

中華醫學會醫師條 誡

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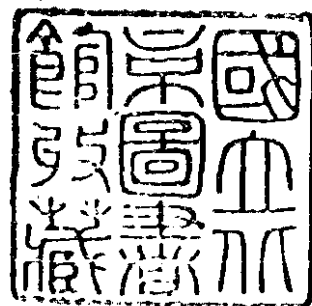
中華醫學會醫師條誡

▲醫師之職司

- 第一條 醫師以服務人羣爲主旨、
第二條 醫師日常生活、應有節制、因執行業務、須有健全之身心、

▲醫業概要

- 第三條 醫業之高尙 業醫者、應增進其學術技能、維護其高尙地位、實踐其理想
第四條 醫業之基礎 醫師操業、不得專憑獨斷之說、亦不得根據與世界主要醫學相反之學說、
第五條 不需要或不正當之手術 操業上應用方法，須爲一般



醫界所公認、凡不需要或不正當之手術，皆不應施、允許勸告或執行墮胎之類、皆爲違反醫德，但在特殊情形下、與其他學術湛深、行爲忠實之醫師商榷後、認爲保全母命、不得不施行手術時、得施行之、

第六條

尊重中國習俗 凡外籍醫師、在華操業者、不應觸犯中國習俗及人民之情感、尤以婦女病人爲然、凡病人死後、欲作解剖時、應依照中國法律、先得死者家屬之同意、並呈請地方官廳核准後、方得執行、

第七條

醫師報酬 醫師所取報酬、應以其所在地通行之醫費爲準、報酬與施於病人正當之治療、爲兩問題、不應互相牽涉、尤不應以報酬問題、犧牲職業上之地位、或違反公衆利益、

第八條

不得私相分潤 給予或接受潤金、乃危害公益、或降低醫業之事、是爲不合業務、凡遇診治商榷或外科治療、除病人或其友人了解接洽之條件外、如有互相分潤、亦爲不合業務、

第九條

廣告 刊布傳單或廣告、利用接洽或晤談、以招徠病人、是爲不合業務、卽展轉干謁、間接宣傳、藉日報雜誌、以揄揚其治病功效、亦爲不合業務、至若包醫疾病、預收醫費、自詡祕方、誇耀成績、或以其他方法引起公衆注意、以羅致病人、皆非醫師所宜出、但如爲便利起見、印行業務卡片、是爲個人之好尚、地方之習慣、就事論事、尙不能謂之不正當、

第十條

祕方及成藥 凡用祕製藥品以治病、或製造販賣推銷

各項祕製藥品、以獲利者、是爲不合醫德、若對於專利藥物、及各種內外科器械、分潤餘利、亦爲不合醫德、至於病家持方配藥、介紹病人、或送物化驗等事、醫師不得暗抽回扣、

第十一條

證書 爲醫師者、不得發給偽造或易滋誤解之證書、

▲醫師對於病家之責任

第十二條 醫師之責任 醫師不但隨時應備病家邀請、並須自知其職務之高尙、及責任之重大、臨診之時、須知病人之健康與生命、全恃其技能精熟與否、亟應愼恪將事、不可疎忽、爲體恤病人起見、出診時間規定後、應極力遵守、

第十三條

商診 遇有疑難症候時、主診醫師、應要求與其他醫

師商酌、如病家或其代理人、延請其他醫師商診時、主診醫師、亦應表示同意、

第十四條

堅定病人之信仰 診治每一病人、應精神貫注、審思熟慮、以忠實誠懇之態度、維持已得之信用、除法律上規定外、醫師診病之餘、不得漏洩病人陰私、並不得侈談其個人劣跡、及其家庭穢德、然對於花柳病、或其他傳染病、醫師有保護病人之家屬及社會被傳染之危險之責任、

