

**BOARD OF MEDICINE**

**REPUBLIC ACT NO. 2382**

**THE MEDICAL ACT OF 1959**

**Be it enacted by the Senate and House of Representatives of the Philippines in Congress assembled:**

**ARTICLE II. - OBJECTIVES AND IMPLEMENTATION**

**SECTION 1. Objectives.** - This Act provides for and shall govern (a) the standardization and regulation of medical education; (b) the examination for registration of physician; and (c) the supervision, control and regulation of the practice of medicine in the Philippines.

**SECTION 2. Enforcement.** - For the purpose of implementing the provisions of this Act, there are created the following agencies: The Board of Medical Education Under the Department of Education, and the Board of Medical Examiners under the Commissioner of Civil Service.

**ARTICLE II. - THE BOARD OF MEDICAL EDUCATION - ITS FUNCTIONS**

**SECTION 3. Composition of the Board of Medical Education.** - The Board of Medical Education shall be composed of the Secretary of Education or his duly authorized representative, as chairman; the Secretary of Health or his duly authorized representative; the Director of the Bureau of Private Schools, or his duly authorized representative; the chairman of the Board of Medical Examiners or his duly authorized representative, a representative of the Philippine Medical Association; the Dean of the College of Medicine, University of the Philippines; a representative of the Council of Deans of Philippine Medical Schools; and a Representative of the Association of Philippine Medical Colleges as members.

The officials acting as chairman and members of the Board of Medical Education shall hold office during their incumbency in their respective positions.

**SECTION 4. Compensation and traveling expenses.** - The Chairman, members and Secretary of the Board of Medical Association shall be entitled to twenty-five pesos per diem for every meeting, provided the number of meetings authorized with per diem shall not exceed four times a month and traveling expenses in connection with their official duties as herein provided.

**SECTION 5. Functions.** - The functions of the Board of Medical Education shall be:

- (a) To determine and prescribe requirements for admission into a recognized college of medicine;
- (b) To determine and prescribe requirements for minimum physical facilities of colleges of medicine, to wit: buildings, including hospitals, equipment and supplies, apparatus, instruments, appliances, laboratories, bed capacity for instruction purposes, operating and delivery rooms, facilities for outpatient services, and others, used for didactic and practical instruction in accordance with modern trends;

- (c) To determine and prescribe the minimum number and minimum qualifications of teaching personnel, including student-teachers ratio;
- (d) To determine and prescribe the minimum required curriculum leading to the degree of Doctor of Medicine;
- (e) To authorize the implementation of experimental medical curriculum in a medical school at has exceptional faculty and instrumental facilities. Such an experimental curriculum may prescribe admission and graduation requirements other than those prescribed in this Act; Provided, That only exceptional students shall be enrolled in the experimental curriculum.
- (f) To accept applications for certification for admission to a medical school and keep a register of those issued said certificate; and to collect from said applicants the amount of twenty-five pesos each which shall accrue to the operating fund of the Board of Medical Education;
- (g) To select, determine and approve hospitals or some departments of the hospitals for training which comply with the minimum specific physical facilities as provided in subparagraph (b) hereof; and
- (h) To promulgate and prescribe and enforce the necessary rules and regulations for the proper implementation of the foregoing functions.

**SECTION 6. *Minimum required course.*** - Students seeking admission to medical course must have a bachelor's degree in science or arts.

The medical course leading to the degree of doctor of medicine shall be at least four years and shall consist of the following subjects.

Anatomy  
 Physiology  
 Biochemistry and Nutrition  
 Pharmacology  
 Microbiology  
 Parasitology  
 Medicine and Therapeutics  
 Pathology  
 Gynecology  
 Ophthalmology, Otology, Rhinology and Laryngology  
 Pediatrics  
 Obstetrics  
 Surgery  
 Preventive Medicine and Public Health

Legal Medicine, including Jurisprudence, Medical economics and Ethics Provided, That the Board is hereby authorized to modify or add to the subjects listed above as the needs and demands of progress in the medical profession may require.

**SECTION 7. *Admission requirements.*** - The medical college may admit any student who has not been convicted by any court of competent jurisdiction of any offense involving moral turpitude and who presents (a) a record showing completion of a bachelor's degree in science or arts; (b) a certificate of eligibility for entrance to a



medical school from the Board of Medical Education; (c) a certificate of good moral character issued by two former professors in the college of liberal arts; and (d) birth certificate. Nothing in this Act shall be construed to inhibit any college of medicine from establishing, addition to the preceding, other entrance requirements that may be deemed admissible.

For the purpose of this Act, the term "College of Medicine" shall mean to include faculty of medicine, institute of medicine, school of medicine or other similar institution, offering a complete medical course leading to the degree of Doctor of Medicine or its equivalent.

Every college of medicine must keep a complete records of enrollment, grades, graduates, and must public each year a catalogue giving the following information:

1. Date of publication
2. Calendar of academic year
3. Faculty roll indicating whether on full time or part time basis
4. Requirements of admission
5. Grading system
6. Requirements for promotion
7. Requirements for graduation
8. Curriculum and description of course by department
9. Number of students enrolled in each class in the preceding year.

