122-1 of the Code of Public Health, the French National Medical Council shall supervise compliance with these provisions and any infringement thereof shall be liable to its disciplinary proceedings.

## **TITRE I**

### **DOCTORS' GENERAL OBLIGATIONS**

#### **ARTICLE 2 (ARTICLE R.4127-2 OF THE CSP)**

The doctor, at the service of individual patients and public health, discharges his duties with full respect for human life and dignity. The respect for human life must continue even after a patient's death.

#### **ARTICLE 3 (ARTICLE R.4127-3 OF THE CSP)**

A doctor must in all circumstances be trustworthy and act with integrity and devotion to duty, essential for the practice of medicine.

#### **ARTICLE 4 (ARTICLE R.4127-4 OF THE CSP)**

Confidentiality is a patient's right. It is mandatory for all doctors as required by law. All information that has come to the knowledge of a doctor during the practice of his profession must be treated confidentially, including not only what the doctor has been told but also everything he has seen, heard or understood.

#### **ARTICLE 5 (ARTICLE R.4127-5 OF THE CSP)**

A doctor may not alienate his professional independence in any way whatsoever.

#### **ARTICLE 6 (ARTICLE R.4127-6 OF THE CSP)**

A doctor must respect peoples' right to freely choose their doctor. He must help them to exercise this right.

#### **ARTICLE 7 (ARTICLE R.4127-7 OF THE CSP)**

A doctor must listen to, examine, advise or treat all patients with equal care and attention, regardless of their origins, their customs, their family situation, their ethnic group, nationality or religion, their handicap, their state of health, their reputation or his personal feelings towards them.

He must provide assistance to them in all circumstances.

He must at all times show an appropriate and caring attitude to the person he is examining.

**ARTICLE 8 (ARTICLE R.4127-8 OF THE CSP)**

Within the limits laid down by law and in the light of scientifically proven evidence, the doctor is free to prescribe the treatment he believes to be the most appropriate in the circumstances.

With due regard for this duty of assistance, he must limit prescriptions and medical procedures to what is necessary to ensure high quality, safe and effective treatment.

He must weigh up the benefits, drawbacks and consequences of various types of investigation and courses of treatment.

**ARTICLE 9 (ARTICLE R.4127-9 OF THE CSP)**

Any doctor in the presence of a person who is sick or seriously injured or who is informed that a patient or injured person is dangerously ill, must assist that person or ensure that he receives the necessary care.

**ARTICLE 10 (ARTICLE R.4127-10 OF THE CSP)**

A doctor who is called upon to examine a person deprived of his liberty or provide treatment to such a person shall not, directly or indirectly, if only by his presence, facilitate or sanction any violation of that person's physical or mental integrity

If he should observe that such a person has been the victim of abuse or ill treatment he must, subject to that person's consent, inform the legal authorities.

Notwithstanding the above, in the case of persons mentioned in Article 44, paragraph 2, the consent of the person concerned is not required.

**ARTICLE 11 (ARTICLE R.4127-11 OF THE CSP)**

All doctors shall maintain and perfect their knowledge in accordance with their duty of continuous professional development

**ARTICLE 12 (ARTICLE R.4127-12 OF THE CSP)**

A doctor must contribute to efforts undertaken by the competent authorities to protect and promote public health. He must participate in public health surveillance campaigns

The gathering, recording, processing and forwarding of identifiable or indirectly identifiable patient information is permitted in accordance with the law.

**ARTICLE 13 (ARTICLE R.4127-13 OF THE CSP)**

When a doctor takes part in a public campaign to protect or promote public health, whatever the nature of that campaign, he must refer only to proven facts, observe prudence in his statements and be aware of the possible impact of such statements on the general public. On such occasions, he must refrain from any form of advertising, either for himself or for institutions in which he practices or with which he is associated, or in favour of a cause which cannot be considered in the public interest.

**ARTICLE 14 (ARTICLE R.4127-14 OF THE CSP)**

A doctor must not divulge to the medical community a new diagnostic procedure or inadequately proven course of treatment without making the necessary reservations. He must make no such disclosures outside the medical community.

**ARTICLE 15 (ARTICLE R.4127-15 OF THE CSP)**

A doctor may only take part in medical research on human subjects in accordance with the law; he must ensure that such research is appropriate and relevant and that its conclusions are objective.

A practicing doctor who takes part in medical research as an investigator must ensure that the conduct of this research has no negative impact on patients' trust or on the continuity of care.

**ARTICLE 16 (ARTICLE R.4127-16 OF THE CSP)**

Donations of blood, organs, tissue, cells, or any other component of the human body from living or deceased persons can only be made in accordance with the law.

**ARTICLE 17 (ARTICLE R.4127-17 OF THE CSP)**

A doctor may only perform a procedure in connection with medically assisted procreation in accordance with the law.

**ARTICLE 18 (ARTICLE R.4127-18 OF THE CSP)**

A doctor may only perform a voluntary termination of pregnancy in accordance with the law. He is always free to refuse to do so and, if so, must inform the person concerned of his decision in accordance with the law and within the timeframe required by law.

**ARTICLE 19 (ARTICLE R.4127-19 OF THE CSP)**

Medicine must not be practised as a business. Any direct or indirect form of advertising, and particularly any decoration or sign giving a doctor's premises the appearance of a place of business is forbidden.

**ARTICLE 20 (ARTICLE R.4127-20 OF THE CSP)**

A doctor must pay due regard to the use that may be made of his name, of his professional status or of his statements.

