CODE OF MEDICAL ETHICS IN NIGERIA

INTRODUCTION

One of the statutory functions of the Medical and Dental Council of Nigeria, as contained in Section 1; Sub-section 2(c), of the Medical and Dental Practitioners Act [CAP 221], Laws of the Federal Republic of Nigeria 1990 (Decree No. 23 of 1988), is:

> "Reviewing and preparing from time to time a statement as to the code of Conduct which the Council considers desirable for the practice of the professions in Nigeria."

Since that law came into effect, and the Medical and Dental Council of Nigeria was constituted in accordance with the provisions of the law, 'Statement as to the code of Conduct which the Council considers desirable for the practice of the professions in Nigeria' has been 'prepared and reviewed from time to time'. The last revision in January, 1995, was titled "Rules of Professional Conduct for Medical and Dental Practitioners in Nigeria."

This particular edition has undergone some major modifications, informed by the experience of Council in the course of Preliminary Investigations by the Medical and Dental Practitioners Investigating Panel, sittings of Medical and Dental Practitioners Disciplinary Tribunal, and rulings of the Court of Appeal, in the professional disciplinary matters that have been to the Council. This revised edition of the "Rules of Professional Conduct" has been appropriately re-titled a "CODE" in consonance with its legal status.

Council's desire is that every medical and dental practitioner should familiarize himself or herself with the provisions of this Code, so that he or she would practise the profession with conscience and dignity, within the limits of the provisions of the Code, thus bringing the incidence of ethical violations - to the bearest minimum, as "ignorance of law" will not be an excuse for any ethical violation. The Code will enhance the image of the profession, increase the confidence of the public in the practitioners and offer protection to the conscientious practitioner.

Considering the paucity of books on Medical Ethics here in Nigeria, this Code of Medical Ethics could also serve as information booklet for Medical Students, Medical Teachers, legal practitioners who are engaged in Medical Jurisprudence, and even lay persons and patients who may be obliged to seek information on these aspects of Medical and Dental Professions in Nigeria.

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(A) Declaration by a prospective medical or dental practitioner

I, Doctor..... (The doctor being inducted publicly announces his name here) do sincerely and solemnly declare that as a Registered Medical/Dental Practitioner of Nigeria, I shall exercise the several parts of my profession to the best of my knowledge and ability for the good, safety and welfare of all persons committing themselves to my care and attention, and that I will faithfully obey the rules and regulations of the Medical and Dental Council of Nigeria and all other laws that are made for the control of the medical and dental professions in Nigeria.

(B) Furthermore, I hereby subscribe to the PHYSICIANS' OATH as follows: I SOLEMNLY PLEDGE to consecrate my life to the service of humanity; I WILL GIVE to my teachers the respect and gratitude which are their due; I WILL PRACTISE my profession with conscience and dignity;
THE HEALTH OF MY PATIENT WILL BE my first consideration;
I WILL RESPECT the secrets which are confided in me, even after the patient has died;
I WILL MAINTAIN by all means in my power the honour and the noble traditions of the medical (dental) profession;
MY COLLEAGUES will be my brothers and sisters;
I WILL NOT PERMIT consideratiQns of religion, nationality, race, party politics or social standing to intervene between my duty and my patient; I WILL MAINTAIN the utmost respect for human life from the time of conception; -
Even under threat, I WILL NOT USE my medical knowledge contrary to the laws of humanity; .....

I MAKE THESE PROMISES solemnly, freely and upon my honour. The Declaration of Geneva (Physicians' Oath Declaration) adopted by the General Assemble of the World Medical Association at Geneva, Switzerland, in September 1948 and amended by the 22nd World Medical Assembly at Sydney, Australia in August 1994.

Signature of the Doctor or Dentist who has taken the Oath

Signature of the Provost or Dean of the College or Faculty of Medical or Health Sciences (The signature of the Head of the training institution would not be required on the Attestation Forms of graduates whose training institutions are outside Nigeria)

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Signature of the Registrar of the Council

3. ALLEGIANCE TO THE PROFESSIONS

Every member of the medical or dental profession must endeavour to abide by the dictates of the Physicians' Oath, the modern version of the Oath of Hypocrates, which is the foundation of the code of Ethics of the profession. Embodied in this oath are the guidelines for behavioral interaction between practitioners and their patients, practitioners and their colleagues, practitioners and their teachers as well as practitioners and the public as represented by the law and the government.

Fundamental to these ethical guidelines is an allegiance which every doctor or dentist mandatorily owes to the corporate body of the profession. This corporate body of the profession by tradition or convention through the ages has assumed the responsibility for maintaining and constantly enhancing the standard of service provided to the public by the profession as well as protecting the profession from unwarranted encroachment by charlatans and quacks. There are two arms to this corporate body, namely, a statutory arm represented by the Medical and Dental Council of Nigeria, the regulatory body set up by law and the Nigerian Medical Association, a quasi-voluntary association of all medical doctors and dentists. Both bodies consist of medical doctors and dentists. They share the same objectives as stated in these Codes and command the allegiance of all doctors and

dentists in the land. The authority of the Council over all medical doctors and dental surgeons in Nigeria is statutory and backed by Law.

All medical doctors and dentists are duty-bound therefore to familiarize themselves with:

(A) The laws setting up the Council and which spell out its functions and modus operandi (Medical and Dental Practitioners Act, Cap 221 Laws of the Federation of Nigeria 1990).

(B) The Code of Medical Ethics, Le., rules of professional conduct for medical and dental practitioners in Nigeria prepared by the Council. .

(C) The constitution of the Nigerian Medical Association, all its bye-laws and standing orders at national and relevant state levels.

All medical doctors and dentists who have paid their annual Practising fees become, automatically, financial members of the Nigeria Medical Association and for the purpose of the Medical and Dental Practitioners Act are entitled to all rights and privileges appertaining to members. All registered practitioners are therefore encouraged to participate actively in the affairs of the Association.

In the exercise of this .allegiance to, and the protection of the good name of the profession, every doctor or dentist must be his brother's keeper with regard to the observance and indeed the enforcement of the rules and regulations, which -guide the professions.

Duty to Expose Professional Misconduct

Medical practitioners and dental surgeons should expose without fear or favour, before the Medical and Dental Council of Nigeria, either directly or through the Nigerian Medical Association, any corrupt, dishonest, unprofessional or criminal act or omission on the part of any doctor or dentist. Such exposure must be motivated by the greater good of the entire profession and should be without malice.

The Council may, on the recommendation of either of its disciplinary organs, communicate to a foreign Medical Council when appropriate, relevant information on a registered practitioner when it is obvious that the Medical and Dental Council of Nigeria is being ignored on a matter for

disciplinary process, by a registered practitioner who has been duly notified but who decides to practise medicine or dentistry in another country. The purpose of such communication will be to compel the registered practitioner to assist the disciplinary organs in treating such a matter before them, in which he is involved.

4. RESPECT TO COLLEAGUES

Medical practitioners and dental surgeons should always endeavor to accord the senior members of the professions their due respect whenever junior interact or interrelate with them, either professionally or socially. Older members of the profession should also consider the junior ones as their brothers and strive to set good examples and give guidance at all times. This duty should manifest itself in all health care institutions in the context of continuing medical education such as during ward rounds, clinical conferences and medical care audit sessions, with both the senior and junior colleagues interacting to achieve and maintain a high standard of patient care.

5. REGULATION OF MEDICAL AND DENTAL PRACTICES IN NIGERIA

The Medical and Dental Professions in Nigeria are regulated by the Medical and Dental Practitioners Act Cap 221 Laws of the Federation of Nigeria, 1990 (as amended), which set up the Medical and Dental Council of Nigeria and with the following responsibilities:

A. determining the standard of knowledge and skill to be attained by persons seeking to become members of the medical or dental profession and reviewing those standards from time to time as circumstances may permit.

B. Securing in accordance with provisions of the Act the establishment and maintenance of. register of persons entitled to practise as members of the medical or dental profession and the publication from time to time of lists of those persons;

C. Reviewing and preparing from time to time, a statement as to the code of conduct which the Council considers desirable for the practice of the professions in Nigeria, and

D. Performing the other functions conferred on the Council by the Act.

By provision [c] above, the Council is empowered to make rules for professional conduct and is also empowered to establish the Medical and Dental Practitioners Investigating Panel and the Medical and Dental Practitioners Disciplinary Tribunal for the enforcement of these rules of conduct.

These rules of conduct serve as guiding standards. in the relationship of medical and dental practitioners on the one hand with the profession, their colleagues, their patients, members of allied professions and the public on the other.

6. LEGAL BASIS FOR MEDICAL AND DENTAL PRACTICES

a) Registration

Any person who practises medicine or dentistry anywhere in Nigeria without being appropriately registered with the council contravenes the law, and
so does his employer. '
The categories under which a practitioner may be registered are as follows:

i. Provisional Registration

This registration entitles a qualified medical practitioner or dental surgeon to undertake internship under the supervision of registered consultants or specialists in a hospital approved by the Council for internship training. This registration lapses automatically when the registered practitioner is signed off from the internship. While it subsists, it does not entitled the practitioner to set up and run an independent practice on his own. Every new medical or dental graduate 'is required to complete his internship within two (2) years of his graduation, or he may unless he gives a satisfactory reason, be subjected to an assessment examination by the Council.

ii. **Full Registration**

A practitioner should obtain this registration after a satisfactory completion of his internship and this confers on him the legal right to practise on his own. However, the practitioner is expected to be able to recognize his limitations in the management of certain types of cases.

iii-------**Limited or Temporary Registration**

This is the type of registration issued to expatriate practitioners. Unlike the Full registration, it has a specific period of validity after which it must be renewed or the practitioner must leave the country. It is also tied to a specific employment. Any change of employment invalidates the registration and the practitioner must then process a new registration for the new job. A practitioner on Limited Registration cannot set up or run a clinic or hospital on his own. A practitioner on the Limited or Temporary Register is not allowed to work privately on his own. He must work with Nigerian practitioners in the clinic or .hospital.

iv. **Registration** as a **Specialist**

Every practitioner who has acquired specialist qualification after undergoing the requisite training as prescribed by the National postgraduate Medical College, or any other training deemed to be the equivalent, is required by law to be registered with the Council as a specialist before he can practise and be recognized as such. A practitioner who is not registered with the Council as a specialist cannot validly sign off interns and his opinion, as a specialist will not be backed up by the Council upon enquiry.

(b) Practising Fees and Annual Licensing

All practitioners must bear in mind at all times that by law, as stipulated in Sections 14 and 18 of the Medical and Dental Practitioners Act cap 221, Laws of the Federation of Nigeria 1990 (as amended).

A person shall not hold an appointment or practise as a medical practitioner or dental surgeon, in Nigeria, unless he is registered with the Council.....

No registered medical practitioner or dental surgeon shall practise as a medical practitioner or dental surgeon, as the case may be in any year unless he has paid to the Council in respect of that year the appropriate practising fee....

Any medical practitioner or dental surgeon who in respect of any year and without paying the prescribed fee practises as such shall be guilty of an offence and shall be liable on conviction,

i. in the case of first offence, to a fine of twice the prescribed practising fee, and

ii. in the case of a second or subsequent offence, to a fine of not less than ten times the prescribed practising fees;

iii. also late payment shall attract a surcharge as may be determined by the council from time to time, without prejudice to any other penal provisions in the statute

All doctors are advised to meet this commitment promptly, as conviction under this section will be viewed seriously by the Council. By the Regulations of the Council, practitioners are expected to pay their practising fees for the ensuing year before the 31 st December of the preceding year in order to be currently licensed on the first day of the new year.

The law further stipulates as follows:

Where a practitioner who is in employment has defaulted from payment of the practising fee; ~

And if the medical practitioner or dental surgeon is in the employment of any person, that person shall also be guilty of an offence and punished in like manner as the medical practitioner or dental surgeon unless he proves that the failure to pay the practising fee was without his knowledge, consent or connivance.

All members of the medical and dental professions who employ medical doctors or dental surgeons or who are professional heads of medical institutions, either public or private, are to take due noticed of this aspect of law.

