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EDITORIAL

The Code of Medical Ethics, together with bioethics, follows social and medical advances

The new Code of Medical Ethics (CME), Resolution CFM 2.217/2018, was published in the Official Gazette (OG) in November 2018 and came into effect in April 2019. It is the result of a review of the CME that had been in effect since April 2010. The latter approached themes and innovations such as the prediction of palliative care, research involving children, provision of patient autonomy and focus on rules for assisted reproduction. The termination of life gained prominence with the affirmation of orthothanasia, the termination of dysthanasia and the explicit prohibition of Euthanasia and assisted suicide, reaffirming what Resolution CFM 1,805/2006 had already advocated, acknowledged by the federal courts in a lawsuit filed by the Federal Defense Court.

Since then, it has become evident that it is necessary to revise and refine it in the light of the accumulation, in a short period of time, of technical and scientific advances that have occurred both in the realm of medical art and science, as well as in human, professional and social relations, and the imperative to adapt the Code to the recent resolutions of the Federal Board of Medicine (FBM) and the legislation in force in the country.

The current review began in 2016, at the initiative of the FMB with the participation of the Regional Councils of Medicine (CRM), local and national medical entities, medical teaching institutes and invited experts. For almost two years, state commissions received inputs from physicians regularly registered in the CRMs and medical entities, analyzing each one and sending for the appreciation of the National Commission under the coordination of the President of the FBM and its Magistrate. In all, 1,431 proposals were received, all of which were fully analyzed.

Three Regional Meetings and three National Meetings debated and deliberated on exclusions, amendments and additions to the current CME text.

Issues such as patient and physician safety and autonomy, ecosystem protection, practitioners with disabilities, palliative care, research, discrimination and time spent with the patient were some of the points discussed in the fundamental principles and physicians' rights. Regarding the chapters and deontological papers, "the physician is prohibited", contents such as professional responsibility, human rights, relationship with patients and relatives, relationship between doctors, professional compensation, professional secrecy including regarding child or adolescent patient care, medical documents, medical advertising, teaching and research, transplantation, among others, were widely discussed before they were approved.

The new CME is not only a code of principles, but rather a code of principles, rights and duties of physicians, mandatorily resolutive, because the FBM and the CRMs have an institutional duty to supervise ethics in the exercise of medicine. Few professions have their code of ethics and use it as we do. None has been as long as ours has, since 1945.

The CME and the Resolutions have the force of law for physicians, protecting the society and those practicing medicine with dignity - almost all, punishing, naturally, the non-compliants.

The chapter of fundamental principles is support and full in defense of the human rights of doctors, patients and the environment, of individual and collective freedom, based on bioethics and human principles, such as: "Medicine is a profession in the service of health for human beings and the community and shall be exercised without discrimination of any kind "; "The aim of the entire physician's attention is the health of the human being, for the benefit of which he/she must act with the utmost zeal and the best of his professional capacity," state the first and second principles respectively. Others directly address the themes: "the doctor shall maintain absolute respect for the human being and will always act for his/her benefit, even after death"; "The physician shall never use his/her knowledge to cause physical or moral suffering, the extermination of human beings or allow and cover attempts against one's dignity and integrity"; "The doctor shall inform the competent authorities of any deterioration of the ecosystem which is harmful to health and life"; "In applying the knowledge generated by the new technologies ... the doctor shall ensure that people are not discriminated against for any reason."

Bioethics permeated the entire period of discussions and decisions. There was a large number of experts and scholars in the field that brought paramount inputs to the quality and justice of the CME, a reason why many papers that are part of the new Code have a strong ingredient in bioethical principles. What establishes the possibility of access to medical records in

retrospective studies, if justifiable, with adequate methodological design concerning ethical and bioethical principles, and authorized by the Commission for Ethics in Research on Human Subjects (CEPSH) or the National Commission for Research Ethics (Conep).

Bioethics is connected to the FBM and could not be otherwise, since it is an integral part of its Code of Ethics and various actions, such as the creation of the Bioethics Magazine in 1993, 26 years ago, and the design of its Technical Chamber of Bioethics, in January of 2011. In this way, it fostered the creation and maintenance of bioethics committees in the health units and in the CRMs. It established the Congress of Clinical Bioethics in 2011, it is held until the present day together with the Congress of the Brazilian Society of Bioethics, which has been the promoter of the Brazilian Congress of Bioethics since 1996, the guardian of this adolescent science, which already has a collection of publications, rules, decisions and scholars recognized inside and outside our borders, promoting events, publishing articles and books, gathering and stimulating teaching and research in this subject.

We have a modern Code of Medical Ethics, Bioethics in a clear evolution, the Medical Councils and the FBM renewing and reorganizing their actions, young physicians mobilizing and taking on important responsibilities, looking for new paths, and the healthcare system in bad shape. Therefore, times with horizons of changes, struggles, hope of union and certainty of many achievements.

Sidnei Ferreira*
*Secretary General of the BAP