He must not allow public or private institutions in which he practices or with which he is associated to use his name or his professional status for advertising purposes.

**ARTICLE 21 (ARTICLE R.4127-21 OF THE CSP)**

A doctor is forbidden, unless otherwise provided for by law, from selling drugs, devices or products presented as beneficial for health. He is forbidden from dispensing unlicensed medicines.

**ARTICLE 22 (ARTICLE R.4127-22 OF THE CSP)**

With the exception of cases described in Article 94, doctors are forbidden from sharing fees in any way whatsoever.

The acceptance, request or offer to share fees, even if no such sharing actually occurs, is forbidden.

**ARTICLE 23 (ARTICLE R.4127-23 OF THE CSP)**

Any collusion between doctors, between doctors and pharmacists, other healthcare professionals or any other physical persons or legal entities is forbidden.

**ARTICLE 24 (ARTICLE R.4127-24 OF THE CSP)**

A doctor is forbidden from :

- taking any action designed to provide a patient with an unjustified or unlawful material advantage;
- paying any person a bribe, in money or in kind, or a commission;
- requesting or accepting, in any way whatsoever, directly or indirectly, any monetary or non-monetary advantage in return for issuing a prescription or performing a medical procedure.

**ARTICLE 25 (ARTICLE R.4127-25 OF THE CSP)**

A doctor is forbidden from conducting consultations, prescribing treatment or giving medical opinions in commercial or any other premises in which medicines, products or devices that he prescribes or uses are offered for sale.

**ARTICLE 26 (ARTICLE R.4127-26 OF THE CSP)**

A doctor may not pursue any other activity, unless that activity is compatible with his professional independence and dignity and is not likely to allow him to derive undue benefit from his prescriptions or medical advice.

**ARTICLE 27 (ARTICLE R.4127-27 OF THE CSP)**

A doctor who holds an elected or administrative position is forbidden from deriving undue benefit therefrom to increase the number of his patients.

**ARTICLE 28 (ARTICLE R.4127-28 OF THE CSP)**

Issuing a false or misleading report or a medical certificate of convenience is forbidden.

**ARTICLE 29 (ARTICLE R.4127-29 OF THE CSP)**

Any fraud, improper coding or inaccurate indication of fees received and procedures performed is forbidden.

**ARTICLE 30 (ARTICLE R.4127-30 OF THE CSP)**

Aiding and abetting any person who practices medicine illegally is forbidden

**ARTICLE 31 (ARTICLE R.4127-31 OF THE CSP)**

A doctor must refrain, even when not on duty, from any conduct likely to bring the profession into disrepute.

## **Titre II**

### **DUTIES TOWARDS PATIENTS**

#### **ARTICLE 32 (ARTICLE R.4127-32 OF THE CSP)**

Once a doctor has agreed to see a patient, he is committed to personally providing proper care and attention to that patient, based on scientific evidence and with the help, if necessary, of other competent professionals

#### **ARTICLE 33 (ARTICLE R.4127-33 OF THE CSP)**

A doctor must always take the greatest care and spend the necessary time to establish his diagnosis by using the most suitable scientific techniques to the greatest extent possible and, if necessary, with appropriate help from others.

#### **ARTICLE 34 (ARTICLE R.4127-34 OF THE CSP)**

A doctor must express his medical opinion with the greatest possible clarity, ensure that his patient and those close to him understand it and do his best to ensure that it is properly followed.

#### **ARTICLE 35 (ARTICLE R.4127-35 OF THE CSP)**

A doctor owes to any patient that he examines, advises and treats, honest, clear and appropriate information about his state of health and the investigations and treatment he proposes. Throughout the patient's illness, the doctor should tailor his explanations to the patient's personality and do his best to ensure that they are understood.

However, a doctor must respect a patient's request not to be informed of a diagnosis or a prognosis, unless others are in danger of contamination.

Great care must be taken in revealing a terminal prognosis, but persons close to the patient should normally be informed, unless the patient has already indicated that he does not wish them to be informed or has designated third parties to whom the information should be given.

**ARTICLE 36 (ARTICLE R.4127-36 OF THE CSP)**

A doctor must always seek the consent of the person he is examining or treating.

When a patient is able to express his wishes and refuses the investigations or treatment proposed, the doctor must accept this refusal, after informing the patient of its consequences.

If the patient is unable to express his wishes, a doctor may not take any action before informing persons close to the patient, except in an emergency or where this is impractical.

A doctor's obligations towards a patient who is a minor or towards an adult lacking capacity are defined in Article 42.

**ARTICLE 37 (ARTICLE R.4127-37 OF THE CSP)**

I. - A doctor must at all times do his best to alleviate pain and suffering by the means most appropriate to his patient's condition and provide moral support. However, he must refrain from undertaking any investigation or treatment that appears unreasonable in the circumstance and may limit or withdraw treatment that appears of no benefit, disproportionate or the only aim or effect of which is to prolong life artificially.

II. - In cases described in paragraph 5 of Article L. 1111- 4 and paragraph 1 of.

Article L. 1111-13, no decision to limit or withdraw treatment can be taken before other doctors have been consulted. A doctor may take the initiative of seeking a second opinion from a colleague. He must do so if presented with the patient's advance directives by one of their holders, as described in Article R. 1111-19 or at the request of the patient's personal advocate, his family or a person close to him. The holders of a patient's advance directives, the patient's personal advocate, the family or a person close to him are immediately informed of the decision to consult other doctors.