7. GUIDELINES FOR NON-INDIGENOUS MEDICAL AND DENTAL PRACTITIONERS .

For the purpose of clarity, Non-indigenous Medical and Dental Practitioners shall be defined as all Medical and Dental Practitioners be they Nigerians or not, who are trained in Nigeria shall be regarded as indigenes of the professions and shall be accorded all benefits due them as to their Nigerian counterparts:

(A) Registration

All foreign qualified doctors wishing to practise in Nigeria must sit and pass the Assessment (Proficiency) Examination before seeking registration with the Medical and Dental Council of Nigeria.

(B) **Limited Registration**

A success in the proficiency examination qualifies foreign-trained doctors to proceed to provisional Registration for Nigerian citizens and a Limited Registration for Non-Nigerian Citizens. The laws governing doctors with limited registration are well spelt out. It is advisable tha t such a doctor familiarizes himself with the rules before taking up any job. A practitioner on the Limited Register shall not own or run any facility in Nigeria. He can only take up employment in the institution for which he is registered.

On application for registration, the doctor will submit, among other documents" a sworn affidavit that he neither owns, fully or in part, nor intends to own or operate a private clinic or medical outfit in Nigeria during the period of his limited registration.

(C) **Humanitarian Doctors**

All medical and dental practitioners wishing to render health services to the public are very welcome. However short or long the period of such service may be, it is mandatory in the case of expatriate doctors that a limited registration and current practising licence as the case may be should be obtained before undertaking such exercises. It shall be the responsibility of the organization or individual responsible for bringing in such doctors to ensure that they are duly registered and licensed prior to arrival in Nigeria.

(D) **Exchange Programs Doctor**

Foreign doctors coming in as experts or general duty doctors on exchange programme basis shall be given Limited Registration to cover the period. They shall be exempted from sitting the proficiency examination. Should they wish to remain to practise after the programme's expiration, the Medical and Dental Council of Nigeria shall assess them further for retention on the Limited Register or request them to sit the proficiency examination. It shall be the responsibility of the Medical Director of the host institution to ensure that appropriate registration provisions are complied with.

8. THE INTERNATIONAL CODE OF MEDICAL ETHICS (DECLARATION OF VENICE 1983)

(A) **Duties of Physicians in General**

A physician shall always maintain the highest standards of professional conduct.

A physician shall not permit motives of profit to influence the free and independent exercise of professional judgement on behalf of patients. A physician shall deal honestly with patients and colleagues, and strive to expose those physicians deficient in character or competence or who engage in fraud or deception.

The following are deemed to be unethical conduct:

i. Self-advertising by physician, unless permitted by the law of the country and the Code of Ethics of the National Medical Association.

Ii. Paying or receiving any fee or any other consideration solely to procure the referral of a patient or for prescribing or referring a patient to any source.

A physician shall act only in the patient's interest when providing medical care, which might have the effect of weakening the physical and mental state of the patient.

A physician shall use great caution in divulging discoveries or new techniques or treatment through non-professional channels.

A physician shall certify only that which he has personally verified.

(B) **Duties of Physicians to the Sick**

A physician shall always bear in mind the obligation of preserving human life.

A physician shall owe his patients complete loyalty and all the resources of his science. Whenever an examination or treatment

is beyond the physician's capacity he should summon another physician who has the necessary ability.

A physician shall preserve absolute confidentiality on all he knows about his patient even after the patient has died.

A physician shall give emergency care as a humanitarian duty unless he is assured that others are willing and able to give such care.

(C) **Duties of physician to each other**

A physician shall behave towards his colleagues, as he would have them behave towards him.

A physician shall not entice patients from his colleagues.

A physician shall observe the principles of the 'Declaration of Geneva' approved by the World Medical Association.

9. GENERAL PRINCIPLES OF THE ETHICS OF MEDICAL AND DENTAL PRACTICES IN NIGERIA

(a) The principal objective of the medical or dental practitioner shall be the promotion of the health of the patient. In doing so, the practitioner shall also be concerned for the common good while at the same time according full respect to the human dignity of the individual.

(B) Practitioners have a responsibility in promoting not only individual health but also the general health of the community and in pressing for an equitable allocation of health resources.

(c) Practitioners must strive at all times not only to uphold the honour and to maintain the dignity of the profession, but also to improve it. Practitioners shall deal honestly with colleagues and patients at all times.

(d) Practitioners shall always strive to observe the laws of the land but may participate, individually or collectively, in accordance with citizenship rights to bringing pressure to bear on governments or authorities, to change or modify laws or actions considered inequitable or inimical to the interest of the profession or the society.

(E) Medical and dental practitioners shall try at all times to safeguard the public, the medical and dental professions against incompetent or unethical practitioners and should expose without hesitation, any instance of professional malpractice and misconduct in a professional respect to the Medical and Dental Council of Nigeria.

(F) All communications between the patient and the practitioner made in the course of treatment shall be treated in strict confidence by the practitioner and shall not be divulged unless compelled by law or overriding common good or with the consent of the patient.

(G) Practitioners shall be at liberty to choose whom they will serve in rendering their professional service but they shall endeavour to render service without discrimination in an emergency to the best of their ability and according to the prevailing circumstances.

(H) Practitioners shall have absolute discretion and authority, free from unnecessary non-medical interference, in determining when to give their services, the nature of care to be given to a patient under their care and must accept responsibility for their actions.

(I) Practitioners must always strive to improve their medical knowledge and skill, and practise according to accepted scientific principles in rendering care to patients.

(M) Practitioners must work with colleagues to monitor and maintain their awareness of the quality of the care they provide. In particular, they must take part in regular and systematic medical and clinical audit.

(K) Practitioners must not hesitate to seek the consultation of more experienced or appropriate specialist colleagues whenever they are in doubt or lacking competence with regard to the medical needs of their patients.

(I) Practitioners may associate professionally with non-medically qualified people where this is relevant to the proper care of patients but they must

ensure that in any collaboration with any of the allied professions or para-professions, the persons involved are recognised members of their disciplines and are competent to perform the tasks to be required of them.

In all such relationships, the practitioner shall retain the absolute authority and responsibility for the patient and should not delegate any exclusive professional medical or dental responsibility to any non-medical or nondental person.

(m) Practitioners must not certify what they have not personally verified; they must desist from compulsory treatment of a patient in the absence of illness and must not collaborate with other agencies to label somebody ill in the absence of any illness, but must always obtain consent of the patient or the competent relatives or seek another professional opinion, before embarking on any special treatment procedures with determinable risks.

(N) In performing biomedical research involving human aspects, practitioners must conform to generally accepted scientific and moral principles and must obtain informed consent from their subjects and take responsibility to ensure the protection of their integrity and confidence.

(O) Practitioners shall be entitled to charge fees for their professional services but such income should be limited to professional services actually rendered, supervised or for missed appointments .and should be commensurate with the service rendered and the patient's ability to pay. Fee-splitting and payme;lt for referrals are forbidden.

(P) A Practitioner should safeguard against any publicity in the media that may imply that he has special skills or that exposes the identity of a patient. He should be circumspect in the announcement of any new special procedures or discoveries and must always strive for anonymity for himself and the patient in any public forum where these are being discussed.

(Q) Practitioners shall be entitled to inscribe their professional and academic titles after their names but in doing so care must be taken to avoid unethical advertising or any attempt to solicit for patients.

10. RIGHTS AND RESPONSIBILITIES OF MEMBERS OF THE MEDICAL AND DENTAL PROFESSIONS

(a) Only persons who have undergone the course of training based on the . curriculum for medical and dental education as approved by the Medical and Dental Council of Nigeria and have obtained the certificates approved or recognized by the Council, and who beside all these have been registered and licensed by the Council shall practise as a physician or dental surgeon in Nigeria.

(B) In the context of a health institution, other members of the health team may perform appropriate para-professional or professional functions required in the process of healthcare, provided that these functions are performed at the request, or under the supervision, of the medical practitioner or dental surgeon who is in a position to obtain and appropriately interpret the health database that provides the indications for these functions.

(C) In circumstances where the doctor is not available, the use of Standing Orders that provide clear guidelines for action will suffice as authority for initiating these actions by the appropriate members of the health team. In these situations, any actions outside the scope of the Standing Orders are illegal and render such other professionals or para-professional liable. Such Standing Orders must be prepared in the first instance by the supervising doctors, the institution, or the corporate medical profession.

(D) Subject only to accepted standards of care as determined by corporate professional opinion, a doctor must exercise absolute discretion and authority in determining the nature of care given by him including appropriate utilization of men materials, money and time in order to achieve the best possible results for his patients. By the same token, he must accept the responsibility for the results obtained under his management. To this end, he must refrain from doing anything repugnant to his sense of honour or against his considered judgement, even in the face of unreasonable demand from the patient or other persons, whether individual or corporate.

(E) Similarly, in the face of inadequate or inappropriate resources and facilities he must exercise ingenuity and initiative to secure the best

possible results for his patient. He must not however, embark on any treatment for which he does not have the requisite knowledge, competence or resources.

(F) Registered practitioners are advised to protect their professional practice by regularly taking professional indemnity.

11. CLINIC .ETIQUETTE

In order to ensure the most constructive relationship between the practitioner and the patient, practitioners.

(a) Should provide appropriate privacy to their patients

(B) Should offer explanation to patient on fees and charges for service

(C) Should avoid smoking in the clinic or the hospital premises. (If a practitioner must smoke, it should only be in the coffee room)

(D) Must always give unconditional positive regard to their patients and express appropriate empathy fortheir condition.

(E) Must at all times and under all circumstances, show appropriate courtesy to patient

(F) Should be at liberty to take prompt steps to protect themselves from unscrupulous and dubious patients who may be out to deceive or manipulate them.

(G) Should always take neGessary steps to guard against situation that may provoke allegations of impropriety

12. CLASSIFICATION AND NOMENCLATURE OF HEALTH CARE INSTITUTION; THE ENVIRONMENT OF PRACTICE AND APPELLATION FOR HEALTH CARE ESTABLISHMENTS.

(A) Health services organizations as limited liability companies.

i Practitioners are advised to consider seriously the dangers inherent in the establishment of clinics and hospital as strict business enterprises or limited liability companies, bearing in mind the strict ethical code of conduct in the profession.

ii. Practitioners who become connected or involved with limited or publicly quoted organization providing clinical diagnostic or medical advisory services such as public or private hospitals, clinics, screening centers, nursing homes, rehabilitation centers and advisory agencies, whether as partners, directors, employers, consultants or in whatever capacity in which their status as medical practitioners or dental surgeons would be clearly construed to lend support or foster the activities of the organization, have the responsibility to ensure that the provisions of the code of Medial Ethics in Nigeria are complied with. The first source of problem is usually related to advertisement and practitioners are well advised to be ever conscious of this.

iii. The prospectus of such companies going public may contain the services to be offered by the organizations but it should not feature the expertise of individual practitioners. The rule equally applies to publicized information in the print and electronic media and on the Internet.

iv. Advertisements from such organizations should be factual but should not promote in any way the professional qualities or services of identified individual practitioners connected with such organization or make unfavourable comparisons or allusions to services offered by other organizations, whether public or private, or infringe the confidentiality of patients who use the services of the organizations.
They should also not mislead patients, entice them with promotional materials or interfere in any way with their rights to referral.

V. Practitioners should not be directly involved in promoting the services of such organizations through such practices as public speaking, broadcasting, signing circulars, writing articles, putting publications in the information media and internet, permitting the use of their photographs and professional qualifications in the promotional activities of such organization.

(b) Clinic

i. This refers to an institution where only consultation and out-patient treatment are conducted and practised

Ii. An institution where the- practitioner or practitioners restrict consultation and out-patient services to a particular area or areas of specialist discipline should be clearly designated as a specialist clinic for the discipline involved for instance, OPHTHALMOLOGY (OR SPECIALIST EYE) CLINIC and not just broadly specialist clinic.

Iii. Where more than one specialty is practised in a clinic set-up, this may be referred to as a 'Polyclinic.