### **ARTICLE III. - THE BOARD OF MEDICAL EXAMINERS REGISTRATION OF PHYSICIANS**

**SECTION 8. *Prerequisite to the practice of medicine.*** - No person shall engage in the practice of medicine in the Philippines unless he is at least twenty-one years of age has satisfactorily passed the corresponding Board Examination, and is a holder of a valid Certificate of Registration duly issued to him by the Board of Medical Examiners.

**SECTION 9. *Candidates for board examination.*** - Candidates for Board examinations shall have the following qualifications:

- (1) He shall be a citizen of the Philippines or a citizen of any foreign country who has submitted competent and conclusive documentary evidence, confirmed by the Department of Foreign Affairs, showing that his country's existing laws permit citizens of the Philippines to practice medicine under the same rules and regulations governing citizens thereof;
- (2) He shall be of good moral character;
- (3) He shall be of sound mind;
- (4) He shall not have been convicted by a court of competent jurisdiction of any offense involving moral turpitude;
- (5) He shall be a holder of the Degree of Doctor of Medicine or its equivalent conferred by a college of medicine duly recognized by the Government; and
- (6) He must have completed a calendar year of technical training known as internship the nature of which shall be prescribed by the Board of Medical Education undertaken in hospitals and health centers approved by the board.

**SECTION 10. *Acts of constituting practice of medicine.*** - A person shall be considered as engaged in the practice of medicine (a) who shall, for compensation, fee, salary or reward in any form paid to him directly or through another, or even without



the same, physically examine any person, and diagnose, treat, operate or prescribe any remedy for human disease, injury, deformity, physical, mental physical condition or any ailment, real or imaginary, regardless of the nature of the remedy or treatment administered, prescribed or recommended; or (b) who shall be means of signs, cards, advertisements, written or printed matter, or through the radio, television or any other means of communication, either offer or undertake by any means or method to diagnose, treat, operate or prescribe any remedy for any human disease, injury, deformity, physical, mental or physical condition; or (c) who shall falsely use the title of M.D. after this name.

**SECTION 11. Exemptions.** - The preceding section shall not be construed to affect (a) any medical student duly enrolled in an approved medical college or school, or graduate under training, serving without any professional fee in any government or private hospital, provided that he renders such service under the direct supervision and control of a registered physician; (b) any legally registered dentist engaged exclusively in the practice of dentistry; (c) any duly registered masseur or physiotherapist, provided that he applies massage or other physical means upon written order or prescription of a duly registered physician, or provided that such application of massage or physical means shall be limited to physical or muscular development; (d) any duly registered optometrist who mechanically fits or sells lenses, artificial eyes, limbs or other similar appliances or who is engaged in the mechanical examination of eyes for the purpose of constructing or adjusting eyeglasses, spectacles and lenses; (e) any person who renders any services gratuitously in cases of emergency, or in place where the services of a duly registered physician, nurse or midwife are not available; (f) any person who administers or recommends any household remedy as per classification of existing Pharmacy Laws; (g) any clinical psychologist, or mental hygienist, in the performance of his duties in regard to patients with psychiatric problems, provided such performance is done with the prescription and direct supervision of a duly registered physician, and (h) prosthetists who fit artificial limbs under the supervision of a registered physician.

**SECTION 12. Limited practice without any certificate of registration.** - Certificates of registration shall not be required of the following persons:

- (a) Physicians and surgeons from other countries called in consultation only and exclusively in specific and definite cases, or those attached to international bodies or organizations assigned to perform certain definite work in the Philippines, provided they shall limit their practice to the specific work assigned to them and provided further they shall secure a previous authorization from the Board of Medical Examiners.
- (b) Commissioned medical officers of the United States Armed Forces stationed in the Philippines while rendering service as such for the members of the said armed forces and within the limit of their own respective territorial jurisdiction.
- (c) Foreign physicians employed as exchange professors in special branches of medicine or surgery whose service may, upon previous authorization of the Board of Medical Examiners, be necessary.
- (d) Medical students who have completed the first four years of medical course, graduates of medicine and registered nurses who may be given limited and special authorization by the Secretary of Health to render services during epidemics or national emergencies whenever the services of duly registered physicians are not available. Such authorization shall



automatically cease when the epidemic or national emergency is declared terminated by the Secretary of Health.

**SECTION 13. *The Board of Medical Examiners, its composition and duties.*** -

The Board of Medical Examiners shall be composed of six members to be appointed by the President of the Philippines from a list of not more than twelve names approved and submitted by the Executive Council of the Philippine Medical Association, after due consultation with other medical associations during the month of September each year. The chairman of the Board shall be elected from among themselves by the members at the meeting called for the purpose. The President of the Philippines shall fill any vacancy that may occur during any examination from the list of names submitted by the Philippine Medical Association in accordance with the provisions of this Act.

No examiner shall handle examinations in more than four subjects or groups of subjects as hereinafter provided. The distribution of subjects to each member shall be agreed upon at a meeting called by the chairman for the purpose. The examination papers shall be under the custody of the Commissioner of Civil Service or his duly authorized representative, and shall be distributed to each member of the Board who shall correct, grade, and sign, and submit them to the said Commissioner within one hundred twenty days from the date of the termination of the examinations.