The decision to limit or withdraw treatment is taken by the doctor treating the patient after consultation with the healthcare team, as the case may be, and on the basis of a substantiated opinion provided by at least one other doctor whose opinion he has sought on this particular case. There must be no hierarchical link between the doctor treating the patient and the doctor providing the second opinion. The two doctors may seek the substantiated opinion of a third doctor if one of them considers this desirable.

Any decision to limit or withdraw treatment shall take account of the wishes previously expressed by the patient, in particular in the form of advance directives, if they exist, the views of the patient's personal advocate, as well as those of the family or, if unavailable, those of a person close to him.

When a decision to limit or withdraw treatment concerns a minor or an adult lacking capacity, the doctor shall also seek the views of the parents or legal guardian, as the case may be, unless an emergency makes this impractical.

A decision to limit or withdraw treatment must be motivated. The views expressed the nature and reasons for the consultations held within the healthcare team and the reasons for the decision are recorded in the patient's medical records. The patient's personal advocate, if has appointed one, the family or, if unavailable, a person close to the patient, are informed of the extent of and the reasons for limiting or withdrawing treatment.

III. - Once a decision has been taken to limit or withdraw treatment in accordance with Article L. 1110 -5 and Articles L. 1111- 4 or L. 1111-13, as described in Paragraphs 1 & 2 of the present Article, a doctor, even if the patient's level of consciousness does not enable his degree of pain to be assessed, shall administer appropriate pain relieving and sedative treatment and provide the necessary support in accordance with Article 38. He shall also see to it that those persons close to the patient are informed of the situation and receive appropriate support.

#### **ARTICLE 38 (ARTICLE R.4127-38 OF THE CSP)**

A doctor must continue to support his patient until the moment of his death, maintain, by appropriate treatment and measures, the quality of life and dignity of a dying person and comfort those close to him. He has no right to deliberately bring about a patient's death.

#### **ARTICLE 39 (ARTICLE R.4127-39 OF THE CSP)**

A doctor must not propose as beneficial and safe to a patient, or to those close to him, any illusory or insufficiently tested procedure.

All types of quackery are forbidden.

**ARTICLE 40 (ARTICLE R.4127-40 OF THE CSP)**

In carrying out investigations and performing procedures, a doctor must refrain from imposing on his patient any unjustified risk.

**ARTICLE 41 (ARTICLE R.4127-41 OF THE CSP)**

A doctor must not perform any procedure entailing mutilation without a very serious medical reason and, unless in an emergency or where impractical, must obtain the informed consent of his patient.

**ARTICLE 42 (ARTICLE R.4127-42 OF THE CSP)**

Subject to the provisions of Article L. 1111 – 5, a doctor who is called upon to treat a minor or an adult lacking capacity must do his best to obtain the informed consent of the patient’s parents or legal guardian.

In an emergency, even if they cannot be contacted, a doctor must provide the necessary treatment. If the patient is able to express his views, a doctor must take account of them to the greatest possible extent.

**ARTICLE 43 (ARTICLE R.4127-43 OF THE CSP)**

A doctor must defend the interests of a child if he considers that those close to him are not paying due regard to his health and welfare.

**ARTICLE 44 (ARTICLE R.4127-44 OF THE CSP)**

If a doctor observes that a person he has been called upon to treat has suffered abuse or deprivation, he must take the appropriate action to protect him while observing the necessary care and prudence.

If the patient is a minor or is unable to protect himself on account of his age or his physical or mental state, he must report this to the legal or administrative authorities, unless special circumstances prevail, which he must weigh up according to his conscience.

**ARTICLE 45 (ARTICLE R.4127-45 OF THE CSP)**

I. — Independently of the medical records required by law, a doctor must keep his own personal record for each patient. This record is confidential and contains an up-to-date record of the information required for diagnosis and treatment.

A doctor’s personal notes are neither transferable nor accessible to patients or third parties.

In all cases, it is the doctor's personal responsibility to ensure the safekeeping of these notes.

II. — At the request of a patient, or with his consent, a doctor may forward to other doctors involved in the patient's treatment, or a doctor he wishes to consult, the relevant information and documentation to ensure the continuity of care.

The same applies in the case of a patient who expresses the wish to be treated by another doctor.

#### **ARTICLE 46 (ARTICLE R.4127-46 OF THE CSP)**

If a patient asks a doctor to see his medical records, the doctor concerned accepts this request with sole regard for the patient's interests but shall refuse to do so in the case of a conflict of interest.

#### **ARTICLE 47 (ARTICLE R.4127-47 OF THE CSP)**

Patients must benefit from continuity of care in all circumstances. Except in an emergency or in cases where he would be neglecting his duty to preserve human life and health, a doctor may invoke personal or professional reasons for not treating a patient.

In this eventuality, he must inform the patient of his decision and forward to a doctor designated by the patient the relevant information for the continuity of his treatment.

#### **ARTICLE 48 (ARTICLE R.4127-48 OF THE CSP)**

A doctor must not abandon his patients in a public emergency, unless ordered to do so by a competent authority in accordance with the law.

#### **ARTICLE 49 (ARTICLE R.4127-49 OF THE CSP)**

A doctor called upon to provide treatment within a family or an institution must do his best to ensure compliance with the rules of hygiene and prevention.

He must inform his patient of his duties towards himself and others as well as the precautions he must take.

#### **ARTICLE 50 (ARTICLE R.4127-50 OF THE CSP)**

A doctor must help a patient obtain the social benefits to which his state of health entitles him but must not sanction any abusive claim.