(C) Primary Health Care Centre

This is an institution in which out-patient consultation takes place, but there is also a definite programme of care involving the components of primary health care as follows:
Health education; maternal and child health; family planning; nutrition education; immunization; diagnosis and treatment of common ailments; use of appropriate technology; the essential drug list; record keeping and case reporting; effective communication and patient referral.

(D) Comprehensive Health care Centre (Medical Centre)

This incorporates the facilities of the primary health care centre, but in addition, there are also facilities for simple surgical services supported by some bed complement, up to 30. The doctors in charge may include primary care doctors, general medical practitioners, family physicians or even surgeons and obstetricians, but there are no departmental boundaries. All necessary ancillary facilities for proper diagnosis and treatment of common ailments are available and all the doctors work together, irrespective of their areas of specialization, talking emergency duties in turn.

(E) Secondary Heath Care Centre (General Hospital)

This refers to an institution in which a full complement of curative care is provided. Such an institution would have:

i. an accident and emergency unit
ii. a diagnosis unit comprising radiology and health pathology services
iii. Out patient- consultation unit
iv. wards divide into
Surgical ward
Medical ward
Pediatric ward

Ante-nata ward
Labour ward
Post-natal ward

V. treatment facilities featuring
Operating theater
Pharmacy department (including a pharmacy shop) Physiotherapy and Diet kitchen.

These should be a minimum of three doctors all of whom should ideally be experienced general practitioners and specialist who should be able to provide medical, surgical, paediatric, gynaecological and obstetrical care. They cover emergencies in rotation, even though each may develop an interest in one specialty or the other.

(F) Tertiary Health Care Centre (Specialist Hospital)

A hospital is not a specialist: hospital simply because its owner possesses a registrable specialist qualification in an area of medicine or dentistry. A specialist hospital is an institution featuring the following major components:

i. accident and emergency unit
Ii. diagnostic unit
Iii. out-patient consultation unit
Iv. wards unit
v. treatment unit,

With the major difference that ALL the facilities of the institution are devoted to the practice of one or more specific disciplines of medicine, e.g. paediatrics, orthopaedics, psychiatry, dentistry, obstetrics and gynaecology, etc.

(g) Teaching Hospital

This is an institution that is fully developed, accredited for teaching and organized along departmental lines so that there is any combination of the following departments:

Anaesthesiology
Dental Surgery

General medical practice (Family medicine)
Internal medicine
Obstetrics and gynaecology
Paediatrics
Psychiatry
Public health and primary health care
Radiology & radio diagnosis
Surgery

Each department may have any number of consultant units or firms each with its own out-patient consultation sessions, ward units, theatre sessions (where appropriate) etc. Ordinarily, patients are not expected to come primarily to the clinics of a teaching hospital which is intended to be a referral hospital, but they would usually be referred from a lower order institution, the only exception being the cases that come through the casualty or accident and emergency unit.
The teaching hospital is the most sophisticated form of hospital institution..

13. PRACTISING AS A SPECIALIST

No medical or dental practitioner shall practise as a specialist, or pass himself off as a specialist, without having a specialist quaiification which is registrable with the Medical and Dental Council of Nigeria. Every practitioner who is a specialist should know that it is a contravention of the regulations for him to practise as a specialist without having been registered as a specialist by the Council.

14. SELF-MEDICATION BY REGISTERED PRACTITIONERS

A medical or dental practitioner can offer first aid treatment to members of his family. Severe ailments are best referred to colleagues who can treat the afflicted person with a mind devoid of distracting emotions. Similarly, a doctor should avoid self-treatment and self-medication unless the ailment is clearly minor or there is no access toa colleague.

15. PROFESSIONAL SERVICE TO COLLEAGUES

It is the norm that no professional fee is charged when a doctor looks after a colleague. By this is meant that when a colleague is seen by a doctor, such a colleague would not be expected to pay for registration (card) and consultation or the professional skills or expertise of the attending doctor.

However, the cost of consumables may be borne by the doctor who is treated. . "

16. NOTICE TO PRACTITIONERS IN THE LOCALITY

A practitioner who is qualified and available to act as a consultant to other doctors in any branch of medicine or dentistry, may send to practitioners in his locality or publish in his local medical journal a brief and dignified announcement of his availability to serve other doctors in that capacity.

17. MUTUAL REGARD AMONG REGISTERED PRACTITIONERS

Registered practitioners must give due respect to their senior colleagues and acknowledge their seniority always, whether in a professional or in a social setting. Senior colleagues should be mindful of the interest of junior colleagues in all their interactions and should offer them appropriate guidance.

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18. DISCOVERY OF DECEPTION

When a doctor discovers that some fraud or deception had been practised on him to accept a patient, particularly when a criminal act is involved, he should make every effort 'to bring such discoveries to the notice of appropriate authorities.

Doctors must be careful to distinguish between criminal deception and a clinical situation that is symptomatic of some personality defect in the patient. The latter should be treated as a symptom requiring appropriate clinical management.

19. INFORMED CONSENT

Practitioners involved in procedures requiring the consent of the patient, his relation or appropriate public authority must ensure that the appropriate consent is obtained before such procedures, either for surgery or diagnostic purposes, are done, be they invasive or non-invasive. Consent forms should be in printed or in written form either as a part of case notes or in separate sheets with the institution's name boldly indicated.

Explanations to patients from whom consent is being sought should be simple, concise and unambiguous about expectations. Proper counselling should precede the signing of the consent form. Where the

patient is under age, (below eighteen years (18) by Nigerian law), or is unconscious, or is in a state of mind constituting a mental impairment, a next-of-kin should stand in. In the absenceof a next-of-kin, the most senior doctor in the institution can give appropriate directive to preserve life. In special situations, a court order may need to be procured to enable life-saving procedures be carried out.

I n some cases, which may involve surgical procedures that are difficult to reverse or involving removal of organs e.g. sterilization, amputation of limb, etc counseling sessions should be undertaken at a minimum of three (3) sittings to give the patient ample time to take an informed decision before a consent form is signed. Time interval for counselling should be at least four (4) weeks if the clinical situation permits. Care should be taken to ensure that all consent forms are also signed by witnesses. Discussion and explanation to the patient must be in the language in which the patient is fluent and when necessary, through a competent interpreter.

The attendant benefits and risks are to be clearly laid before the patient. Appropriate professional advice on options must be given. The preferred option is to be chosen by the patient who will then authorize the clinician by completing the Form MDCN/COMEIN/R19. An essential element of Good Medical Practice, is the recognition by the attending physician or dental surgeon, of the inherent right of the patient to his own body and life,

Practitioners in the line of duty has the privilege of access to the body and even the corporal depths of the patient. He is also privileged to access the social secrets as might be conferred on him by the patient, his relation or friend.

In the process of clinical encounter, the physician or dental surgeon may need to conduct, by physical approach or invasive means certain investigations, procedures or therapeutic manoeuvres .on the patient. In such a situation, it is imperative and considered as good practice to obtain some form of formal consent from the patient. This professional manner of relationship universally distinguishes situations of good practice from what may otherwise amount to an assault on the patient. This further enhances the protection of fundamental

Rights of the patient.

Events that are unfolding, as the Investigating Panel looks into several cases, show that many practitioners are oblivious of what a proper consent should be. The Code of Medical Ethics in Nigeria which recently succeeded the Rules of Professional Conduct for Medical and Dental practitioners in Nigeria recognizes some forms of consent which are imperative to be obtained by a practitioner from the patient. Although, the voluntary self-offer for professional care by the patient to the practitioner is an expression of consent coming from the patient, the profession insists that certain interactions deserve specific and expressly defined and documented forms of consent. The Medical and Dental Council of Nigeria is aware that there is no standard format for obtaining consent for procedures and surgical interventions on patients in Nigeria and as of now, there are indeed practitioners who do not insist on formal consent to intervene on the body of the patient, for adequate ethical protection. Whilst some consent may be concluded verbally, it is based on the necessity to correct this unwholesome situation that Council has approved a simple format for guidance and use in clinical management. The approved format, coded Form MDCN/COMEIN/R19 is included here as a part of Rule 19 of the Code of Medical Ethics in Nigeria for the purpose of universal application throughout Nigeria. This form is now the standard layout to be used by the registered practitioners in Nigeria to obtain appropriate consent to carry out procedures on patients. All other formats for obtaining consent for procedures on patients are hereby declared invalid.

APPROVED PROFORMA FOR OBTAINING CONSENT FOR ANAESTHESIA, SURGICAL OPERATIONS AND CLINICAL PROCEDURES

.....Hospital Clinic

Address.....

CONSENT FOR SURGERY / PROCEDURES

I.....of.....
(full names, surname first) (full address not P.O. Box)
hereby, after detailed explanation of the advantages and disadvantages to me by

Dr.....willingly consent to the
(full names, surname first)

procedure of..... on
[Specify]
myself / child / spouse / mother / father / others .....
(indicate as applicable

I affirm that I clearly understand the language of presentation. The option to think over the procedure for a period before assenting was also presented to me.

I further affirm:
(A) that the extent of the procedure and mode of anaesthesia are left to the discretion of the physician.
(B) that any additional surgery or procedure to that described above will only be carried out if necessary and in my best interest and can be justified for medical reasons.

Signature:.....
or Thumb print.....
(Patient or Guardian)
Date:.....

Signature:.....
Full Names:.....
Address:.....
(Witness)
Date:.....

A) **Consent to Screening**

Screening involves the testing of healthy or symptomatic people to detect somatic abnormalities. This process carries uncertainties. There is the risk of false positive or negative results. It should be noted that some findings may potentially have serious medical, social or financial consequences not only for the individual but also for relatives e.g. in HIV/ AIDS, genetic determination, cancer etc. Screening therefore has serious implications. Practitioners should therefore ensure that .

- Patients for screening can make properly informed consent.
- Screening should not be contrary to the patient's interest. Proper explanation is offered
- The information the patient wants or ought to have is identified before screening. .

(b) **Consent to research**

Research is a scientific adventure seeking to achieve something from the unknown, Le. an adventure into searching for new drugs or treatment or detecting hitherto unknown entities. For any practitioner participating in research or clinical trials involving patients or volunteers, it is important to ensure that .

- full information is presented in terms and forms they can understand.
- full information about possible benefits and risk are given
- participants have the opportunity to read and consider the
- research information leaflet.
- sufficient time is allowed for participants to make up their mind
- participants' consent must be in writing
- approval is obtained from properly constituted research ethics committee. (Rule 31 gives details on how to obtain the necessary approval).

20. TERMINATION OF SERVICE BY PATIENTS

Patients who are not in a defective state of judgement, or in their stead their competent relatives, may be at liberty to terminate service against medical advice upon a formal undertaking to that effect: but such services should be restored without prejudice if they return for help.

A medical or dental practitioner should normally take positive steps to apply appropriate treatment and save the lives of special categories of patients who cannot make informed decisions *for* themselves e.g.

(A) all paediatric patients

(B) patients below the age of eighteen (18) whose parents belong to some types of religious sects.

(C) adult members of those sects who do not carry specified cards and who come in unconscious.

This may include getting a court order to permit treatment. (Rule 39 specifies processes to be adopted by registered practitioners).

21. **NEW FRONTIERS OF KNOWLEDGE AND PRACTICE**

It is mandatory *for* registered practitioners to be aware of new frontiers in the advancement of medically related scientific knowledge and actions. In view of the potential significance of these high-tech based advances, registered practitioners are advised to be cautiously involved in such new fields as cloning, genetic engineering, genomics etc. Certainly, specific guidelines on such and similar terrain of knowledge and practice will have to be made available in due course by the Council.

22. **TELEMEDICINE**

Telemedicine, a professional opportunity outcome of modern advances in computer and telecommunication technology, is steadily creeping into professional practice in Nigeria.

It is medicine requested and practised at a distance, and it is particularly useful for patient care and management by general practitioners and specialists in accessing tele-support in their daily practices on the basis of requirements for specialist consultation in various specialties of medicine and dentistry.

It is of ethical significance for registered practitioners to continuously assess and avoid medico-legal pitfalls in areas such as confidentiality, professional competence, legal and registration status of the specia1ist being consulted, equipment reliability sustainable continuity of patient management and timely referral of patient.