A final meeting of the Board for the deliberation and approval of the grades shall be called by the Commissioner of Civil Service immediately after receipt of the records from the members of the Board of Medical Examiners. The Secretary of the Board shall submit to the President of the Philippines for approval the tabulation of results without names and immediately upon receipt of the approved tabulation from the Office of the President the Board shall insert names and cause the publication of the names of successful candidates in alphabetical order without the ratings obtained by each, and at the same time transmit a copy thereof to the Office of the President.

**SECTION 14. *Qualifications of examiner.*** - No person shall be appointed a member of the Board of Medical Examiners unless he or she (1) is a nature-born citizen of the Philippines, (2) is a duly registered physician in the Philippines (3) has been in the practice of medicine for at least ten years, (4) is of good moral character and of recognized standing in the medical profession as certified by the Philippine Medical Association, (5) is not a member of the faculty of any medical school and has no pecuniary interest, directly or indirectly, in any college of medicine or any institution where any branch of medicine is taught, at the time of his appointment.

**SECTION 15. *Tenure of office and compensation of members.*** - The members of the Board of Medical Examiners shall hold office for a term of three years without immediate reappointment and until their successors shall have been duly appointed and duly qualified. During the first year of the implementation of this amendment, the members of the Board of Medical Examiners shall hold office as follows:

- Two members for a term of one year;
- Two members for a term of two years;
- Two members for a term of three years;

Provided, That yearly appointments of two new members will be made to replace those whose terms will expire: Provided, further, That appointments to fill up vacancies created by causes other than through expiration of regular terms will be for the unexpired period only. Each member shall receive as compensation ten pesos for each candidate examined in the preliminary or final physician examination, provided the sum of said compensation does not exceed eighteen thousand pesos annually.



The President of the Philippines, upon the recommendation of the Commissioner of Civil Service, after due investigation, may remove any member of the Board of Medical Examiners for neglect of duty, incompetency, or unprofessional or dishonorable conduct.

**SECTION 16. *Executive officer and Secretary of the Board.*** - The Secretary of the Boards of Examiners appointed in accordance with Section ten of Act Numbered Four thousand seven as amended, shall also be the secretary of the Board of Medical Examiners, who shall keep all the records, including examination papers and the minutes of the deliberations of the Board. He shall also keep a register of all persons to whom certificates of registration has been granted; set forth the name, sex, age, and place of birth of each, place of business, post office address, the name of the medical college or university from which he graduated or in which he had studied, together with the time spent in the study of the profession elsewhere, the name of the country where the institution is located which had granted to him the degree or certificate of attendance on clinics and all lectures in medicine and surgery, and all other degrees granted to him from institutions of learning. He shall keep an up-to-date registration book of all duly registered physicians in the Philippines. He shall furnish copies of all examination questions and ratings in each subject of the respective candidates in the physicians examination, one month after the release of the list of successful examinees, to the deans of the different colleges of medicine exclusively for the information and guidance of the faculties thereof. This report shall be considered as restricted information. Any school which violates this rule shall be deprived of such privilege. The Secretary shall keep all the records and proceedings, and issue and receive all papers in connection with any and all complaints presented to the Board.

**SECTION 17. *Rules and Regulations.*** - The Board of Medical Examiners, with the approval of the Commissioner of Civil Service, shall promulgate such rules and regulations as may be necessary for the proper conduct of the examinations papers, and registration of physicians. The commissioner shall supervise each Board examination and enforce the said rules and regulations. These rules and regulations shall take effect fifteen days after the date of their publication in the Official Gazette and shall not be changed within sixty days immediately before any examination. Such rules and regulations shall be printed and distributed for the information and guidance of all concerned.

**SECTION 18. *Dates of examinations.*** - The Board of Medical Examiners shall give examinations for the registration of physician, twice a year, on dates to be determined by it provided that the interval between the first and the second examinations in a year shall be six months, in the City of Manila or any of its suburbs after giving not less than ten days' notice to each candidates who had filed his name and address with the Secretary of the Board.

**SECTION 19. *Fees.*** - The Secretary of the Board, under the supervision of the Commissioner of Civil Service shall collect from each candidate the following fees:

For complete physician examination . . . . .	75.00
For preliminary or final examination . . . . .	40.00
For registration as physician . . . . .	20.00

All fees paid as provided herein shall accrue to the funds of the Board of Medical Examiners and be expended for the payment of the compensation of the members thereof. No fees other than those provided herein shall be paid to the Board.

**SECTION 20. *Issuance of Certificates of Registration and grounds for refusal of same.*** - The Commissioner of Civil Examiners, shall sign and issue certificates of registration to those who have satisfactorily complied with the requirements of the Board. They shall not issue a certificate of registration to any candidate who has been convicted by court of competent jurisdiction of any criminal offense involving moral turpitude, or has been found guilty of immoral or dishonorable conduct after the investigation by the Board of Medical Examiners, or has been declared to be of unsound mind.