To this end, he may, unless the patient objects, forward to a named doctor appointed by his health insurance administration or to a doctor

appointed by a public body that processes benefit claims, only the relevant medical information to support the claim.

**ARTICLE 51 (ARTICLE R.4127-51 OF THE CSP)**

A doctor must not intervene in the family affairs or private life of his patients unless he has a professional reason for doing so.

**ARTICLE 52 (ARTICLE R.4127-52 OF THE CSP)**

A doctor who has treated a patient for a condition from which he has died may only benefit from the provisions of any will that the patient has drafted in the course of his illness in accordance with the law. Furthermore, he must not exert undue influence over such patients to obtain a position or a contract that is unduly favourable to him.

**ARTICLE 53 (ARTICLE R.4127-53 OF THE CSP)**

A doctor must exercise tact and moderation in determining his fees, with due regard for prevailing legislation, the procedures performed or special circumstances.

He may only charge fees if he has actually performed a medical procedure on the patient, and not simply by telemedicine.

No fees may be charged for an opinion or advice given to a patient over the telephone or by post.

A doctor must be prepared to answer any prior questions or queries about his fees or the cost of treatment. He cannot refuse to provide a receipt for payment.

A doctor may not impose any particular mode of payment on his patients.

**ARTICLE 54 (ARTICLE R.4127-54 OF THE CSP)**

When several doctors co-operate to examine or treat a patient, each doctor must present an individual statement of fees. The remuneration of an assistant or assistants chosen by a doctor to work under his supervision is included in his statement of fees.

**ARTICLE 55 (ARTICLE R.4127-55 OF THE CSP)**

Any proposal to charge a fixed sum based on the success of a treatment or any advanced payment is strictly forbidden.

### **Titre III -**

## **RELATIONS BETWEEN DOCTORS AND WITH OTHER HEALTHCARE PROFESSIONALS**

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#### **ARTICLE 56 (ARTICLE R.4127-56 OF THE CSP)**

A doctor must maintain good professional relations with his colleagues.

A doctor who is in dispute with another doctor must seek to settle the dispute through mediation, if necessary through the Departmental Council of the French National Medical Council.

Doctors must assist each other in adversity.

#### **ARTICLE 57 (ARTICLE R.4127-57 OF THE CSP)**

A doctor is forbidden from poaching or attempting to poach another doctor's patients.

#### **ARTICLE 58 (ARTICLE R.4127-58 OF THE CSP)**

A doctor who is consulted by a patient normally treated by another doctor must respect:

- the patient's interests, particularly in an emergency;
- the patient's choice to consult another doctor;

The doctor who has been consulted must, with the patient's consent, contact the patient's usual doctor and report his own findings and decisions. If the patient withholds his consent, the doctor must inform him of the possible consequences of his refusal

#### **ARTICLE 59 (ARTICLE R.4127-59 OF THE CSP)**

A doctor who gives emergency treatment to a patient, who will subsequently consult his usual doctor, must write a report for the benefit of his colleague, indicating the treatment and the advice he has given. He shall either give this report to the patient or inform him that he will forward it directly to his colleague. He shall keep a copy of the report

#### **ARTICLE 60 (ARTICLE R.4127-60 OF THE CSP)**

A doctor must propose to seek a second opinion from a colleague as and when circumstances require or agree to a request for a second opinion by the patient or those close to him.

He must respect the patient's choice and, unless the patient has a

serious objection, refer him to another registered practitioner. If a doctor feels that he is unable to approve the patient's choice, he may decide not to treat the patient further. He may also advise the patient to consult another practitioner, and must do so if the patient expresses no choice of his own.

The doctor from whom a second opinion has been sought shall report in writing to the patient's usual doctor, indicating his findings, conclusions and advice, if any. He shall inform the patient of this report.

**ARTICLE 61 (ARTICLE R.4127-61 OF THE CSP)**

When there is considerable difference of opinion between the doctor treating the patient and the doctor providing a second opinion after a consultation, the patient must be informed.

The treating doctor is free to stop treating the patient if the latter, or those close to him, prefer to follow the opinion of the second doctor.

**ARTICLE 62 (ARTICLE R.4127-62 OF THE CSP)**

The second doctor must not take the initiative, during the illness on which his opinion has been sought, of asking the patient to consult him again, unless in an emergency, without informing the patient's usual doctor.

He must not, unless the patient asks him to do so, continue administering the treatment appropriate to the patient's condition if that treatment would normally be administered by the patient's usual doctor. He must forward to the treating doctor all the relevant information for the continuity of care

**ARTICLE 63 (ARTICLE R.4127-63 OF THE CSP)**

Without prejudice to the rules applicable to public hospitals or private clinics operating within the public hospital sector, a doctor who treats a patient admitted to hospital must notify the doctor designated by the patient or those close to him. He must inform his colleague of the essential details concerning treatment and consult him to the greatest extent possible.

**ARTICLE 64 (ARTICLE R.4127-64 OF THE CSP)**

When several doctors co-operate in the examination or treatment of a patient, they must keep each other informed of their respective interventions; each doctor is personally responsible for his own

interventions and informs the patient thereof.

Each doctor is free not to contribute to, or to withdraw from, co-operative treatment as long as this causes no harm to the patient and he duly informs his colleagues

#### **ARTICLE 65 (ARTICLE R.4127-65 OF THE CSP)**

A doctor can only be replaced in his practice for short periods by a properly registered colleague or by a medical student meeting the condition set out in Article L.4131-2.