(A) Electronic Processing

- Practitioners must make appropriate arrangements for the security of personal information when it is stored, sent or received by fax, computer, e-mail or other electronic means.
- Information must be kept secure before connecting to a network.
- You should ensure that data sent cannot be intercepted or seen by anyone other than the intend recipient.
- Practitioners should however be aware that information sent by e-mail through the Internet may be intercepted.

23. ASSISTED CONCEPTION AND RELATED PRACTICES

High-technology based human reproductive processes are now being employed by registered practitioners in Nigeria. These techniques embrace wide professional practices that include in-vitro fertilization, sperm donor and egg donor techniques, embryo donation, gestational surrogacy, full surrogacy and other emerging procedures. Whilst the necessary statutes to govern these desirable practices in the society are yet to be enshrined, ethical considerations show the essence for care and attention to the several needs of donor, recipient, and offspring at every step in these practices. Whilst the Council is devoting particular attention to necessary and continuous development of the ethical guidelines in assisted conception and all its professional practice implications, practitioners are expected to resolve certain matters of ethical significance that may arise. While both sperm and egg donations in in-vitro fertilization are accepted as ethically sound practices, in embryo donations, gestational surrogacy or full surrogacy, the practitioner will need to resolve ethical matters in respect of the following:

(a) Counselling and Consent of the donor in respect of:

- The willingness to donate
- The desire to help infertile couples

- Psychological stress that may arise
- Screening for genetic and infectious diseases to prevent transmission to the recipient or offspring.
- Informed consent to resolve social, psychological and legal uncertainties.
- The need not to be informed of the outcome, and
- The likelihood of not knowing the genetic offspring.

(B) The gamete or embryo processing

- There must be the screening of family history for genetic diseases, HIV and other infectious diseases including rescreening for HIV.
- In situations where embryos are mixed, genetic ancestry may only be determinable by DNA testing.

(C) The recipient is:

- Screened for uterine fitness and gestational capability
- Screened-for psychological stress
- Counselled that birth may not occur,
- Informed on the extent of screening done, particularly in case re-screening for HIV is omitted
- Made to gJve informed consent on psychological uncertainties
- Told of limit of information given to donor on the out come

(D) **The Offspring**

There are options on the need for openness or secrecy with regard to full disclosure. For now in Nigeria, the principles applied in child adoption are best in the present circumstances.

(E) **Monetary compensation for embryo**

There are ethical considerations on monetary payments in view of connotations of selling and commercialising in the early form of human life.

It has become necessary that the Laws of the country should make the provisions for resolving this. Meanwhile the Medical and Dental Council of Nigeria advises that gamete or embryo donation should be made as a voluntary service and not commercialized.

(F) Embryo donation for research

There is the ethical risk of trading in embryos that are neither used to - initiate pregnancy nor discarded. Such issues as donor recruitment methods, monetary transactions, and types of researches to be applied to embryos certainly need statutory regulation. The Medical and Dental Council of Nigeria calls for appropriate legislation on the matter.

24. **MANAGEMENT OF HIV/AIDS AND OTHER SOCIALLY DREADEDINFECTIOUSDISEASES**

The prevalence of highly hazardous (contagious) ailments should be noted by practitioners. It is therefore worthy of note that practitioners should in no way discriminate in handling and treating such patients, that they maintain appropriate confidentiality and apply a multi-disciplinary approach. Referral of such patients should be strictly based on professional competence.

The psychological and social consequences associated with HIV/AIDS, hepatitis B, lassa fever. Ebola fever etc. should be up in the minds of practitioners handling such cases.

Practitioners should ensure that they are not used as agents by employers or others to deny infected patients their jobs where there is no clinical indication for removal of such employees from their jobs.

Where investigations are clinically indicated, it becomes ethical for the practitioner to give pre and post test counselling.

When a patient is seeking a diagnosis, consent is not needed to conduct an investigation.

However, if an investigation is needed only for screening or for research,

.

24. **MANAGEMENT OF HIV/AIDS AND OTHER SOCIALLY DREADEDINFECTIOUSDISEASES**

PART B
PROFESSIONAL CONDUCT

25. **PROFESSIONAL BRETHREN OF GOOD REPUTE AND COMPETENCY**

In all areas of their professional practice, conduct and comportment, and in their professional and other relationships with their patients and other persons, including colleagues, all registered medical and dental practitioners shall be guided and bound by sound ethical practice.

The general principle is that when a medical or dental practitioner, in the pursuit of his profession, has conducted himself in such a manner which would be regarded as disgraceful or dishonorable by his professional brethren of good repute and competency, then he is guilty of infamous conduct in a professional respect.

The list of acts that constitute infamous conduct in a professional respect is not exhaustive because the profession demands the highest ethical standard from its members. The acts listed in this code must therefore be regarded as examples of conducts which members of the-profession must avoid.

For the purpose of this Code of Medical Ethics the members of the Medical and Dental Practitioners Investigating Panel and the Medical and Dental Practitioners Disciplinary Tribunal for the time being shall constitute the professional brethren of good repute and competency for medical and dental practitioners.

The duty of investigating the substance of any allegation of infamous conduct in a professional respect is vested in the Medical and Dental Practitioners Investigating Panel. Once the Panel concludes after due investigation that there is substance in the allegation against a practitioner, the matter is remitted to the Medical and Dental Practitioners Disciplinary Tribunal for trial. At the trial the affected practitioners in given an opportunity to defend his actions and conduct. Where the Tribunal finds the practitioner guilty of infamous conduct in a professional respect as contained in the charge preferred against him, the Tribunal can

Impose any of the following statutory penalties depending upon the gravity of the offence and the attitude of the practitioner before and during the investigation and/or trial:

(A) Order the Registrar to strike the person's name off the relevant register or registers.

(B) Suspend the person from practice for a period specified in the directive, not exceeding six months.

(C) Admonish the person.

ACTS AMOUNTING TO INFAMOUS CONDUCT IN A PROFESSIONAL RESPECT ARE CATERGORISED AS FOLLOWS UNDER RULES 26 TO 70 OF THE CODE OF MEDICAL ETHICS IN NIGERIA:

26. FAILURE TO COMPLY WITH THE GENERAL GUIDELINES

Failure to adhere to any of the Preamble and General Guidelines as contained in Rules 1 to 25 of this Code, if reported, may amount to infamous conduct for which the affected practitioner may, if found guilty, be punished.

27. ATTITUDE TOWARDS MEMBERS OF THE DISCIPLINARY ORGANS OF THE PROFESSION

(a) The Medical and Dental Practitioners Investigating panel

(i) The Medical and Dental Practitioner Investigating Panel is a court of first hearing in matters of alleged infamous conduct in a professional respect that are properly brought before the Medical and Dental Council of Nigeria

(ii) A medical practitioner or dental surgeon should be punctual whenever he is summoned to- appear before the panel in the course of the investigation of any case which involved him, whether as the respondent doctor or as a witness. He should give prompt notice to the appropriate official of the panel with regard to any circumstances that would cause his tardiness or absence.

(iii) A registered practitioner who has been notified by the panel of the necessity for his appearance before the panel, for whatever reason, shall attend relevant hearings as and when invited. In case the practitioner would travel out of Nigeria whilst the matter is yet to be disposed of, he is required to duly notify the appropriate official of the panel and obtain the necessary clearance before travelling out.

Iv. A medical practitioner or dental surgeon, as the case may be who has been duly notified that he h~s to appear before the panel in an ongoing investigation but who fails to appear, whenever due, without an acceptable excuse shall be liable to disciplinary action. A practitioner's duty to appear before the panel is continuous from the time of first notification until the matte~ under investigation is finally disposed of.

V. Any attempt to carry favour with panel members through flattery or pretended solicitude for personal comfort would constitute an infamous conduct in a professional respect.

Vi. A medical practitioner or dental surgeon should rise when addressing, or being addressed by, the panel unless the Chairman of the panel directs otherwise.

Vii. Medical practitioners or dental surgeons who fail to respond to the request of the panel in relation to matters under investigation may be deemed to be contemptuous of the panel and shall be appropriately disciplined.

Viii. The Council may on the recommendation of either of its disciplinary organs, communicate to a foreign Medical Council when appropriate, relevant information on a registered practitioner, when it is obvious that the Medical and Dental Council of Nigeria is being ignored on a matter for disciplinary process by a registered practitioner who has been duly notified but who decides to practise medicine in another country. The purpose of such communication will be to compel the registered practitioner to assist the disciplinary organs in treating the matter before them, in which he is involved.

(b) The Medical and Dental Practitioners Disciplinary Tribunal

I. The Medical and Dental Practitioners Disciplinary Tribunal has the status of a High Court of the Federal Republic of Nigeria and practitioners who appear before it, whether as complainants, defendants or witnesses, whether or not they are also represented by a lawyer, must conduct themselves as they would before a high court. This code of behavior is equally applicable to counsel who appear at the Tribunal

Ii.Practitioners who make public comments on cases pending before the Medical and Dental Practitioners Investigating Panel or Disciplinary Tribunal, or cases where the time for appeal has not expired, shall be guilty of contempt of the Panel or the Tribunal, as the case may be, and shall be liable to appropriate disciplinary action.

28. PROFESSIONAL NEGLIGENCE

Medical practitioners and dental surgeons owe a duty of care to their patients in every professional relationship. The particular skill which training and eventual recognition and registration bestc;>w on a practitioner, is to be exercised in a manner expected of any practitioner or any other member of the professions of his experience and status. It is required that a practitioner upgrades his skill as best as possible in the light of advancing knowledge in the profession. To this end, regular participation in programmes of continuing medical education is a necessary condition for the practitioner to remain relevant in practice and to achieve renewal of his practising licence based on the guidelines that are released by the Council from time to time.

A practitioner must see and attend to all patients on admission under his care, as frequently as their conditions demand.

In an emergency, for instance at the scene of a road traffic accident, a doctor passing by is under no inherent duty to stop and render first aid to the victims; but if he decides to stop and render care, he is bound by the ethics to exercise a degree of reasonable care, that is, to do everything that a competent and reasonable registered practitioner would do in the ci rcumstance.

In Nigeria there are, outside the control of medicine and dentistry, peculiar social problems which create obstacles to the full manifestation of the degree of skill that is expected; this situation does not preclude the practitioner from acting within the degree of reasonable care that is possible under the circumstances. .

Thus a registered practitioner who fails to exercise the skill or act with the degree of care expected of his experience and status in the process of attending to a patient is liable for professional negligence.

The following among others constitute Professional Negligence:

(A) Failure to attend promptly to a patient requiring urgent attention when the practitioner was in a position to do so.

(B) Manifestation of incompetence in the assessment of a patient.

(C) Making an incorrect diagnosis particularly when the clinical features were so glaring that no reasonable skillful practitioner could have failed to notice them.

(D) Failure to advise, or proffering wrong advice to, a patient on the risk involved in a particular operation or course of treatment, especially if such an operation or course of treatment is likely to result-in serious side effects like deformity or loss of organ.

(E) Failure to obtain the consent of the patient (informed or otherwise) before proceeding on any surgical procedure or course of treatment, when such a consent was necessary.

(F) Making a mistake in treatment e.g. amputation of the wrong limb, inadvertent termination of a pregnancy, prescribing the wrong drug in error for a correctly diagnosed ailment, etc.

(G) Failure to refer or transfer a patient in good time when such a referral or transfer was necessary. .

(H) Failure to do anything that ought reasonably to have been done under any circumstance for the good of the patient.

(I) Failure to see a patient as often as his medical condition warrants or to make proper notes of the practitioner's observations and prescribed treatment during such visits or to communicate with the patient or his relation as may be necessary with regards to any developments, progress or prognosis in the patient's condition.

29. RECURRENT PROFESSIONAL NEGLIGENCE

A practitioner who appears before the Medical and Dental Practitioners Disciplinary Tribunal for the second time on a charge of professional negligence, and is found guilty, shall not have the option of being admonished. He shall be suspended from practice for a period not less than six months. A practitioner who is habitually negligent in a professional respect could have his name struck off the relevant register.