**SECTION 21. *Scope of examination.*** - The following subjects shall be given in the examinations:

(a) Preliminary Examination

- 1) Anatomy and Histology
- 2) Physiology
- 3) Biochemistry
- 4) Microbiology and Parasitology

(b) Final Examination

- 1) Pharmacology and Therapeutics
- 2) Pathology
- 3) Medicine
- 4) Obstetrics and Gynecology
- 5) Pediatrics and Nutrition
- 6) Surgery and Ophthalmology, Otolaryngology and Rhinology
- 7) Preventive Medicine and Public Health, and
- 8) Legal medicine, Ethics and Medical Jurisprudence

(b) Complete Examination

- 1) Anatomy and Histology
- 2) Physiology
- 3) Biochemistry
- 4) Microbiology and Parasitology
- 5) Pharmacology and Therapeutics
- 6) Pathology
- 7) Medicine
- 8) Obstetrics and Gynecology
- 9) Pediatrics and Nutrition
- 10) Surgery and Ophthalmology, Otolaryngology and Rhinology
- 11) Preventive Medicine and Public Health, and
- 12) Legal Medicine, Ethics and Medical Jurisprudence

The question shall be the same for all applicants. All answers must be written in English. No name of the examinee shall appear in the examination paper but the examiners shall devise a system whereby each applicant can be identified by number only.

In order that a candidate may be deemed to have passed his examination successfully he must have obtained a general average of seventy-five percent without a grade lower than fifty percent in any subject: Provided, That a candidate who fails for the third time in the complete or final examinations will be required to take a refresher course



prescribed by the Board of Medical Examiners of at least one (1) year in a recognized medical school or college before he could be allowed to take subsequent examinations.

If the applicant is found to be proficient in the subjects in the preliminary examinations, he or she shall be exempt in these subjects at the time of the final examination. In case of failure in any subject at any preliminary examination given in accordance with this section, the candidate shall not then be reexamined in such subject in which he may have failed until he shall have finished the prescribed course of medical study and internship.

**SECTION 22. *Administrative investigations.*** - In addition to the functions provided for in the preceding sections, the Board of Medical Examiners shall perform the following duties: (1) to administer oath to physicians who qualified in the examinations; (2) to study the conditions affecting the practice of medicine in all parts of the Philippines; (3) to exercise the powers conferred upon it by this article with the view of maintaining the ethical and professional standards of the medical profession (4) to subpoena or subpoena duces tecum witnesses for all purposes required in the discharge of its duties; and (5) to promulgate, with the approval of the Commissioner of Civil Service, such rules and regulations as it may deem necessary for the performance of its duties in harmony with the provisions of this Act and necessary for the proper practice of medicine in the Philippines.

Administrative investigations shall be conducted by at least two members of the Board of Medical Examiners with one legal officer sitting during the investigation, otherwise the proceedings shall be considered void. The existing rules of evidence shall be observed during all administrative investigations. The Board may disapprove applications for examination or registration, reprimand erring physicians, or suspend or revoke registration certificates, if the respondents are found guilty after due investigation.

**SECTION 23. *Procedure and rules.*** - Within five days after the filing of written charges under oath, the respondent physician shall be furnished a copy thereof, without requiring him or her to answer the same, and the Board shall conduct the investigation within five days after the receipt of such copy by the respondent. The investigation shall be completed as soon as practicable.

**SECTION 24. *Grounds for reprimand, suspension or revocation of registration certificate.*** - Any of the following shall be sufficient ground for reprimanding a physician, or for suspending or revoking a certificate of registration as physician:

- (1) Conviction by a court of competent jurisdiction of any criminal offense involving moral turpitude;
- (2) Immoral or dishonorable conduct;
- (3) Insanity;
- (4) Fraud in the acquisition of the certificate of registration;
- (5) Gross negligence, ignorance of incompetence in the practice of his or her profession resulting in an injury to or death of the patient;
- (6) Addiction to alcoholic beverages or to any habit-forming drug rendering him or her incompetent to practice his or her profession, or to any form of gambling;
- (7) False or extravagant or unethical advertisements wherein other things than his name, profession, limitation of practice, clinic hours, office and home address, are mentioned;
- (8) Performance of or aiding in any criminal abortion;
- (9) Knowingly issuing any false medical certificate;



- (10) Issuing any statement or spreading any news or rumor which is derogatory to the character and reputation of another physician without justifiable motive;
- (11) Aiding or acting as a dummy of unqualified or unregistered person to practice medicine;
- (12) Violation of any provision of the Code of Ethics as approved by the Philippine Medical Association.

Refusal of a physician to attend a patient in danger of death is not a sufficient ground for revocation or suspension of his registration certificate if there is a risk to the physician's life.

**SECTION 25. *Rights of respondents.*** - The respondent physician shall be entitled to be represented by counsel or be heard in person, to have a speedy and public hearing, to confront, and to cross-examine witnesses against him or her, and to all other rights guaranteed by the Constitution and provided for in the Rules of Court.

**SECTION 26. *Appeal from judgment.*** - The decision of the Board of Medical Examiners shall automatically become final thirty days after the date of its promulgation unless the respondent, during the same period, has appealed to the Commissioner of Civil Service and later to the Office of the President for the Philippines. If the final decision is not satisfactory, the respondent may ask for a review of the case, or may file in court a petition for certiorari.

**SECTION 27. *Reinstatement.*** - After two years, the Board may order the reinstatement of any physician whose certificate of registration has been revoked, if the respondents has acted in an exemplary manner in the community wherein he resides and has not committed any illegal, immoral or dishonorable act.

#### **ARTICLE IV. - PENAL AND OTHER PROVISIONS**

**SECTION 28. *Penalties.*** - Any person found guilty of "illegal practice of medicine" shall be punished by a fine of not less than one thousand pesos nor more than ten thousand pesos with subsidiary imprisonment in case of insolvency or by imprisonment of not less than one year nor more than five years, or by both such fine imprisonment, in the discretion of the court.