A doctor who wishes to be replaced in his practice must first inform the office of the French National Medical Council to which he is attached, and, unless in an emergency, provide the name and status of his locum as well as the dates of the replacement.

The replacement is personal.

A doctor who is being replaced must refrain from seeing fee-paying patients during the period of his replacement. However, the Departmental Council may waive this rule in the interests of the local community if it finds that there is a lack or insufficiency of healthcare resources.

#### **ARTICLE 66 (ARTICLE R.4127-66 OF THE CSP)**

Once the replacement period is over, the locum must stop practicing as such and provide all the information necessary for the continuity of patient care.

#### **ARTICLE 67 (ARTICLE R.4127-67 OF THE CSP)**

A doctor must not take any action to lower his fees in order to gain a competitive advantage.

He may provide treatment free of charge.

#### **ARTICLE 68 (ARTICLE R.4127-68 OF THE CSP)**

In the interests of his patients, a doctor must maintain good professional relations with other healthcare providers. He must respect their professional independence and the patient's free choice.

With the patient's consent, a doctor may exchange appropriate information with them in connection with their intervention.

#### **Article 68-1 (article R.4127-68-1 OF THE CSP)**

A doctor shall share his knowledge and experience with medical students and interns during their training in a spirit of mentoring, consideration and mutual respect.

## **TITRE IV**

### **ON MEDICAL PRACTICE**

#### **1 ) Rules applicable to all modes of practice**

##### **ARTICLE 69 (ARTICLE R.4127-69 OF THE CSP)**

Every doctor practices medicine as an individual and is responsible for his own decisions and interventions.

##### **ARTICLE 70 (ARTICLE R.4127-70 OF THE CSP)**

All doctors are, in principle, licensed to perform all diagnoses and preventive procedures and treatments. However, a doctor must not, unless warranted by exceptional circumstances, initiate or continue treatment or give a medical opinion in areas of which he has inadequate knowledge, experience or available resources

##### **ARTICLE 71 (ARTICLE R.4127-71 OF THE CSP)**

At his place of practice, a doctor must have premises that guarantee confidentiality to his patients as well as the technical resources appropriate to the procedures he performs and the patients who consult him. He must take particular care to sterilise and decontaminate the medical equipment he uses and dispose of medical waste as required by law.

He must not practice medicine in conditions that may jeopardise the quality of care and medical procedures or the safety of his patients.

He must ensure that his support staff have the necessary competence

##### **ARTICLE 72 (ARTICLE R.4127-72 OF THE CSP)**

A doctor must ensure that the support staff working in his practice are familiar with their duty of confidentiality and fully abide by it.

He must ensure that those close to him do not breach the confidentiality of his professional correspondence.

##### **ARTICLE 73 (ARTICLE R.4127-73 OF THE CSP)**

A doctor must prevent unauthorised access to all patient documents, whatever the content of such documents or the medium on which they are recorded.

The same applies to any medical information that may be in his possession.

If a doctor uses his medical documents or experience to prepare scientific publications or for teaching purposes, he must ensure that patients' identities are concealed. Failing this, he must obtain their consent

#### **ARTICLE 74 (ARTICLE R.4127-74 OF THE CSP)**

The practice of itinerant medicine is forbidden. However, if required for reasons of public health, a doctor may be authorised to treat patients in a mobile medical unit on the basis of a pre-established programme. In such a case, the doctor must submit an application to the Departmental Medical Council with jurisdiction over the area in question. The Departmental Council shall verify that the doctor concerned has taken all the necessary measures to respond to emergency calls and guarantee the quality, safety and continuity of patient care. If granted, the authorisation is personal and non-transferable. It can be withdrawn if the conditions described in the previous paragraphs are no longer met. The Departmental Council that manages the doctor's registration is informed of such an application if it concerns a place in another Département.

#### **ARTICLE 75 (ARTICLE R.4127-75 OF THE CSP)**

Pursuant to Article L.4163-5 of the CSP (Code of Public Health), practicing medicine under a pseudonym is forbidden.

A doctor who uses a pseudonym to pursue activities connected with his profession must notify it to the Departmental Council of the French Medical Council.

#### **ARTICLE 76 (ARTICLE R.4127-76 OF THE CSP)**

In the course of his medical practice, a doctor will issue, on the basis of his clinical findings, various types of certificate, the production of which is a legal requirement. Any certificate or prescription issued by a doctor must be written legibly in French and dated, must enable the doctor to be identified and be signed by him. The doctor may provide a translation of such documents to his patient in the latter's own language.

#### **ARTICLE 77 (ARTICLE R.4127-77 OF THE CSP)**

A doctor must participate in emergency call or stand-by rotas pursuant to the laws and regulations under which rota systems are organised

**ARTICLE 78 (ARTICLE R.4127-78 OF THE CSP)**

When a doctor is on emergency call or on stand-by, he must make every effort to be easy to contact. To facilitate his movements, he may place on his vehicle a removable sign saying “médecin urgences” (doctor on emergency call) to the exclusion of any other sign, and must remove it when he is no longer on emergency call. He must notify the usual doctor of any patient to whom he has given emergency treatment as specified in Article 59.