第十五條

不治症之醫治 爲醫師者、不應以病屬不治、而不加醫治、知其不可醫而醫之者、期能減少病人之痛苦也

第十六條

義務服務 醫師對於窮苦病人、應知義務施醫、爲古

今中外之通則、但有基金團體、互助機關、或人壽保險等機關、則不在此例、

▲醫師得享其他醫師義務診治之權利

第十七條 醫師本人、及其最近家屬、得享隣近醫師、義務診治之權利、當數醫師診治一人之時、應由其中一醫師主持之、

第十八條 當醫師遠道往診其同業、或同業之家屬時、其旅費及業務上之損失、應由病家擔任之、

▲醫師與其他醫師所診病人之關係

第十九條 醫務上應守緘默 醫師與其他醫師所診之病人、在尋常社交中、應嚴守緘默、關於疾病之原由、及治療之狀況、以不問為佳、即欲有問、不應作卑劣之暗示、

或作直接間接之行爲、以減輕病人對於其受治醫師之信仰、

第二十條

更易醫師 凡醫師被聘往診已經其他醫師所診治之病人、不應受理、亦不應處方、但因下列各項意外事、或因原請醫師不願續診、或因病家不願續請原診醫師時、則爲例外、

第二十一條

任命代理人 苟醫師因故暫離、延請其他醫師代理時、爲業務上之禮貌起見、如於任務無所衝突、應接受之、接受他人任命後、應極力顧念其所任命人之利益與名譽、並於其回來時、將病人交還之、

第二十二條

急症 凡醫師被請應急症時、或因家庭醫師不及趕到、或因病情轉劇、其任務只限於施行急救、俟家庭醫

師到達後、即將病者情形、及治療方法、一一告知、然後告退、

第二十三條

產科急症 凡原定接產醫師未到、而臨時邀請醫師、完成接產工作、其診費應歸代理醫師、但於原定醫師到後、並徵得產家同意時、代理醫師、即可謝退、

第二十四條

急症邀請數醫 急症或意外發生症、病家方面、往往延請數醫、被請醫師、應向病家建議、延請其家庭醫師、候其到後、即行告退、

▲▲商診

第二十五條

遵守商診時間 診務商議、應絕對遵守時間、除緊急事不得已外、不應爽約、

第二十六條

商診行爲 商診之時、虛妄、排擠、嫉妬等情、皆應

第二十七條

屏除、對於主診醫師、當致相當敬禮、言語之間、不得自壞其信任、

治療方法之更易 病情變化、不可測度、主診者得變更其治療方式、不爲任何決議所拘束、但於下次商診時、應說明其變更之理由、此項變更、商診醫師、亦可爲之、主診醫師、無論何時、可爲病人處方、而商診醫師、則於急症外、不得處方、

第二十八條

診見不洽 診病之時、如主診醫師、與商診醫師、見解不同、應另延其他醫師商榷之、

第二十九條

商診醫師不應接受診務 醫師被請商診時、不應接受主診者之診務、雖由病人或其親友之請求、亦不應接受之、

第三十條 轉送病人於專家 當主診醫師轉送病人於專家時、應

附送病案、專家診察後、應將意見傳達於主診醫師、

▲業務糾紛之仲裁

第三十一條 醫師診病、往往因意見岐異、利益衝突、引起齟齬、

至不能解決時、應求其所入之醫事團體爲之仲裁、

▲醫師對於國家之職責

第三十二條 襄助公共衛生事業 醫師以服從法紀、及尊重社會習

尚爲天職、並爲襄助推行公共衛生起見、應遵守一切

衛生法規、

第三十三條 防止傳染病 醫師於需要時、應將檢疫規則、及防止

傳染病方法等、指導病人、並將所診治之傳染病、報

告於衛生當局、遇疫癘流行時、爲醫師者、應不避危

險、繼續服務、以拯殺疾苦爲主旨、雖往往有生命之虞、亦所不計、

第三十四條

訟事 關於醫務問題之訟事、醫師應於事前集會研究、庶將來對簿公庭有事實可援引、

第三十五條

保障業務 爲保障業務起見、爲醫師者、對於品性不端、學識不足之輩、應避免與之合作、

▲醫師與護士之關係

第三十六條

關於疾病或損傷之治療、無論在醫院、或診所、醫師應負全責、至於護士之職責、則應忠實的服從醫師之囑咐、不以醫師所隸之國籍區別、而有所岐視、在未經醫師許可前、護士不得變更治療、爲醫師者、對於護士、不得傲慢無理、尤其在病人之前、

第三十七條

▲▲結論

綜上各節、非謂醫師對於病家、對於同道、對於業務、對於公衆等之職責、盡在於斯、亦非謂醫家倫理之範圍僅限於是、

總之醫師處無論何種情形下、對於病人、公衆、及其同道、時時刻刻、應以和靄之態度、推己及人、忠恕行事、此條之規定、係以大衆之利益爲前提、想必能得社會之同情也、

inction in this respect be made between physicians because of their nationality. Nurses must not vary the treatment without the knowledge and sanction of the physician in charge of the case.