**SECTION 29. *Injunctions.*** - The Board of Medical Examiners may file an action to enjoin any person illegally practicing medicine from the performance of any act constituting practice of medicine if the case so warrants until the necessary certificate therefor is secured. Any such person who, after having been so enjoined, continues in the illegal practice of medicine shall be punished for contempt of court. The said injunction shall not relieve the person practicing medicine without certificate of registration from criminal prosecution and punishment as provided in the preceding section.

**SECTION 30. *Appropriation.*** - To carry out the provisions of this Act, there is hereby appropriated, out of nay funds in the National Treasury not other wise appropriated, the sum of twenty thousand pesos.

**SECTION 31. *Repealing clause.*** - All Acts, executive orders, administrative orders, rules and regulations, or parts thereof inconsistent with the provisions of this Act are repealed or modified accordingly.



**SECTION 32. *Effectivity.*** - This Act shall take effect upon its approval: Provided, That if it is approved during the time when examinations for physicians are held, it shall take effect immediately after the said examinations: Provided further, That section six of this Act shall take effect at the beginning of the academic year nineteen hundred sixty to nineteen hundred sixty-one, and the first paragraph of section seven shall take effect four years thereafter.



## **CODE OF ETHICS**

### **ARTICLE I GENERAL PRINCIPLES**

**SECTION 1.** The primary objectives of the practice of medicine is service to mankind irrespective of race, creed or political affiliation. In its practice, reward of financial gain should be a subordinate consideration.

**SECTION 2.** On entering his profession a physician assumes the obligation of maintaining the honorable tradition that confers upon him the well deserved title of "friend of man". He should cherish a proper pride in his calling, conduct himself as a gentleman, and endeavor to exalt the standards and extend the sphere of usefulness of his profession. He should adhere to the generally accepted principles of the International Code of Medical Ethics adopted by the Third General Assembly of the World Medical Association at London, England in October, 1949 as part of his professional conduct.

**SECTION 3.** In his relation to his patients, he shall serve their interest with the greatest solicitude, giving them always his best talent and skill.

**SECTION 4.** In his relation to the state and to the community, a physician should fulfill his civic duties as a good citizen, conform to the laws and endeavor to cooperate with the proper authorities in the due application of medical knowledge for the promotion of the common welfare.

**SECTION 5.** With respect to the relation of the physician to his colleagues, he should safeguard their legitimate interest, reputation, and dignity - bearing always in mind the golden rule "whatever ye would that man should do unto you, do you even so to them."

**SECTION 6.** The ethical principles actuating and governing a clinic or a group of physicians are exactly the same as those applicable to the individual physician. Specialties in the various fields of medical sciences are not exempt from the application of these principles.

### **ARTICLE II DUTIES OF PHYSICIANS TO THEIR PATIENTS**

**SECTION 1.** A physician should attend to his patients faithfully and conscientiously. He should secure for them all possible benefits that may depend upon his professional skill and care. As the sole tribunal to adjudge the physician's failure to fulfill his obligation to his patients is, in most cases, his own conscience, and violation of this rule on his part is discreditable inexcusable.

**SECTION 2.** A physician is free to choose whom he will serve. He may refuse calls, or other medical services for reasons satisfactory to his professional conscience. He should, however, always respond to any request for his assistance in an emergency. Once he undertakes a case, he should not abandon nor neglect it. If for any reason he wants to be released from it, he should announce his desire previously, giving sufficient time or opportunity to the patient or his family to secure another medical attendant.



**SECTION 3.** In cases of emergency, wherein immediate action is necessary, a physician should administer at least first aid treatment and then refer the patient to a more qualified and competent physician if the case does not fall within his particular line.

**SECTION 4.** In serious cases which are difficult to diagnose and treat, or when the circumstances of the patient or the family so demand or justify, the attending physician should seek the assistance of his colleagues in consultation.

**SECTION 5.** A physician must exercise good faith and strict honesty in expressing his opinion as to the diagnosis, prognosis, and treatment of the cases under his care. Timely notice of the serious tendency of the disease should be given to the family or friends of the patients, and even to the patient himself if such information will serve the best interest of the patient and his family. It is highly unprofessional to conceal the gravity of the patient's condition, or to pretend to cure or alleviate a disease for the purpose of persuading the patient to take or continue the course of treatment, knowing that such assurance is without accepted basis. It is also unprofessional to exaggerate the condition of the patient.

**SECTION 6.** The medical practitioner should guard as a sacred trust anything that is confidential or private in nature that he may discover or that may be communicated to him in his professional relation with his patients, even after their death. He should never divulge this confidential information, or anything that may reflect upon the moral character of the person involved, except when it is required in the interest of justice, public health, or public safety.

**SECTION 7.** The medical profession not being a business and service being, its primary concern, a physician should not charge exorbitant or excessive fees. In determining the amount of the fee, he should always consider the financial status of the patient, the nature of the case, the time consumed, his professional standing and skill and the average fees charged by physicians of the same standing in the same locality.