**ARTICLE 79 (ARTICLE R.4127-79 OF THE CSP)**

A doctor’s prescription sheets must only include the following items:

- 1) his name, first names, professional address, telephone and fax numbers, days and times of consultation;
- 2) if he practices within an association or partnership, the names of the other doctors in the practice;
- 3) his status within the French health insurance scheme;
- 4) his qualification as codified by the qualification regulations established by the French National Medical Council and approved by the French Ministry of Health;
- 5) his qualifications, titles and positions if they have been recognised as such by the French National Medical Council;
- 6) an indication of his membership of a “licenced company” in the sense of Article 64 of the French Budget Law of 1977;
- 7) any decorations recognised by the French Republic

**ARTICLE 80 (ARTICLE R.4127-80 OF THE CSP)**

A doctor must only provide the following indications in any telephone or other directory available to the public, whatever the media on which they are published:

- 1) his name, first names, professional address, telephone and fax numbers, days and hours of consultation;
- 2) his status within the French health insurance scheme;
- 3) his qualifications recognised in accordance with regulations governing qualifications, his diplomas and any other qualifications he has acquired.

**ARTICLE 81 (ARTICLE R.4127-81 OF THE CSP)**

A doctor may only include on a plate outside his professional premises his name, first names, telephone number, his status within the French

health insurance scheme, diplomas, titles and qualifications recognised in accordance with paragraphs 4 & 5 of Article 79.

A plate may be displayed at the entrance to the building and another on the door of his surgery and, if necessary, a further sign showing the way.

This information must be displayed discreetly in accordance with the standards of the profession.

If a doctor does not hold a diploma certificate or other title mentioned in paragraph 1 of Article L.4131-1, he must, every time he displays his title or status as a doctor, indicate the place and the university that awarded him the diploma, title or certificate that authorises him to practice medicine.

#### **ARTICLE 82 (ARTICLE R.4127-82 OF THE CSP)**

When a doctor opens a surgery or makes any change to his professional practice, he may announce this in a newspaper. The announcement must not look like an advertisement and its wording and format must be cleared by the Departmental Council of the French Medical Council

#### **ARTICLE 83 (ARTICLE R.4127-83 OF THE CSP)**

I – Pursuant to Article L.4113-9 the regular practice of any kind of medicine within a private sector company, establishment or institution must always be governed by a written contract.

This contract shall define the obligations of both parties and must state in detail how the doctor will comply with the provisions of this code.

Any draft contract may be submitted to the Departmental Council of the French National Medical Council, which must make any observations within a month of receiving it.

Any contract or renewal thereof covering the practice of medicine with any institution described in Paragraph 1 must be communicated to the relevant Departmental Council of the French National Medical Council together with any riders or internal rules mentioned in the contract. The Departmental Council shall verify that the contract is consistent with the present code and with the essential clauses of standard contracts established under an umbrella agreement between the French National Medical Council and the establishments or institutions concerned, or with regulations and legislation. The doctor must send a signed statement to the Departmental Council in which he declares that he has concluded no side agreement or rider to the contract that it has reviewed.

II. - No doctor can accept a contract that includes a clause incompatible with his professional independence or the quality of care, particularly if the clause in question links his remuneration or the term of his contract to productivity criteria.

**ARTICLE 84 (ARTICLE R.4127-84 OF THE CSP)**

The regular practice of any type of medicine within a public administration, a local authority or a public sector establishment must be governed by a written contract, unless the doctor is an established official of the state, a local authority or a public sector establishment or if his position is governed by legislative or regulatory provisions that obviate the need for a contract.

The doctor must notify this contract to the competent department of the French Medical Council, which shall send any observations it may wish to make to the administration concerned and to the doctor.

## **2 ) Treatment of private patients**

**ARTICLE 85 (ARTICLE R.4127-85 OF THE CSP)**

A doctor shall normally practice at his professional premises, recorded as such by the Departmental Council with which he is registered, in accordance with Article L.4112-1.

In the interests of public health, a doctor may practice in other places than that of his professional premises:

- if there is a lack or insufficient number of health care providers in a given area which is detrimental to patients needs or the regular provision of health care;

- if the investigations he carries out or the treatment he gives require an appropriate environment, the use of special equipment or specific techniques or the co-ordination of different providers.

The doctor must take all necessary steps, and be prepared to justify them, to ensure emergency readiness and the quality, safety and continuity of care in all these place of practice.

An application to practice at different premises shall be made to the Departmental Council with jurisdiction over the area concerned. The application must be supported by all the necessary information on the conditions of practice. If the Departmental Council considers that this information is incomplete, it must request further details.

The Departmental Council that manages the doctor's registration is informed of the application if the intended place of practice is in another Département.

The Departmental Council to which the application is made is deemed to have approved it if it does not respond within three months of the original application or the request for additional information.

The authorisation is personal and non-transferable. It may be withdrawn if the conditions laid down in the previous paragraphs are no longer met. Any legal challenge to a decision to refuse, withdraw or rescind an authorisation or against any implicit or explicit decision to grant authorisation is only admissible if an administrative appeal has first been heard by the French National Medical Council.

#### **ARTICLE 86 (ARTICLE R.4127-86 OF THE CSP)**

A doctor or a medical student who has acted as a locum for a period of three consecutive or non-consecutive months must not, for a period of two years, establish a practice where he may be in direct competition with the doctor for whom he has acted as a locum or, as the case may be, with other doctors in the same practice, unless all the doctors concerned have reached a proper agreement. In this case, the agreement must be notified to the Departmental Council. In the absence of agreement between all the parties concerned, the practice can only be established if approved by the Departmental Council.

#### **ARTICLE 87 (ARTICLE R.4127-87 OF THE CSP)**

A doctor may choose to practice in co-operation with another self-employed colleague, in the conditions set out in Article 18 of the law N° 2005-882 of August 2, 2005 in favour of small and medium sized enterprises. A doctor may also offer salaried employment to another doctor.

