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ETHICS

## Physician rights

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The Brazilian Code of Medical Ethics<sup>1</sup> (CEM, Brazilian acronym) is divided into 14 chapters and 117 articles with considerations to deontological ethics and what physicians cannot do in medical practice. Three of these chapters discuss matters for which physicians cannot be prosecuted or punished: Fundamental Principles (26 items), General Provisions (four items), and Physician Rights (professional practice standards).

Medical practice requires physicians to develop good relationships with their patients based on mutual respect and acceptance of each other's rights. The fast-paced evolution of medical technology has further exposed the fallibility of physicians, albeit a trait inherent to every human being. The unprejudiced protection of physician rights entails the protection of good medical practice and the validation of patient rights.

This paper discusses physician rights from the standpoint of the Brazilian Code of Medical Ethics.

Chapter II of the CEM (Physician Rights) states that physicians are entitled to:

**I - Engage in medical practice without suffering discrimination on account of their religion, ethnicity, skin color, sexual orientation, nationality, age, social status, political inclination, disability, or for any other reason.**

It is sometimes discouraging to think that we still have to warn people not to discriminate against others for the reasons listed above. Although this is the 21<sup>st</sup> century, some patients refuse care from physicians by saying things such as "you're too young," "you're a woman," "you have a tattoo," and other prejudiced statements. Mutual respect is a basic requirement and discrimination against patients is equally repulsive.

**II – Prescribe procedures to patients based on scientifically recognized practice while observing the regulations in effect.**

The choice of therapy and course of care is made by the attending physician in observance of regulations and scientifically recognized practice. The will of the patient is also considered in situations where there is no risk of death. Health insurance organizations and administrators of healthcare institutions cannot discourage physicians from adopting good medical practice or protecting their patients' interests for purposes of attaining larger financial gains.

**III - Report healthcare institutions that fail to comply with standards or enforce labor contracts, and whose internal practices impose inadequate working conditions that threaten the safety of physicians, patients, and others, to the Ethics Committee of the Regional Board of Medicine.**

Physicians cannot accept working conditions that place their medical practice at risk or put others in harm's way.

**IV – Refuse to practice medicine in public or private healthcare institutions where working conditions are poor and adversely affect the health of patients and healthcare providers. Promptly report these situations to the Technical Director of the institution and to the Ethics Committee of the Regional Board of Medicine.**

Physicians can refuse to work in healthcare institutions that fail to offer minimally reasonable working conditions or that place the health of healthcare providers, patients, or others at risk.

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**V – Cease to practice medicine, either individually or as a group, in public or private healthcare institutions that fail to offer adequate working conditions or to pay fair compensation for medical services, with the exception of urgency and emergency situations. Promptly report the decision to the Regional Board of Medicine.**

Physicians may, individually or as a group, cease to practice medicine in institutions that fail to offer minimally reasonable working conditions, reasonable compensation for medical services, or that fail to pay compensation at all. Urgency and emergency services cannot be halted. Decisions to cease practicing medicine at healthcare institutions must be promptly reported to the Regional Board of Medicine.

**VI – Treat patients in private, public, for profit or nonprofit healthcare centers they or their patients choose, even if the physician is not a member of the medical team of the chosen healthcare institution, while observing the technical standards approved by the Regional Board of Medicine.**

Physicians may treat their patients in any hospital they or their patients choose, even if the physician does not belong to the medical team of the chosen hospital or if the hospital claims to have a closed medical staff. On the other hand, the responsibility for treating the patient lies in the hands of the physician.

**VII – Request public redress via the Regional Board of Medicine for offenses endured during medical practice.**

Physicians offended during medical practice may seek public redress via the Regional Board of Medicine. Requests for redress are reviewed and the cases deemed worthy of redress are published in the journal issued by the Board and in a newspaper of high regional circulation.

**VIII – Decide, based on experience and medical knowledge, how much time to spend with each patient without allowing the accumulation of duties and consultations with patients to adversely affect the quality of medical work.**

Only physicians can decide how much time each patient interaction should last. No one, including administrators in healthcare institutions, can limit a physician's right to provide the best care possible to his/her patients.

**IX – Refuse to perform procedures that, although legal, go against their beliefs.**

The autonomy of physicians and patients must be respected. The fact that a procedure is legal gives a patient the right to request it, but it does not force a physician to perform it. For example, the fact that abortion is allowed in cases of rape, a physician may choose not to perform an abortion for reasons of personal belief, with the exception of cases in which death is imminent and no other physician is available to perform the procedure.

**X – Establish fair, dignifying fees for their services.**

Setting the fees for their services at a fair, dignifying level is - or should be - the right of every self-employed worker. However, physicians have very little say in the definition of fees when providing services at Public Healthcare Institutions and when paid through health insurance.

**XI – Engage in medical practice when affected by a disability or disease without suffering discrimination for it or putting patient safety at risk.**

As cited above, physicians are entitled to "1 - Engage in medical practice without suffering discrimination on account of their religion, ethnicity, skin color, sexual orientation, nationality, age, social status, political inclination, disability, or for any other reason." This is a more specific description of the right every physician, including individuals with disabilities that do not impede medical practice, has of providing safe care to their patients without being the target of prejudice or discrimination.

No one is forced to exert his or her rights. Therefore, nobody - physicians included - may be accused of not exerting their rights or be prosecuted for it.

## REFERENCES

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1. Conselho Federal de Medicina [homepage on the internet]. Código de Ética Médica [accessed on May 10, 2019]. Available at: [www.portalmedico.org.br/novocodigo/integra\\_1.asp](http://www.portalmedico.org.br/novocodigo/integra_1.asp)