### **ARTICLE III**

#### **DUTIES OF PHYSICIANS TO THE COMMUNITY**

**SECTION 1.** Physician should cooperate with the proper authorities in the enforcement of sanitary laws and regulations and in the education of the people on matters relating to the promotion of the health of the individual as well as of the community. They should enlighten the public on the dangers of communicable diseases and other preventable diseases, and on all the measures for their prevention and cure, particularly in times of epidemic or public calamity. On such occasions, it is their duty to attend to the needs of the sufferers, even at the risk of their own lives and without regard to financial returns. At all times, it is the duty of the physician to notify the properly constituted public health authorities of every case of communicable disease under his care in accordance with the laws, rules and regulations of the health authorities of the Philippines.

**SECTION 2.** It is the duty of every physician, when called upon by the judicial authorities, to assist in the administration of justice on matters which are medico-legal in character.

**SECTION 3.** It is the duty of physicians to warn the public against the dangers and false pretensions of charlatans and quacks, since, their deceitful practice may cause injury to health and even loss of life.



**SECTION 4.** A physician should never cover up, help, aid or act as a dummy of any illegal practitioner, quack or charlatan.

**SECTION 5.** Solicitation of patients, directly or indirectly, through solicitors or agents, is unethical. Modest advertising may be allowed through professional cards, classified advertising, directories of signboard. In all these advertisements only the name, title or profession, office hours and office and residence addresses should appear. In case of physicians specializing on a definite branch of medicine, the specialty may be advertised by stating "Practice limited to (specialty)" or by merely stating: "Obstetrician", "Orthopedic surgeon", "Ophthalmologist", etc. Advertising and publishing personal superiority, possession of special certificates or diplomas, post-graduate training abroad, specific methods of treatment or operative techniques or advertising former connection with hospitals or clinics are likewise unethical. Guaranteeing or warranting treatments or operations is objectionable.

**SECTION 6.** No physician should advertise through the radio, television or movies nor allow the publication of reports or comments on cases or methods of treatment in any newspaper or magazine. Only medical articles which will contribute to the knowledge and education of the public on general health matters may be published and the author may be identified provided the article is neither self-laudatory nor in any way related to his clinical practice. In case any picture or a laudatory article is published by anybody without the consent of knowledge of the physician concerned, the latter should make a written protest and disclaimer to be published in the same newspaper or magazine where the original article in question was published. A copy of this letter should also be furnished the component society to whom the physician belongs and to the PMA Secretariat.

**SECTION 7.** The physician-columnist must be well informed and up-to-date in the subject matter of his column. The scope of the medical column should be in the form of general information, of education value and of public interest, such as needs for yearly periodic consultations, preventive measures, formation of good health habits, explanation of need for diagnostic sides, emergency measures, and other topics of general interest to the health of the public. Medical columns should not make specific diagnosis or therapy or be projected to individual cases. The physician-columnist should not be in active clinical practice. If however, the physician-columnist is in active clinical practice, his authorship must be in the form of pseudonym or the columns may be published under the sponsorship of a medical society or a specialty society to which he belongs.

**SECTION 8.** Humanity requires every physician to render his services gratuitously to poor and indigent persons who are in need of his attendance. The endowed institution and organization for mutual benefit or for accident, sickness or life insurance or for analogies purposes have no claim upon physicians for unremunerated service.

#### **ARTICLE IV DUTIES OF PHYSICIANS TO THEIR COLLEAGUES AND TO THE PROFESSION**

**SECTION 1.** Physicians should labor together in harmony, each giving freely to others whatever advantage he may have to contribute.



**SECTION 2.** A physician should willingly render gratuitous service to a colleague, to his wife and minor children or even to his father or mother provided the latter are aged and are being supported by the colleague. He should however, be furnished the necessary travelling expenses and compensated for all medicines and supplies necessary in the treatment of the patient. This provision shall not apply to physicians who are no longer in practice nor to physicians who are engaged only or purely in business.

**SECTION 3.** In difficult and serious cases or in those which are outside the competence of the attending physician, he should always suggest and ask consultation. Only experience physicians who are senior to the attending physician or who have had special training and experience in a particular line of medicine should be selected by the latter as consultants.

**SECTION 4.** Out of consideration for the object of consultation and for the physician's duty to uphold the honor and dignity of his profession, no physician should meet in consultation with anyone who is not qualified by law to practice medicine. In arranging for a consultation the attending physician should fix the hours of the meeting. However, it is his duty to make the appointment in a way satisfactory to the consultant.

**SECTION 5.** Every physician participating in a consultation should endeavor to observe punctuality. Unless the cause of delay is known, if the attending physician does not arrive within a reasonable time after the appointed hour, the consultant should, according to the circumstances attending the case, be at liberty either to regard the consultation as postponed or to see the patient alone. In the latter case, he should leave his conclusions in writing in a sealed envelope. On the other hand, if the consultant does not appear at the fixed time, the attending physician, after a reasonable period of waiting, and with the consent of the patient, or his family, may either arrange for another consultation or give permission for the consultant to examine the patient and forward to him a written statement of his opinion. In giving such written opinion, the consultant must see to it that the opinion is under seal and that his statements are courteously worded.