In this case, each doctor shall practice in full independence and in compliance with the rules of good practice, particularly the patient's free choice and the ban on collusion

#### **ARTICLE 88 (ARTICLE R.4127-88 OF THE CSP)**

A doctor may, if authorised to do so, be assisted in his practice by a colleague when justified by public health requirements or in circumstances where there is an exceptionally large number of patients or, temporarily, when justified by the state of his own health.

This authorisation is granted by the Departmental Council for a

renewable period of three months.

The Departmental Council is deemed to have granted authorisation if it does not respond within two months to an application for authorisation or its renewal.

A doctor may also choose to be assisted by a medical student in the conditions set out in Article L.4131.2

#### **ARTICLE 89 (ARTICLE R.4127-89 OF THE CSP)**

A doctor is forbidden from having his practice managed by a colleague. However, the Departmental Council can authorise a doctor to manage a colleague's practice for a period of three months, renewable once if necessary, if a doctor has died or is prevented from carrying on his practice for reasons of serious ill health.

#### **ARTICLE 90 (ARTICLE R.4127-90 OF THE CSP)**

A doctor must not open a practice in a building in which another doctor has a similar practice unless this is approved by the other doctor or authorised by the Departmental Council.

The only reason for refusing this authorisation is the possible confusion of the public. The Departmental Council is deemed to have granted the authorisation if it does not respond within two months of receiving the application.

#### **ARTICLE 91 (ARTICLE R.4127-91 OF THE CSP)**

Any association or partnership between doctors with a view to establishing a joint practice must be governed by a written contract that guarantees the independence of each doctor.

The same applies to the cases referred to in Articles 65, 87 and 88 of the present code of ethics as well as to the employment of a doctor by a colleague, as described in Article 95.

Pursuant to Article L. 4113-9, contracts and riders must be notified to the Departmental Council, which verifies that they are consistent with the provisions of the present code of ethics and, as the case may be, with the essential clauses of standard contracts established by the French National Medical Council.

Any written agreement or contract of association of a professional nature between several doctors or between one or several doctors and another health care provider or providers must be notified to the Departmental Council of the French National Medical Council. The

Departmental Council forwards its opinion to the National Council, which examines whether the contract is compatible with prevailing legislation and the code of ethics, with a particular focus on doctors' professional independence.

Draft agreements or contracts drafted pursuant to the present article can be notified to the Departmental Council, which must make any observations within a month. The doctor must make a sworn statement to the Departmental Council certifying that he has entered into no other side agreement or rider other than the contract that the Council has reviewed.

## **ARTICLE 92 (ARTICLE R.4127-92 OF THE CSP) REPEALED – TRANSFERRED TO ARTICLE. 83 II**

### **ARTICLE 93 (ARTICLE R.4127-93 OF THE CSP)**

In cases where doctors practice medicine in a joint practice, whatever the legal nature of that practice, each doctor practices under his own responsibility. Each doctor keeps his professional independence and must respect patients' free choice of doctor. Without prejudice to the specific provisions applying to civil law or similar partnerships in which several doctors establish a joint practice but practice in different premises, each doctor must see patients only in his own office, unless he is on standby duty or answering an emergency call.

The same applies to the regular replacement of one doctor by another within the partnership.

A doctor may use documents with the letterhead of the joint practice or partnership of which he is a member. However, he must identify himself by his signature and give his address

### **ARTICLE 94 (ARTICLE R.4127-94 OF THE CSP)**

In a medical partnership or joint practice, any payment, acceptance or sharing of money between doctors is forbidden, unless all the doctors in the partnership are general practitioners or have the same speciality, notwithstanding the specific provisions applicable to civil law or similar partnerships.

### 3 ) The practice of medicine as a salaried doctor

#### **ARTICLE 95** (ARTICLE R.4127-95 OF THE CSP)

Any doctor who practices medicine either under contract to, or holding a specific status with, another doctor, an administration, a local authority or any other public or private sector body must at all times abide by his professional obligations of confidentiality and independence in his medical decisions.

A salaried doctor must not, under any circumstances, accept any restriction to his medical independence by the doctor, the company or the entity that employs him.

He must always discharge his duties in the interests of public health and the health and safety of the staff of the company or entity in which he practices.

#### **ARTICLE 96** (article R.4127-96 OF THE CSP)

Unless otherwise provided for in the regulations applicable to healthcare facilities, a doctor shall be personally responsible for keeping the medical records that he produces

#### **ARTICLE 97** (ARTICLE R.4127-97 OF THE CSP)

A salaried doctor must not, under any circumstances, accept remuneration that is linked to a measure of productivity, like the number of patients seen per hour, or any other measure likely to restrict or negate his medical independence or jeopardise the quality of care.

#### **ARTICLE 98** (ARTICLE R.4127-98 OF THE CSP)

A doctor who practices in a public or private sector healthcare or prevention facility must not take advantage of this position to increase the number of his patients.

#### **ARTICLE 99** (ARTICLE R.4127-99 OF THE CSP)

A doctor who is responsible for preventive medicine within a company or any other entity must not provide curative medical treatment unless responding to an emergency or in cases permitted by law.

He must refer a patient suffering from a condition he has diagnosed to his usual doctor or to any other doctor designated by the patient.