30. GROSS PROFESSIONAL-NEGLIGENCE

Where the extent of the negligence had been such that it resulted in permanent disability or death of the patient, then the practitioner will be guilty of gross negligence and is liable to:

(a) suspension or a period of six months; or

(b) having his name struck off the medical or dental register, as the case may be.

31. RULES GUIDING PHYSICIANS IN BIOMEDICAL RESEARCH INVOLVING HUMAN SUBJECTS

Nigeria is a signatory of the Declaration of Helsinki that was adopted by the World Medical Assembly in Helsinki, Finland, in June 1994 and finally at the 48th General Assembly, in Somerset West, Republic of South Africa in October 1996.

(A) The Following are some of the Basic Principles involved:

(i) Biomedical research involving human subjects must conform to generally accepted scientific principles and should be based on adequately performed laboratory and animal experimentation and in thorough knowledge of the scientific literature.

(Ii) Biomedical research involving human subjects should be conducted only by scientifically qualified persons and under the supervision of a clinically competent medical person. The responsibility for the human subject must always rest on the medically qualified person and never rest on the subject of the research even though the subject has given his or her own consent.

(Iii) The design and performance of each experimental procedure involving human subjects should be clearly formulated in an experimental protocol which should be transmitted for consideration, comment and guidance to a specially appointed committee independent of the investigator and the sponsor, provided that the independent committee is in conformity with the laws and regulations of the country.

(iv) The importance of the objective must be in proportion to the inherent risk to the subject.

(v) Every precaution must be taken to protect the privacy of the subject and to minimize the impact of the study on the physical and mental integrity and the personality of the subject..

(Vi) Physicians should cease any investigation if the hazards are found to outweigh the potential benefits.

(Vii) Accuracy of the results must be preserved when publishing the research work.

(viii) Each subject must be informed of the aims, methods anticipated benefits, potential hazards and the discomfort the research may entail. He or she must be informed that he or she is at liberty to abstain from participation in the study; and at liberty to withdraw his or her consent to participate at anytime. The subject's freely-given informed consent should then be obtained, preferably in writing.

(ix) If the subject is in a dependent relationship to the investigator, then informed consent should be obtained by a physician who is not engaged in the investigation and who is completely independent of this official relationship.

(X) In case of legal incompetence, informed consent should be obtained from the legal guidance in accordance with national legislation.

(Xi) In the case of mental incapacity or minority, the consent from the Responsible relative replaces that of the subject.

(Xii) The research protocol should always contain a statement of the ethical considerations involved and should indicate that the principles enumerated therein are complied with.

(B) Medical Research combined with Professional Care

(i) In treating sick persons, the physician is free to use a new diagnostic and therapeutic measure, if in his judgement it offers hope of saving life, re-establishing health or alleviating suffering.

(ii) The potential benefits, hazards and discomfort of a new method should be weighed against the advantages of the best diagnostic and therapeutic methods.

(Iii) The patient must be assured of the best-proven diagnostic and therapeutic method. This does not exclude the use of placebo in studies where no proven diagnostic or therapeutic method exists. The refusal of a patient to participate in a study must never interfere with the physician - patient relationship.

(iv) The physician can combine medical research with professional care, the objective being the acquisition of new medical knowledge only to the extent that the medical research is justified by its potential diagnostic or therapeutic value for the patient.

(C) Application

i. Every Teaching Hospital or Medical Research Institute MUST constitute an Ethical Review Committee composed of competent individuals to examine the research protocol of every researcher in the institution.

Ii. In case of Research Pr<>*ocols that have a state outlook, every State Monitoring Committee of the Medical and Dental Council of Nigeria must be able to constitute within short notice a State Ethical Review Committee which will be an ad-hoc committee consisting of its members and physicians knowledgeable in the area covered by the planned research. It shall be the responsibility of the State Ethical Review Committee to consider such research protocols that have a state outlook.

Iii. The Directorate of Research of the Federal Ministry of Health must constitute an Ethical Review Committee to consider

research protocols that have a national outlook. In constituting this committee, physicians knowledgeable in the area covered by the protocol should be co-opted to function within the committee.

Iv. Research Institutes and Teaching Hospitals must ensure that their ethical committees give a written report on the research protocols before them within one month of submission of the protocols by the researchers.

V. A State Ethical Review Committee MUST submit a written report on the research protocols before it within six (6) weeks of the receipt of such protocols.

Vi. The Ethical Review Committee of the Federal Ministry of Health must produce a written report on the research proposals before it within six (6) weeks of the receipt of the research protocols.

(D) Proposal for National Drug Approval Process (NDAP):

i. Pre-Clinical Testing:

(a) There must be a research protocol, which should be accredited by the relevant Institutional Ethical Review Committee.

(b) Pre-clinical testing shall consist of laboratory and animal studies to show the biological activity of a drug against the targeted disease and evaluate the active compounds for safety.

Ii. Investigation of New Drug Application (I.N.D.A.)

The Investigation of New Drug Application is an application filed by a drug company or anybody seeking to test a new drug to the Federal Ministry of Health whose Ethical Review Committee must consider it within six (6) weeks.

The application should contain:

(a) the initial protocol for the pre-clinical trial;

(b) a copy of the Ethical Committee's report on the protocol;

(c) the results of the pre-clinical experiments;

(D) how, where and by whom the clinical studies in man will be conducted. (The Curriculum Vitae of the participants must be included).

(E) the chemical structure of the compound, how it is thought to work in the body, any toxic effects found in the animal studies and how the compound is manufactured.

(F) the INDA must be reviewed and approved by the Ethical Review Committee of the Institution where the clinical studies are to be conducted and the report of the committee enclosed with the application.

(g) After the clinical trial has started, progress reports on it must be submitted at least annually to the Federal Ministry of Health.

I. Clinical Trial Phase I

(a) This should involve 20 to 80 normally healthy volunteers. The tests should study the safety profile of the drug including the safe dosage range.

(b) It should also-determine how the drug is absorbed, distributed, metabolized, excreted and the duration of its action.

Ii. Clinical Trial Phase II

When the results on phase I trial are satisfactory [progress report must be given to the Federal Ministry of Health], then the researchers can proceed to Phase II. This should involve 100 to 200 patients in clinics and hospitals. This trial should mainly assess the drug's effectiveness.

Iii. Clinical Trial Phase III

This should involve 500 to 1000 patients in clinics and hospitals. Physicians should in this phase monitor patients closely to determine efficacy and identify adverse reactions.

(E) New Drug Application (NDA)

When the Ethical Review Committee that has been monitoring the progress reports on the investigated new drug is satisfied with the efficacy and safety of the new drug, (the committee must have produced its report within 6 weeks of submission of the Phase III report), then the

company can file a New Drug Application to the National Agency for Food and Drug Administration and Control (NAFDAC)

This application must contain all the scientific information that has been gathered by the researchers on the new drug from the pre-clinical stage to the Clinical Trial Phase, including all the Ethical Committee Reports on the various stages, hence such application may run into hundreds of pages. The NAFDAC shall take a maximum of six (6) months to consider and approve (or disapprove) the new drug.

(F) **EXPEDITED PROCESS:**

Phase II and Phase III Clinical Trials may be merged if a drug shows sufficient promise in the face of severe epidemics or life-threatening disease.

(G) **NAFDAC APPROVAL**

Once the NAFDAC approves a new drug, the new medicine becomes available for physicians to prescribe. The Company must continue to submit to the NAFDAC periodic reports on any cases of adverse reactions and appropriate quality - control records.

PART C
MALPRACTICE

32. MALPRACTICE IN A GENERAL RESPECT

The practice of medicine or dentistry as appropriate shall be conducted in accordance with standards, decorum and by methods that are judged acceptable and appropriate by the generality of registered members of the medical and dental professions. Such acceptable standards, decorum and methods are in accordance with the knowledge, skill and practice as imparted in institutions that are recognized for medical and dental training by the Medical and Dental Council of Nigeria.

When any aspect or area of professional practice as conducted by a registered practitioner is called to question to the information or knowledge of the Medical and Dental Council of Nigeria, by an aggrieved person or by a colleague, or by any other means whatsoever, that aspect or area of the practice or professional relationship, and any other relevant matters, shall be examined within the context of the provisions of the Medical and Dental Practitioners Act. Such a medical or dental practitioner, who is thus found, by the statutory procedure, to have failed to meet the professionally accepted standards, method or decorum, shall be guilty of malpractice. For this reason, every medical or dental practitioner should know his limitations, in terms of skills and facilities, and should not take on cases, which he cannot effectively handle.

It shall be the duty of medical and dental practitioners to report every case to the appropriate authorities including the Medical and Dental Council of Nigeria. Failure to report any such case may render the registered practitioner in charge of such institutions primarily liable for an infamous conduct in a professional respect.

33. PROFESSIONAL CERTIFICATES, REPORTS AND OTHER DOCUMENTS

(a) Registered practitioners may from time to time be called upon, and are in certain cases required by law, to give professional certificates, reports and other documents of kindred character, for example

under the Workmen's Compensation and Criminal Procedure Acts, in relation to birth, illness or death, for the purpose of excusing attendance in the court or in public or private employment, and for many other purposes. This prerogative of the Medical Profession implies a reposition of great trust in the integrity of practitioners.

Therefore, any practitioner who signs or issues in his professional capacity any certificate, report or other document of kindred character, containing statements which he knows or ought to know to be untrue, misleading or otherwise improper, is liable to disciplinary proceedings. Sick certificates must not be given retrospectively, or beyond the known duration of the illness and the associated period of convalescence. Only the attending registered practitioner can issue certificates to patients.

(B) In general, doctors are expected to exercise care in issuing certificates and kindred documents and should not include in them any statement which the doctor has not taken appropriate steps to verify. Doctors are also advised not to issue certificates excusing a patient from duty in excess of one week except where the practitioner is able to objectively justify longer periods. Such certificates may be renewed if the need arises in the course of regular follow-up care. A doctor shall not issue a false sick or death certificate. He must not acquiesce to, or aid the falsification of, any medical record or document.

34. DECEIT OF PATIENT TO EXTORT FEES AND SERVICE CHARGES

A practitioner who keeps a patient in the hospital as an in-patient when it is not necessary or longer than is necessary for good care, or who undertakes to carry out any form of 'ghost' procedure including 'ghost' and unnecessary investigations, for the sole purpose of increasing his earnings from the patient breaches the Code of Ethics and shall be guilty of malpractice.

35. AIDING THE UNPROFESSIONAL PRACTICE OF MEDICINE AND DENTISTRY

No doctor or dentist shall permit his professional services or his name to be used in aiding of, or to make possible, the unauthorized practice of medicine or dentistry by any person, agency or corporate body.

36. ASSOCIATION WITH CHEMISTS, OPTICIANS, OPTOMETRISTS, DENTAL TECHNOLOGISTS, OTHER PARA-PROFESSIONALS AND INSURANCE AGENTS

A practitioner must not circulate professional cards through chemists, opticians optometrists or insurance agents; nor should he have any commission arrangement with a chemist, optician, optometrist, laboratory or dental technologist, nurse midwife, radiographer, dental therapist and other medical or dental para-professionals or' insurance agents.

37. ASSOCIATION WITH MIDWIVES OR NURSES OPERATING MATERNITIES OR NURSING HOMES

The law is clear on this issue as expressed in the Nursing and Midwifery (**Registration, etc) Act Cap 332, Laws of the Federation of Nigeria, 1990.**

'Registration under this Act shall not confer the right to assume any name, title or designation suggesting or implying that the person registered is by law entitled to take charge of cases of abnormality, or disease in, or relating to any pregnancy requiring medical attention.

It is normal for medical practitioners to accept patients who have obstetric abnormalities and are referred to them by midwives. A nurse or midwife must not be shielded by a doctor if she tries to assume the name, title or any designation implying that she is a doctor. She must not be protected if she tries to undertake the responsibilities of a doctor, an action which contravenes the law. Male nurses are to be particularly watched in this matter of passing themselves off as doctors.