**SECTION 6.** The attending physician should give the consultant all necessary information relating to the case. This should be done in a place away from the patient and his family. After this the consultant should be brought in and introduced to the patient by the attending physician, who may examine the patient again, if he thinks it necessary to note any possible change before turning his patient over to the consultant. The latter then should proceed to make a thorough examination. During the examination, the attending physician may make patient remarks or observation. While in the presence of the patient or his family, the consultant should not make any remarks about the diagnosis, etiology, prognosis, or treatment or hint of any possible error of the attending physician.

**SECTION 7.** In a secluded place away from the patient the physicians should discuss the case and determine the course of treatment to be followed. Neither statement nor discussion of the case should take place before the patient or his family or friend, not only to save the attending physician from possible embarrassment, but also to prevent all possible misapprehension which susceptible lay persons might easily derive from the plain discussion usually unavoidable in such cases.

**SECTION 8.** Once the discussion is terminate, the result of the deliberations should be announced. The duty of announcing it to the patient's family or friends should be mutually arranged between the attending physician and the consultant, and no opinion or information should be announced without previous deliberation and concurrence.



**SECTION 9.** Differences of opinion should not be divulged; but when there is an irreconcilable disagreement, the circumstances should be frankly, courteously, and impartially explained to the patient's family or friends.

**SECTION 10.** When a consultation is over and the physician in charge is designated, the latter shall be responsible for the care and treatment of the patient. He may, however, suggest calling in any other physician whom he regards as competent to help or to advise. He may at anytime change or abandon the course of treatment outlined and agreed upon at the consultation, if and when, in his opinion, such action is required by the condition of the patient. If he does this, he should at the next consultation state his reasons for departing from the course previously agreed upon because it is his duty to follow the treatment, outlined and refrain from changing if for trivial motives. If an emergency occurs and the physician in charge is not available, the consultant should attend to the case until the arrival of his colleague, but should not take further charge of it except with the consent of the attending physician.

**SECTION 11.** Cases which appear to be out of the proper line of practice of the physician in charge or refractory in spite of the usual clinical treatment, or with a grave prognosis should be referred to those who specialize in that class of ailments. It is desirable that the patient brings with him a letter of introduction giving the history of the case, its diagnosis and treatment, and all the details that may be of service to the specialist. The latter should, in turn reply in writing to the physician in charge, giving his opinion of the case together with the course of treatment he recommends. These opinions or suggestions must be regarded as strictly confidential.

**SECTION 12.** A physician should observe utmost caution, tact and prudence, both in words and in action, as regards the professional conduct of another physician, particularly when it concerns a patient previously treated by the latter or actually under his care. In his dealings with patients not under his care, he should not say or do anything that might lessen the patient's confidence reposed in the attending physician.

**SECTION 13.** Whenever a physician is compelled to make a social or business call on a patient under the professional care of another physician, he should not make inquiries or comments as to the etiology diagnosis, treatment, or prognosis of the case. The most that may be mentioned is the general physical condition of the patient or other topics foreign to the case.

**SECTION 14.** A physician should not take charge of or prescribe for a patient already under the care of another physician, unless the case is one of emergency, or the physician in attendance has relinquished the case, or the services of the attending physician has been dispensed with.

**SECTION 15.** A physician should never examine or treat a hospitalized patient of another without the latter's knowledge and consent except in cases of emergency, but in the latter instance, the physician should not continue the treatment but return the patient to his attending physician after the emergency has passed.

**SECTION 16.** A physician called upon to attend a patient of another physician either because of an emergency, or because the family physician asks for it, or is not available should attend only to the patient's immediate needs. His attendance ceases when the emergency is over or on the arrival of the physician in charge after he has reported the condition found and treatment administered; and he should not charge the patient for his services without the knowledge of the attending physician.



**SECTION 17.** Whenever in the absence of the family physician several physicians have been simultaneously called in an emergency case because of the alarm and anxiety of the family or friends, the first to arrive should be considered as physician in charge, unless the patient or his family has special preference for some other one among those who are present. As a matter of courtesy, the acting physician in charge should request, at the start, that the family physician be called. When the patient is taken to the hospital, the attending physician of the hospital, likewise should communicate with the family physician so as to give him the opinion of attending the case.

**SECTION 18.** Public interest demands that the relation between government and private physicians should be friendly and cordial for the promotion and protection of public health depend greatly upon the cooperation of government and private physicians.

**SECTION 19.** The physicians should carefully refrain from making unfair and unwarranted criticism of other physicians' and even in justified circumstances, criticism should be made in a constructive way and only directly and privately to the physicians involved. Whenever there is an irreconcilable difference of opinion, or conflict of interest between physicians, which cannot be adjusted by both sides alone, the matter should be referred to a committee of impartial physicians or other competent bodies for arbitration.

**SECTION 20.** When a physician is requested by a colleague to take care of a patient during his temporary absence or when because of an emergency he is asked to see the patient of a colleague, the physician should treat the patient in the same manner and with the same delicacy as he would have wanted his own patient cared for under similar conditions. The patient should be returned to the care of the attending physician as soon as possible.

**SECTION 21.** When a physician attends a woman in labor in the absence of another who has been engaged to attend, such physician should relinquish the patient to the one first engaged upon his arrival. The physician is entitled to compensation for the professional services he may have rendered.