## **4 ) Practising medicine for a medical insurance company or administration**

### **ARTICLE 100 (ARTICLE R.4127-100 OF THE CSP)**

A doctor practising for an insurance company or medical insurance administration cannot practice both preventive and curative medicine on the same patient, unless responding to an emergency. This restriction extends to the patient's family, if they live together, and also, if the doctor works for a company or other legal entity, to its staff.

### **ARTICLE 101 (ARTICLE R.4127-101 OF THE CSP)**

When practicing on behalf of an insurance company or similar entity, a doctor must not undertake or pursue his mission if he considers that he is required to answer questions which are not strictly in the medical domain, are beyond his knowledge or capacity or are likely to entail infringements of the present code of ethics.

### **ARTICLE 102 (ARTICLE R.4127-102 OF THE CSP)**

When examining a patient on behalf of an insurance company or similar entity, a doctor must inform the patient of the reasons for his examination and its legal framework, but refrain from any other statement. He must be prudent in what he says and make no disclosure or other comment.

He must be strictly impartial in his conclusions.

### **ARTICLE 103 (ARTICLE R.4127-103 OF THE CSP)**

Unless otherwise required by law, a doctor working as a medical advisor to an insurance company or similar entity must not interfere with nor change the patient's treatment. If, after examining the patient, he finds himself in disagreement with the patient's usual doctor about the diagnosis, prognosis or any other matter that he considers important and beneficial for the patient's treatment that may have escaped his colleague's notice, he must personally inform his colleague of his concerns. In case of difficulty, he may consult the Departmental Council of the French Medical Council

### **ARTICLE 104 (ARTICLE R.4127-104 OF THE CSP)**

A doctor working as a medical advisor to an insurance company or similar entity must observe confidentiality in his dealings with the administration or the entity on behalf of which he is working. He must only report on the administrative consequences of his examination, but not disclose the medical reasons for his conclusions.

Directly or indirectly identifiable patient information contained in the medical records established by the doctor cannot be communicated to any person outside the medical service or to any other body.

## 5 ) Practicing medicine as an expert

### **ARTICLE 105** (ARTICLE R.4127-105 OF THE CSP)

A doctor who is called upon to provide an expert opinion on a patient's condition must not be, or have been, that patient's doctor.

A doctor must not agree to provide an expert opinion in which his own interests, those of one of his patients, a person close to him, a friend or a body which regularly calls on his services are at stake

### **ARTICLE 106** (ARTICLE R.4127-106 OF THE CSP)

When practicing as a medical expert, a doctor must not undertake or pursue his mission if he considers that he is required to answer questions which are not strictly in the medical domain, are beyond his knowledge or capacity or likely to entail infringements of the present code of ethics..

### **ARTICLE 107** (ARTICLE R.4127-107 OF THE CSP)

Before examining a patient in order to provide an expert opinion a doctor must inform the patient of his role and the legal background to the request for an expert opinion.

### **ARTICLE 108** (ARTICLE R.4127-108 OF THE CSP)

In drafting his report, the medical expert must only disclose the information that is strictly necessary to answer the questions asked. He must not disclose any other findings he might have made during his examination.

He must certify in writing that he has personally carried out the examination.

## **Titre V**

### **MISCELLANEOUS PROVISIONS**

#### **ARTICLE 109 (ARTICLE R.4127-109 OF THE CSP)**

All doctors when registering to practice must declare to the Departmental Council that they are familiar with the present code of ethics and must promise under oath and in writing to abide by it.

#### **ARTICLE 110 (ARTICLE R.4127-110 OF THE CSP)**

Any doctor who deliberately makes a misleading or incomplete statement to the French National Medical Council is liable to disciplinary proceedings.

#### **ARTICLE 111 (ARTICLE R.4127-111 OF THE CSP)**

A doctor who changes his conditions of practice or stops practicing medicine must notify his Departmental Council. The Departmental Council acknowledges the changes and notifies the National Medical Council..

#### **ARTICLE 112 (ARTICLE R.4127-112 OF THE CSP)**

All decisions taken by the French National Medical Council in application of this code of ethics must be motivated.

Decisions taken by Departmental Councils may be amended or overturned by the National Council, either at its own initiative or at the request of the parties concerned. Any such request must be made within two months of the initial ruling.

## HIPPOCRATIC OATH

At the time of being admitted to the medical profession, I promise and swear that at all times I shall act honourably and with integrity.

My overriding concern shall be to restore, preserve or promote health in all respects, physical and mental, individual and collective.

I shall respect all people, their autonomy and their wishes and exercise no discrimination in respect of their social standing or beliefs.

I shall take action to protect them if they are weak or vulnerable or if their integrity and dignity are threatened. Even under duress, I shall not use my knowledge to violate fundamental human rights.

I shall inform my patients of the reasons and the consequences of the decisions I intend to take.

I shall never breach their trust, nor shall I use my power as a doctor to force people to act against their conscience.

I shall give care to the destitute and all those who seek my help. I shall not let myself be guided by the quest for fame or fortune.

In entering peoples' intimate sphere, I shall not divulge the secrets entrusted to me. In entering their household, I shall treat their private affairs confidentially and shall not attempt to corrupt or seduce.

I shall do everything in my power to alleviate suffering. I shall not prolong life out of obstinacy. I shall never deliberately bring about death.

I shall maintain the independence necessary to accomplish my duties. I shall undertake nothing that exceeds my competence, that I shall strive to maintain and perfect in order to more effectively render the services required of me.

I shall assist my fellow doctors and their families in adversity.

May my fellow men and fellow doctors grant me their respect if I remain true to my promises. May I be dishonoured and scorned if I transgress them

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