38. ASSOCIATION WITH UNQUALIFIED OR UNREGISTERED PERSONS PRACTISING MEDICINE, DENTISTRY OR MIDWIFERY (INCLUDING RELATIONSHIP WITH PERSONS PERFORMING FUNCTIONS RELEVANT TO MEDICINE, SURGERY OR DENTISTRY).

(a) Any registered practitioner who by his presence, advice or cooperation, whether by the a ministration or anesthetics or the issuance of certificates or by any other means whatsoever, knowingly enables a person not registered as a medical or dental practitioner to practise medicine or dentistry, or to attend or perform

any operation on a patient in respect of any matter that requires medical or surgical discretion or skill, breaches this code of ethics and is liable to disciplinary proceedings.

This sections includes those who employ or aid unregistered medical personnel, be they citizens or expatriates, to practice in Nigeria.

(B) Any registered practitioner would be liable to disciplinary proceedings if he:

i. Knowingly enables any person other than a certified midwife, trained community health extension worker or community health officer or birth-attendant to attend to a woman in child birth, otherwise than in case of sudden or urgent necessity or under the direction and personal supervision of a registered medical practitioner, or

ii. Employs and leaves in charge of any 'open shop' or other place where dangerous drugs within the meaning of the Dangerous Drugs Act may be sold or administered to the public, any assistant not legally qualified to use such poisons.

(C) Nothing in the foregoing paragraphs is to be regarded as affecting or restricting in any way:

I. the proper training of medical and other bonafide students of the health professions, or

ii. the legitimate employment of nurses, midwives, physiotherapists, dispensers and persons trained to perform specialized functions relevant to medicine, surgery and midwifery, provided that the medical practitioner exercises effective supervision over any person so employed and retains personal responsibility for the overall management of the patient. A para-professional so employed shall be appropriately registered by the proper regulatory body.

39. **CLINICAL MANAGEMENT OF RELIGIOUS ADHERENTS**

(a) i. At the moment of induction, all qualified doctors subscribe to the Hippocratic Oath (Declaration of Geneva.) part of which reads thus: "I will not permit consideration of religion, nationality, race, party, politics or social standing to intervene between my duty and my patient". In clear terms, whatever the religious orientation of the practitioner or the patient, it must not determine the quality of treatment so offered.

Ii. Often times, this commitment has led many practitioners into conflict with patients and relatives who cling to their religious tenets, and in some cases to litigation.

Iii. Practitioners should therefore be aware that society, and indeed the law, recognizes the individual's right to accept or refuse medical treatment. Of all the religions, the Jehovah's Witnesses are the most prominent group in respect to choice of medical treatment. While objections by the other groups are focussed on dietary components which do present little or no problem to the practitioners, the Jehovah's witnesses in equating blood transfusion to the eating of blood, present a challenging dimension in offering to them medical treatment in the fields of surgery, anesthesiology or medicine.

Iv. In managing such patients, it becomes essential to establish the religious views held by them and fully record same in the notes. Their acceptance or rejection of treatment should likewise be recorded and witnessed.

V. The practitioner should decided if he is willing to accept the limitations in management and, if so, the practitioner should plan and offer optimal care. If not, the practitioner should withdraw care and refer such patients for further opinion or to other health care centre which might be willing to handle such cases.

Vi. (A) A practitioner who accept such referrals simply because he shares similar religious tenet or is in sympathy should ensure that proper informed consent is obtained. Failure to do so, may result in the practitioner facing the Disciplinary Tribunal if found wanting in the care rendered, and thus be liable for malpractice.

(B) Managing the unconscious patient or children of uncompromising religious individuals must be handled with all tacts by the clinician.

(C) i. **Children**

Those within the ages of 16 to 18 years have a statutory right of their own to consent to procedures and this takes precedence over parental objections, but does not invalidate the right of others to consent on their behalf. However, where the child of this age group objects and parental consent is obtained in an emergency situation, appropriate treatment or procedure can be given.

ii. Children younger than 16 but not below 13, though considered as minors, but of clear mind and can grasp the benefits and consequences of accepting or rejecting a proposed treatment, "Gillick-competence", can give an acceptable consent.

iii. In respect of children under 13 but the well-being of the child is paramount and if after full parental consultation, treatment is refused, the practitioner should make use of the law by obtaining an order from the Court-to protect the child's health interest. A child who needs blood transfusion or procedures in any emergency should be so given. A practitioner who stands by and allows his minor patient to die in circumstances which might be avoidable may be charged with negligence and is also vulnerable to criminal prosecution.

(D) The Unconscious patient

It is uncommon for some religious sects to carry cards (advahce directives) containing treatment instructions. The practitioner should be meticulous in receiving unconscious religious adherents. Their clothings should be searched for such cards. Even if accompanying relatives present such cards, clinicians should convince themselves that such cards truly belong to the patient before them. In the absence of such cards, the priority of the practitioner in an emergency situation is to save life first. If long intervention is envisaged, a court permit for continuous management should be obtained.

PART D:
IMPROPER RELATIONSHIP WITH COLLEAGUES OR PATIENTS

40 INSTIGATION OF LITIGATION

A doctor may find himself in a situation where he hears about the practice of another doctor. It is a professional misconduct for thedoctor in possession of such information to instigate the affected patient to bring litigation against his professional colleague where he is neither directly nor indirectly related (Le through marriage or blood relationship) with the complainant nor is personally aggrieved.

41. CASE REFERRALS TO COLLEAGUES

(a) It is desirable and indeed a requirement of the ethics that every practitioner in dealing with patients must recognise his own limitations in skills and facilities, and thus be able and willing at all times to refer such patients in such circumstances to better skilled or better equipped colleagues or hospitals. It is professional misconduct for a' practitioner to cause detriment to a patient by failing to refer to others a case he cannot handle affectively.

(B) When a patient is referred to a fellow doctor for a second opinion, or for investigation, it is culpable misconduct for the doctor so consulted to take over the continuing care of the patient so referred.

(c) it is normal professional courtesy for the consulted doctor to communicate a comprehensive report on the patient to the referring doctor. Failure to comply with this norm constitutes improper conduct.

42. MOVEMENT OF PATIENTS AMONG PRACTITIONERS

As has already been stated in the foregoing rule, it is expected that a practitioner should be able to recognise when the best interest of the patient necessitates his referral to another doctor or hospital. This code enjoins certain norms in the transfer of patients between practitioners.

(a) Voluntary or conscientious transfer of patients from one practitioner
to another should be in a decorous orderly manner.

(b) A practitioner shall in no way directly entice the patients of another doctor into his own practice. However, it is the right of any doctor,

without fear or favour, to give proper advice to those seeking relief against unfaithful or dilatory handling of duty, but such advice should also be communicated to the doctor of whom the complaint of negligence is made.

(C) When a member of the medical profession is aware that a patient is already under the treatment of another medical practitioner in a particular episode of illness, he shall not have any professional dealing with that patient without giving prior notice to the first attending medical practitioner except in an emergency. If the medical practitioner finally accepts the patient in such circumstance, he shall take appropriate measures to ensure that all the fee due to the first medical practitioner who was previously handling the case are paid.

(D) A member of the medical profession who hands over his patient to another must take every endeavor to ensure that the case is handed over with appropriate details of the case history and in reasonable time for his colleague to acquire a grasp of the case.

43. RESPONSIBLE MEDICAL OFFICER

The responsible medical office shall be regarded as the practitioner who takes ultimate responsibility for the care of the patient in a private or public institution. This shall be the consultant or the Principal Medical Officer, depending on which of the tvo exists in the institution. Where neither is available, the next most senior officer is descending hierarchy shall be deemed the responsible medical officer.

All patients are registered in the name of the Responsible Medical Officer and he takes full responsibility for the care of the patient. He, of course, must be open to suggestions from other members of the team based on their expertise and experience, but the final decision about the care of the patient rests with him.

44. CONFIDENTIALITY

The profession takes very seriously the ethic of professional secrecy whereby any information about the patient that comes to the knowledge of the practitioner in t~e course of the patient-doctor relationship constitutes a secret and privileged information which must in no way be divulged by him to a third party.

The medical records are strictly for the ease and sequence of continuing care of the patient and are not for the consumption of any person who is not a member of the profession. Practitioners are advised to maintain adequate records on their patients so as to be able, if such a need should arise, to prove the adequacy and propriety of the methods, which they had adopted in the management of the cases.

Disclosure of information on the patient by the doctor can only be made following an informed consent of the patient, preferably in writing. It is clear that the ethic covers even such information as on criminal abortion, veneral disease, attempted suicide, concealed birth and drug dependence but would exclude situations in which a discretionary breach of confidentiality is necessary to protect the patient or the community from danger. Where statutory notification of disease is involved, the consent of the patient is n9t required.

The following principles will apply when a registered practitioner is faced with disclosure of information other than for treatment of the individual patient. Information about patients is requested for a wide variety of purposes including education, research monitoring and epidemiology, public health surveillance, clinical audit, administration and planning. Every practitioner has a duty to protect patients' privacy and respect their autonomy. When asked to provide information, a doctor should follow the following principles, that is:

. Seek the patient's consent to disclosure of any information whenever possible, whether or not you judge that the patient can be identified from the disclosure.
. Anonymise the data where unidentifiable data will serve the purpose.
. Keep disclosures to the minimum necessary.

In practice, adherence to the ethic of confidentiality embraces:

(a) protection of patient's medical records;
(B) release of information only following the granting of informed consent by the patient, except where disease notification is required by statute
(c) cryptic utilization of anonymised clinical material for teaching or publication in professional journals;
(D) maintenance of confidentiality in the process of further consultation;

(E) clear advice to patients on the breach of confidentiality which will necessarily be attendant on their consenting to undergo medical examination for the purpose of employment, insurance, security or determination of legal competence;
(F) discretionary breach of confidentiality to protect the patient or the community fro m imminent danger;
(G) judicious balance between maintenance of confidentiality for an under-aged patient and simultaneously making available necessary information to the parent or guardian;
(H) breach of medical confidentiality in a court of law upon being directed by the presiding judge, which must thereafter be done strictly under protest;
(I) presentation of a patient at a scientific meeting only following informed consent of the patient and acceptance by the audience to maintain confidentiality.

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It is the duty of a doctor to preserve his patient's confidences. This duty out-lasts the doctor's employment, and it extends as well to his employees; and none of them should accept employment which involves, or may involve the disclosure or use of these confidences, either for the private advantage of the doctor or his employees, or to the disadvantage of the patient without the patient's knowledge and consent, and even if there are other available sources of such information. This duty to maintain a patient's secrets. subsists even after the patient has died and a doctor should not continue in a particular employment when he discovers that this obligation prevents the performance of his full duty to his former or to his new patient.

If a doctor is accused by his patient, he is not precluded from disclosing the truth with respect to the accusation. The announced intention of a patient to commit a crime is not included within the confidences which the doctor is bound to respect. He may properly make such disclosures as may be necessary to prevent the act or protect those against whom it is threatened.

45. RIGHT TO WITHDRAW SERVICE

Once a doctor assumes the responsibility to care for a patient, his right to withdraw such service would arise only for a good cause. Even the desire or consent of the patient is not always sufficient. The doctor should not

relinquish the management of a patient to the detriment of the patient. When he has reason for doing so on grounds of honour or self-respect, he should hand over the patient properly to another medical practitioner for further management.

If the patient insists upon an unjust or immoral course in the process of his treatment, or if he deliberately disregards an agreement, or obligation as to fees or expenses, the doctor may be warranted in withdrawing on due notice to the patient, allowing him time to employ another doctor. Other instances as they arise may justify withdrawal.

It would be permissible for a doctor to withdraw his services in pursuit of his rights under the Labour Laws of the Federal Republic of Nigeria, provided that any doctor wishing to take that course of action must have made satisfactory arrangements for the continuing care of his patients and must have given adequate notic8<of his intention to these patients and to the hospital. authorities.

In embarking on withdrawal of services under any circumstance, a doctor must conduct himself in such a manner as to avoid suffering and loss of life for the helpless patients, such as children and accident victims, who had not in any way contributed to the dissatisfaction which has made the withdrawal of service necessary.