**SECTION 22.** A true physician does not base his practice on exclusive dogma or sectarian system, for medicine is a liberal profession. It has no creed, nor party, no master. Neither is it subject to any bond except that of truth. A physician should keep abreast of the advancement of medical science; contribute to its progress; and associate with his colleagues in any of the recognized medical societies, so that he may broaden his horizon through the exchange of ideas, and in order that he may contribute his time, energy, and means towards making these societies represent the ideas of the profession. The medical journal is one of the most important instruments through which these objectives may be accomplished. It is therefore necessary that editors and members of editorial boards of medical journal should possess adequate qualifications. And to the end in view all editors and members of the editorial boards of national medical journal will be recommended by the Philippine Association of Medical Writers, Inc. to the Executive Council, and in case of specialty and component medical society journals, the appointment of editors and members of editorial boards will be left at the discretion of their respective affiliate specialty or component medical societies concerned. Furthermore, the contents of medical journals should conform to accepted standards as provided for by the Philippine Association of Medical Writers, Inc.

**SECTION 23.** A physician should be upright, diligent, sober modest and well-versed in both the science and the art of his profession. Extravagance, intemperance and



superstitious are most destructive to the professional reputation, influence, and confidence; and they are not only financially but also morally disastrous.

**SECTION 24.** Advertising by means of untruthful or improbable statements in newspapers or other publications, or exaggerated announcements on shingles and signboards, calculated to mislead or deceive the public, or made in manner not consistent with good moral and right professional dealings with a patient, is unprofessional. Announcements in newspaper, or in signboards or shingles, should be restricted to the facts about the location of clinics, office hours, and limitation of practice. It is equally incompatible with honorable standing in the profession to solicit patients by circulars, by advertisements, or by personal relations to procure patients indirectly through solicitors or agents.

**SECTION 25.** It is unprofessional for a physician to help or to employ unqualified persons for the purpose of evading the legal restriction governing the practice of medicine.

**SECTION 26.** It is degrading to the good name of the medical profession to prescribe, dispense or manufacture secret remedies or to promote their use in any way. It is likewise unprofessional to promise or boast of radical cures or to exhibit publicly testimonial of success in the treatment of diseases.

**SECTION 27.** It is degrading to the professional character for physicians to deliberately to prolong the progress of treatment of diseases for questionable motives, or to establish an unjust competition among physicians in the community by unwarranted lowering of fees.

**SECTION 28.** When a patient is referred by one physician to another for consultation or for treatment whether the physician in charge accompanies the patient or not, it is unprofessional to give or to receive commission by whatever term it may be called or under any guise or pretext whatsoever. It is unprofessional for a physician to pay or offer to pay, or to receive or solicit commission for the purpose of gaining patients for recommending professional service.

**SECTION 29.** Physicians should expose without fear or favor, before the proper medical or legal tribunals corrupt or dishonest conduct of members of the profession. All questions affecting the professional reputation of a member or members of the medical society should be considered only before proper medical tribunals, in executive sessions or by special or duly appointed committees on ethical relations. Every physician should aid in safeguarding the profession against the admission to its ranks of those who are unfit or unqualified because of deficiency in moral character or education.

## **ARTICLE V**

### **DUTIES OF PHYSICIANS TO ALLIED PROFESSIONALS**

**SECTION 1.** Physicians should cooperate with and safeguard the interest, reputation, and dignity of every pharmacist, dentist, and nurse; because all of them have as their objective the amelioration of human suffering. But, should they violate their respective professional ethics, they thereby forget all claims to favorable considerations of the public and of physicians.

**SECTION 2.** Physicians should never sign or allow to be published any testimonial certifying the efficacy value and superiority and recommending the use of any drug,

medicine, food product, instrument or appliance or any other object or product related to their practice specially when published in a lay newspaper or magazine or broadcast thru the radio or television. When such testimonials are published or broadcast without his knowledge and consent, he should immediately make the necessary rectification and order the discontinuance thereof.

**SECTION 3.** A physician should neither pay commissions to any person who refers cases to or help him acquiring patient nor receive commission from druggist, laboratory men, radiologists or other co-workers in the diagnosis and treatment of patients for referring patients to them.

## **ARTICLE VI AMENDMENTS**

**SECTION 1.** The House of Delegates of the Philippine Medical Association, upon recommendation of the Executive Council, by a majority vote of all the delegates may amend or repeal this Code or adopt new Code of Ethics of the Medical Profession in the in the Philippines. Any amendment shall be a part of this Code of Medical Ethics and such amendments shall become effective after thirty (3) days following the completion of its publication in the Official Gazette.

## **ARTICLE VII PENAL PROVISIONS**

**SECTION 1.** This Code of Ethics shall be published in the Official Gazette to have the force and effect of law. Copies of this Code shall be distributed every year to all physicians during their Annual Conventions and published once a year in all medical journals published in the Philippines for the proper information and guidance of all physicians both in private practice and in the government service and shall also be distributed among all new physicians immediately following their oath taking. It shall be included in the curriculum of all medical schools as part of the course of study of legal medicine, ethics and medical jurisprudence.

**SECTION 2.** Violation of anyone of the provisions of this Code of Ethics shall constitute unethical and unprofessional conduct and therefore a sufficient ground for the reprimand, suspensions or revocation of the certificate of registration of the offending physician in accordance with provisions of Section 24, paragraph (12) of the Medical Act of 1959, Republic Act 2382.