Upon withdrawing from the management of a case after a fee has been paid, the doctor should refund such part of the fee as has not been clearly earned.

Interns:
Before participating in withdrawal of services, doctors undergoing internship training must bear in mind the registration requirement for them to have completed specified periods of posting in the major disciplines during the internship.

46. A MEDICAL OR DENTAL PRACTITIONER AS A WITNESS

A doctor should not participate in a bargain with a patient or any other person, either for a contingent fee or otherwise, as a condition for giving evidence. This rule does not preclude the payment of a reasonable and

non-contingent fee for expert witness or for the writing of a report for the solicitor, an insurance company or any other party that may legitimately request his services in this regard.

47. MINIMUM PROFESSIONAL FEES AND SERVICE CHARGES

A medical or dental practitioner is expected to charge corporate bodies not below the minimum fee approved by the generality of members of the profession in the locality where the practitioner practises. A practitioner is however allowed a discretion in the fees he charges socially indigent patients or private individual patients.

A practitioner is permitted to take reasonable steps, which may include instituting a law suit, to recover his fees from a defaulting patient. He must however avoid such controversies, with patients that may be incompatible with his self-respect and honour as a medical or dental practitioner.

A practitioner who contravenes this provision by deliberately under-cutting colleagues within the locality of his practice in the fees he charges corporate bodies, or by inducing other colleagues' patients by consistently charging ridiculous fees whether to corporate or private patients, or otherwise behaving in a disgraceful manner on the issue of fees to be paid by or on behalf of a patient, shall be deemed to have conducted himself infamously in a professional respect and be liable to an appropriate sanction if charged before the Medical and Dental Practitioner Disciplinary Tribunal.

48. ADULTERY OR OTHER IMPROPER CONDUCT OR ASSOCIATION WITH PATIENTS

Any registered practitioner, who abuses his professional position, for example by committing adultery or indulging in any improper conduct or by maintaining an improper association with a patient, is liable to have his name erased from the Register. In this connection, any finding of fact which has been made in proceedings in the High Court of an appeal from a decision in such proceedings shall be conclusive evidence of the fact in any trial held by the Medical and Dental Practitioners Disciplinary Tribunal.

PART E
ASPECTS OF PRIVATE MEDICAL OR DENTAL PRACTICE

49. PRIVATE PRACTICE BY REGISTERED PRACTITIONERS WHO ARE IN FULL EMPLOYMENT AS CONSULTANTS IN THE PUBLIC SERVICE

Medical practitioners and dental surgeons who are in full time employment in the public service in Nigeria are free to employ their spare item and unofficial hours to engage in private medical or dental practice for remuneration as follows:

(a) A registered practitioner in full time employment in the public service shall not engage himself in extra-mural private practice during official duty time under any circumstance.

(b) A registered practitioner who holds the appointment of consultant status or a medical or dental officer of more than ten years post registration experience may run one private consulting clinic which will open for business only during periods when he is not on official duty.

(c) A consultant or a registered practitioner of similar status as described in (b) above shall offer in-hospital care to his private patients only within the public hospital in which he is in full employment. It is unethical for a registered practitioner in full time employment in the public service to give in-hospital care, that is, investigatory, admission and institutional care to patients outside the hospital in which he is in full employment.

(d) A registered practitioner of more than ten years post-registration who is in full time employment in the public service, but is not engaged in clinical responsibilities in a public hospital may engage, outside the official duty hours, in clinical practice in an institution owned and run by full time private practitioners or hold consultations only in his own consulting clinic.

(e) It is unethical for a registered practitioner engaged in a public health institution to demand and/or receive money from hospital patients under any guise whatsoever either before or in the course of attending to such patients.

50. PRIVATE PRACTICE BY NON-CONSULTANT REGISTERED PRACTITIONERS WHO ARE IN FULL EMPLOYMENT IN THE PUBLIC SERVICE

A medical practitioner or dental surgeon who does not have the status of a consultant may engage in clinic practice outside his official duty hours in an institution owned and run by full time private practitioners. It is unethical for a registered practitioner who is not a consultant or less than ten years of post-registration and who is in the public service to own or run any private medical institution.

51. ETHICAL CONTROL BY PRACTITIONERS IN MANAGEMENT APPOINTMENTS IN PUBLIC HOSPITALS

Registered practitioners who are Chief Medical Directors, Medical Directors, Medical superintendents or Medical/Dental Officers in administrative charge of public service health institutions have inherent responsibilities to ensure strict compliance with Public Service Regulations by professional colleagues and others who are in the employment of the public service and are deployed to the institutions which they administer. A registered practitioner in administrative control who fails to report colleagues who violate this regulation to the Council shall himself be liable for disciplinary process.

52. NEW CLIENT AND UNPAID BILLS TO COLLEAGUES

Registered medical practitioners and dental surgeons shall maintain brotherly decorum in entering into professional business relationships, contracts and agreements with corporate bodies, families, social groups or individuals. It is the duty of a registered practitioner to ascertain that in taking up new professional business relationships.,-contracts and agreements, the prospective client had paid all the earned fees that are due to any registered medical practitioner or dental surgeon with whom he had an earlier professional business relationship. It is unethical for a registered practitioner to accept or go into any new professional business contract or agreement and proceed to give professional service to a client who is in debt to a colleague from whom the client had obtained professional care and services, unless he has obtained a written and verified undertaking from the prospective client stating its non-indebtedness to the doctor.

53. **DECENCY AND DECORUM IN PROFESSIONAL TRANSACTIONS** It is in the interest of the professions of medicine and dentistry that registered practitioners maintain decent and decorous relationships with their clients and patients in the course of professional transactions an treatment. Registered practitioners are hereby reminded that t who engage in fraudulent or dirty deals in any untoward ma. r, including among others, issuing of fake professional bills, illegal abortion, collusion, fee sharing, false certification, covering etc. and who after due process are found guilty by the law courts, shall attract erasure from the medical and dental register as appropriate.

PART F
SELF-ADVERTISEMENT AND RELATED OFFENCES: RELATIONSHIP WITH THE MEDIA

54. REGISTERED MEDICAL AND DENTAL PRACTITIONERS AND THE INTERNET

Practitioners wishing to place any information on the Internet should ensure that there must have been an institutional peer-review consultation (e.g. during well publicised grand-rounds and clinical or scientific conferences), to ascertain:

* The correctness of the information
* The quality of the information
* The author must equally ensure that; there are no copyright infringements.
* The confidentiality of patients and institutions records are maintained

55. **SELF - ADVERTISEMENT OR PROCUREMENT OF ADVERTISEMENT**

(a) It is a long-standing tradition in the profession that doctors should refrain from self-advertisement. This has been so because of the appreciation by the profession that advertising could become a source of danger to the public in that a doctor who was successful at achieving publicity might not in fact be the most appropriate doctor for a patient to consult. Advertising may also precipitate unwholesome rivalry among practitioners. In the extreme cases, advertising might raise hopes of a cure which might prove illusory.

(B) In view of the foregoing, a registered practitioner would be deemed to have breached this Code of Ethics and would be found guilty of infamous conduct in a professional respect if he is proved:

(i) to have advertised himself, whether directly or indirectly, for the purpose of obtaining patients or promoting his own professional advantage; or for any such purpose of procuring, sanctioning or acquiescing in the publication of notices commending or directing attention to the practitioner's

Professional skill, knowledge, services or qualifications or deprecating those of others; or being associated with or employed by those who procure or santion such advertisement or publication; and

(ii) to have canvassed, or employed any agent or canvasser, for the purpose of obtaining patients; or to have sanctioned, or been associated with or employed by those who sanction such employment, which are discreditable actions to the medical and dental professions and are contrary to the public interest. Such a practitioner shall be liable to disciplinary action.

C. Adjudicator Rules

In determining the culpability of a practitioner for self-advertisement, the following factors will be considered.

I. Whether the contents of the purported advertisement did indeed advertise the defendant doctor, that is to say, whether the practitioner has been credited with exceptional abilities or qualities which make him stand out from among his colleagues.

Ii. Whether the purported advertisement was traceable, directly or indirectly to the defendant doctor.

iii. Whether the defendant doctor has failed to issue a rebuttal or a complete disassociation from the offending publication in order to show that he did not procure, sanction, or acquiesce in the publication; or if he did, whether this rebuttal or disassociation was published promptly and bona-fide, that is to say in good faith.

iv. Where the special honour reported in the publication had been a gold medal awarded by a medical institution, or a National merit Award from the Federation, a National Honour from the Head of State or Government, the standard of proof must be even more strict. The case would clearly collapse, unless these honours, medals or emblems had been used in such a blatant manner that the conclusion of self-advertisement becomes inescapable.

56. **MEDIA PUBLICATION OF PENDING TREATMENT AND NEW DISCOVERIES**

(a) News media comments by a doctor on therapeutic break-throughs is to be avoided. Professional communication is to be

restricted to professional conferences and scientific publications where comments and discussions on new manifestations of diseases as well as new modalities of treatment may be freely discussed among professional colleagues.

Even in these instances, anonymity of patients involved must be strictly maintained unless they accept to be identified publicly.

(b) Healthcare institutions as corporate entities may be justified in making general press releases about their functional achievements but in such cases, the anonymity of patients must still be strictly maintained. The doctor's identity should appear as:

The Consultant-in-
Charge The Medical
Director The doctor-in-
Charge The Head of Unit
The Resident Doctor, etc.

57. **MEDIA PUBLICITY AND ADVERTISEMENT**

(a) The current National Policy on Health has as its cornerstone, Primary Health Care, one of the components of which is Health Education for t he population. To this end, doctors are often required to provide Health Education to the general public on the electronic or print news' media or on the Internet. Professional ethics demand that doctors who get involved in performing such functions should not use such occasions for self-advertisement. They should merely present their materials in such a manner as to only serve the purpose of public enlightenment on the health issue under focus.

(B) Furthermore, in the interest of enhancing the health or hospital consciousness of the public a degree of information dissemination may be justified. In this context, patient information leaflets listing the services provided~ and possibly the time table for such services, may be distributed to attending patients and their relatives, or may be conspicuously displayed within the premises of the facility. Care must -be taken however, to ensure that what is publicized in such information leaflets is only the services offered by the institution and not the doctors, their qualifications or their specific individual skills and competence.

(C) It is to be noted by all doctors that the inscription of consulting hour of clinics and hospitals on vehicles. Including ambulances constitutes an objectionable advertisement.

(D) Registered practitioners in administrative charge of health institutions may grant interviews or make media releases in respect of the institutions they manage, without being liable to a charge of misconduct, unless they specifically call attention to themselves or their professional competence.

(E) A doctor may, with propriety, write the occasional article for lay publication in which he gives information on any aspect of the profession which is of public interest, but he should not undertake to advise inquirers, through such a medium, in respect of their individual rights, or individual problems. .

(F) It is desirable that members of the profession should, as a public enlightenment service, engage in the publishing of materials which are suitable for the lay rader, either in the form of newspaper articles, books or on the internet. In so doing, whereas the identity of the author may properly be made known, steps should be taken to ensure that no editorial or preface should be made which is laudatory of the author. It is to be particularly noted by all doctors that, whereas an occasional article or letter in a newspaper may not offend, yet an undue frequency of such publications may arouse suspicion as to the true intentions of the author. There should be no mention of individual cases is such a form as might lead to the identification of the patient concerned.

(G) Where a doctor appears on the television or radio, or publishes on the internet, he must make sure that he does not use the opportunity for self advertisement.

(H) A member of the medical or dental profession may not

i. lend his name for use in any commercial advertisement in which he will be described as a doctor of medicine' or a dental surgeon or any other description that may so imply.

ii. insert in any newspaper or periodical, or the internet or any other publication, an advertisement offering, as a member of the medical or dental profession, to undertake confidential inquiries involving signs and symptoms of diseases and their management.

Iii. write for publication or give an interview to the press or otherwise cause or permit to be published, any particulars of his practice or earnings in the profession.

58. **TOUTING AND CANVASSING**

A medical or dental practitioner must not engage in or encourage professional touting. The employment of canvassers and the display of cards or calendars in hotels, show premises, banks or any other such venues, are highly improper and, ipso facto, constitute a breach of the professional code of ethics.

Thus, practitioners are not allowed to produce or distribute calendars, key holders, wall clocks, trays and such other gift items bearing the inscription of names of health institutions or their services because such items are promotional in nature and are wont to excite unwarranted and unhealthy competition among practitioners. It- is important to note that these gift items are not to be produced or distributed even on behalf of the practitioner by 'well wishers', as claims of ignorance by the practitioner will not be an acceptable defense,

59. **SIGNBOARDS AND SIGNPOSTS**

Practitioners may indicate their places of practice by means of signboards or signposts; provided that such signboards or signposts which bear only the name of the hospital or clinic, types of facilities available and the clinic hours, are placed anywhere within the premises only, if being occupied exclusively by the health institution or where the institution is in a shared premises, only a plaque not exceeding 80cm by 45cm may be placed on the wall of the appropriate part of the premises.

In obscure neighbourhoods, directional signboards, bearing only the inscription 'HOSPITAL' or 'CLINIC' may be installed by a practitioner who has his practice there.

PART G

CONVICTION FOR CRIMINAL OFFENCES

Conviction by a court of competent jurisdiction, for a criminal act considered incompatible with the status of a medical or dental practitioner, whether or not such act has resulted from professional practice shall b~ regarded, after due process by the Professional Brethren Of Good Repute And Competency, the Medical and Dental Practitioners Disciplinary Tribunal, as infamous conduct in a professional respect.

60. ABORTION

A conviction for criminal abortion affords ground for disciplinary action by the Medical and Dental Practitioners Disciplinary Tribunal. A doctor who improperly procures or attempts to procure an abortion or a miscarriage is liable to be charged with infamous conduct in a professional. Respect.

61. CONVICTION OF A REGISTERED PRACTITIONER IN A COURT OF LAW

Where a registered medical practitioner or dental surgeon is convicted, by any court in Nigeria or elsewhere, which has the power to award imprisonment, for an offence which in the opinion of the Medical and Dental Practitioners Disciplinary Tribunal is incompatible with the Status of a medical or dental practitioner, as the case may be, whether or not the particular offence is punishable with imprisonment, a particular conviction, or the last of the series of convictions, may afford ground for striking off the practitioner's name from the Register, whether or not the circumstances of the offence involved infamous conduct in a professional respect.

Practitioners are to take cognizance of the following points with regard to the effect of convictions:

(a) The Tribunal is legally bound to accept a conviction as conclusive. It is therefore not open to a practitioner to contend before the Tribunal that he was in fact innocent of an offence of which he has been convicted and that he was convicted only because he pleaded guilty in order to avoid publicity or for any other reason.

(b) The facts leading up to a conviction in any other country may be suggestive of infamous conduct in a professional respect and may thus give rise to an inquiry.

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62. **AIDING CRIMINALS IN CLINIC OR HOSPITAL PREMISES**

Registered practitioners have a duty, to ensure that professional practice premises are not used as bases or hide-outs for criminals. A breach of this ethic, either by omission or commission constitutes infamous conduct in a professional respect.

PART H
MISCELLANOUS

63. RETAINERSHIP, CAPITATION RATES AND PRE-FIXED FEES FOR PROFESSIONAL SERVICES.

Members of the medical and dental professions, in pursuit of normal economic interactions by giving professional services, may accept general retainerships, capitation rates and pre-fixed fees for the care of the personnel of corporate organizations, members of the specified group or family, either directly or through intermediaries such as health maintenance organizations.

However, in accepting a general retainership listing by intermediaries and health maintenance organizations, practitioners must ensure that they are not trapped with terms of retainership that defy generally accepted economic concepts, or would make them compromise ethics of the profession, such as compelling them to undertreat patients to meet costs or appear in any proceedings, which are detrimental to the interests of their patients.

Terms of relationship must include regular payment of retainer fee as applicable in respectable segments of the national economic activities.

Retainerships, capitation and pre-fixed fees must be accepted only in such a manner and on such terms that the medical interest of patients and the dignity and self-respect of the profession and practitioners are not jeopardized.

64. ALCOHOL AND DRUGS

The Council considers convictions for alcohol-related offences or trafficking as indications of habits that are discreditable to the profession and certainly a source of danger to patients. Thus, a registered practitioner may be judged to be guilty of infamous conduct on the following grounds amongst others not particularized in this notice:

(a) If convicted by any law court for a drug related offence
(b) If found drunk or under the influence of drungs
(c) If there is evidence that he was under the influence of alcohol or drugs while attending to patients.

(D) If he indulges in the abuse of dangerous drugs or of the privileges conferred on medical and dental practitioners by the Dangerous Drugs Act and Regulations.

65. IMPROPER FINANCIAL TRANSACTIONS

Certain financial transactions are regarded as improper for members of our noble profession. Examples of such unwholesome transactions would. include the following amongst others:

(a) Questions of infamous conduct may arise where allegations are made that a practitioner has improperly demanded or accepted fees from a patient under the public Health Service for private treatment contrary to the Regulations of the service.
(b) Disciplinary proceedings may also result when a practitioner knowingly and improperly obtains any payment to which he is not entitled.
(c) The Council considers the following deals unethical:
    (i) The commercialization of a secret remedy
    (ii) Improperly prescribing drug(s) or appliances in which a registered practitioner has a financial interest, and
    (iii) Arrangements for fee-splitting, which is the practice by the managing practitioner of returning a part of the fee paid by the patient to the referring practitioner, or a third party, with or without the patient's knowledge. The Practice constitutes a threat tot he best care of the patient because practitioners would tend to refer patients not to the practitioner with the best facility or skill demanded by the patient's condition, but to another practitioner who is ready to pay the highest return.

66. IMPROPER PURCHASE OF PATRONAGE

It is objectionable for a medical or dental practitioner to:

(A) Solicit either directly or indirectly for patronage from injured or sick persons, their next-of kin or any other interested party.
(b) Seek for claimants in respect of personal injuries in order to obtain the financial benefit!
(c) Offer rewards to persons who are likely, by reason of their own employment, to be able to influence any medical engagement, such as a retainership, in his favour.

It is in the interest of the profession generally that every practitioner who becomes aware of any such case should report it to the Medical and Dental Council of Nigeria *for* appropriate disciplinary action against the offending colleague.

67. **TORTURE**

It is obligatory that practitioners are not drawn into the application of torture on any citizen. They shall not countenance, condone or participate in the practice of torture or any *form* of cruel, inhuman or degrading procedures whatever the offence of which the victim of such a procedure is suspected, accused or guilty of and whatever the victim's beliefs or motives and in all situations including armed conflict and civil strife.

Where it becomes obvious or proven that a practitioner had been involved in an act of torture of any person by physical, biological, chemical, pharmacological, psychological or other cruel, inhuman or degrading treatment or punishment, he is considered to be in breach of this code.

For clarity, torture shall be defined as a deliberate systematic or wanton infliction of physical or mental injury or both, occasioning harm by one or more persons acting alone or with others or on orders of any authority to force or intimidate the victims to yield information, make a confession or for any other reason which is an outrage on personal dignity.

For the purpose of clarity, some examples of torture will include:

(A) Physical Torture

. Systematic beating, flogging, clubbing, punching or slapping
. Suspension of body *frames* in unusual positions.
. Sexual torture
  - Rape
  - Plunging objects into body orifices
  - Mutilation of sexual parts.
. Banging of victim's head against the wall
. Finger nail, hair or dental pulling, tearing, torching or burning
. Physical exhaustion by enforced gymnastics, prolonged standing or exercises other than usual training procedures.
. Mock executions and shooting of body parts.
. Electrical stimulation
. Drowning

. Noise, vibrations and lights aggression
. Climatic stress such as application of extremes of heat or cold

(B) Biological and **Chemical Torture**

. Pharmacological, that is misuse **of** indicated and unapproved drugs.
. Forced urine and excrement usage, and application
. Sleep deprivation
. Starvation
. Insect or animal aggression
. Direct tear-gassing to specific body parts

(C) Psychological Torture

. Threats to self and loved ones
. Sexual violations
. Deprivation of healthcare comfort to either the victim or his family
. Forced witnessing of the torture of others
. Changing attitude of the interrogator - 'the Goodman technique'
. Disappearance

(D) Others not stated here but considered to constitute forms of torture or are contrary to the promotion of good health and maintenance of life.

68. EUTHANASIA

One of the cardinal points in the Physician's Oath is the preservation of life and therefore, the act of mercy killing or helping a patient to commit suicide runs contradictory and antithetical. A doctor should not terminate life whether the patient is in sound health or is terminally ill.

A practitioners shall be adjudge to be in breach of the ethical code of practice if found to have encouraged or participated in any of the following acts:

(a) Termination of a patient life by the administration of drugs, even at the patient's explicit request.
(b) Prescribing or supplying drugs with the explicit intention of enabling the patient to end his or her life.

(C) Termination of a patient's life through the administration of drugs with or without the patient's explicit request thinking same to be in the interest of the patient.

69. FITNESS TO PRACTISE

Practitioners like any member of the society are prone to various ailments and detestable habits. To some extent these ailments and habits do not only impair the productivity, judgement and alertness of practitioners but can render them unreliable.

The Council views the following as conditions which could tender a practitioner unsafe and constitute obstacles of fitness to practice medicine or dentistry:

I. A practitioner suffering from senile dementia.

Ii. A practitioner suffering from physical or mental conditions which can imperil his patients, embarrass his professional colleagues and indeed jeopardise his own career and professional position.

Iii. A practitioner who has become addicted to drugs and might or indeed does commit offences against the Dangerous Drugs Act and Regulation.

iv. A practitioner addicted to alcohol who might or is not in the right frame of mind to treat patients.

(A) **Procedure to determine fitness of practice**

It is envisaged that problems with methodology of determining fitness to practise will be encountered. Practitioners would also raise objections as to the validity and credence. The following procedure will go a long way to eliminating any misgivings: .

I. The council shall set up an ad-hoc 'Committee on Practitioner's Health' consisting of the following members, each of whom shall not be less than fifteen (15) years post registration.

. A physician
. A psychiatrist
. A community Health/Occupational Physician
. A Dentist
. One (1) other member

(Ii) The Committee on Practitioner's Health (CPH) shall receive complaints, consider them and if satisfied that a question arises whether the doctor's fitness to practice has become seriously impaired, shall give the practitioner three weeks to submit to examination by at least two examiners.

(Iii) The Committee on Practitioner's Health (CPH) shall consider reports of the examiners and make recommendation to Council as appropriate. The Registrar of Council shall advise the practitioner accordingly, as the Council may direct. Where treatment is applicable, the practitioner shall be advised to submit to treatment.

(iv) When the practitioner refuses to submit to examination or to treatment, the Committee on Practitioner's Health CPH, shall lay a complaint before the Medical and Dental practitioners Investigating Panel, which shall attend to the matter as appropriate.

70. ENFORCEMENT OF SANCTIONS

After due process of investigation and trial of a registered .practitioner as appropriate, where such trial results in a pronouncement of guilt in respect of the registered practitioner, the Registrar of the Medical and Dental council of Nigeria shall take the following steps:

(A) In every such case where the guilt of the practitioner is pronounced by the Medical and Dental Practitioners Disciplinary Tribunal, the sentence that is pronounced shall be published in the Gazette of the Federal Republic of Nigeria and also as a paid advertisement in each of four national newspapers. Notification of the publication shall be duly deposited with the permanent secretaries of the Federal and all the State Ministries of Health, and the National President of the Nigerian Medical Association (if a medical practitioner) or the Nigerian Dental Association (if a dental surgeon).

(B) Where the name of registered practitioner is suspended from the Register for a period of time the Registrar will in addition to (a) above direct the practitioner to complete on a monthly basis, an approved proforma to the effect that he maintains compliance with the sentence until the period of suspension expires.

Issued at Lagos by the Medical and Dental Council of Nigeria in consonance with the provisions of the Medicaland Dental Practitioners Act Cap 221 Laws of the Federal Republic of Nigeria 1990 this 1 st day of January 2004.