On the other hand physicians should not be harshly authoritative to nurses, but should endeavor to obtain their full and friendly cooperation and give them their confidence.

Conclusion.

37. Adopting the closing words of the "Principles of Medical Ethics," published by the American Medical Association, it may be said that while the foregoing statements express in a general way the duty of the physician to his patients, to other members of the profession, and to the profession at large, as well as of the profession to the public, it is not to be supposed that they cover the whole field of medical ethics, or that the physician is not under many duties and obligations besides these herein set forth. In a word, it is incumbent on the physician that under all conditions, his bearing toward patients, the public, and fellow practitioners, should be characterised by a gentlemanly deportment, and that he should constantly behave towards others as he desires them to deal with him. Finally, these principles are primarily for the good of the public, and their enforcement should be conducted in such a manner as shall deserve and receive the endorsement of the community.

observance and enforcement of sanitary laws and regulations in the interest of public health.

33. **Combating infectious Disease.**—Physicians should, when indicated, instruct their patients in regard to quarantine regulations and measures for the prevention of communicable diseases; they should report all such diseases under their care to the health authorities as required. During the prevalence of an epidemic it is their duty to face the danger and to continue their labours for the alleviation of the suffering, even at the risk of their own lives.

34. **Lawsuits.**—In a lawsuit involving important medical questions, the physicians who are to be called in the case should meet beforehand and endeavour to come to an agreement upon the medical facts and the inferences that may be drawn therefrom.

35. **Guarding entrance to medical profession.**—In the interests of the public every physician should guard and protect the medical profession against the admission of those who are, either in moral character or education, unfit as professional associates.

Relation Of Physicians To Nurses.

36. In all matters relating to the care of the sick and injured, whether in hospitals or in private practice, the physician is solely responsible and it is the duty of nurses to follow his instructions fully and loyally, nor must any dis-

28. Disagreement an Consultation.—It may happen that the attending physician and the consultant cannot agree in their view of the case or of the treatment to be pursued; in the event of such disagreement another consultant should be called.

29. Consultant not to take the case.—When a physician has been called as a consultant none but the rarest and most exceptional circumstance would justify the consultant in taking charge of the case; he must not do so merely on the solicitation of the patient or friends.

30. Patients referred to Specialists.—When a patient is referred to a specialist by the attending physician, a statement of the case should be given to the specialist, who should communicate his opinion directly to the attending physician.

Arbitration Of Professional Differences.

31. Diversity of opinion or opposition of interests may sometimes occasion controversy and even contention. Whenever such instances occur and cannot be adjusted, they should be referred for arbitration, preferably to the medical society of which such physicians are members.

Duty Of Physicians To The State.

32. Support of Public Health Service.—It is the duty of physicians to bear their part in sustaining the laws, institutions and burdens of their community; they should co-operate in the

24. Emergency calls to several physicians.—In case of sudden illness or accidents when several physicians are summoned, the physicians acting in such emergency should request that the family physician be called, and upon his arrival should withdraw in his favour.

Professional Consultations.

25. Punctuality in Consultation.—The utmost punctuality should be observed in meeting for consultation; only a rare emergency should interfere with such engagement.

26. Conduct in Consultation.—In consultations no insincerity, rivalry or envy should be indulged. All due respect should be observed toward the physician in charge of the case and no statement or remark should be made which would unjustly impair the confidence reposed in him.

27. Varying the treatment after Consultations.—No decision should restrain the attending physician from making such subsequent variations in the treatment as any unexpected change in the character of the case may require, but at the next consultation reasons for the variation should be stated. The same privilege, with its obligation, belongs to the consultant when sent for in an emergency during the absence of the attending physician. The attending physician at any time may prescribe for the patient; the consultant only in the case of an emergency.

hereinafter mentioned, or when the physician has relinquished the case, or when the patient has notified such physician to discontinue his services.

21. Appointment of Substitute.—Whenever a physician requests another physician to attend his patients during his temporary absence from his practice, professional courtesy requires the acceptance of such appointment if consistent with his other duties. The physician acting under such an appointment should give the utmost consideration to the interests and reputation of the absent physician. All such patients should be restored to the care of the latter upon his return.

22. Emergency Cases.—When a physician is called in an emergency and finds that he has been sent for because the family attendant is not at hand, or when a physician has been asked to see another physician's patient because of an aggravation of the disease, he should provide only for the patient's immediate need and withdraw from the case on the arrival of the family physician after he has reported the condition found and the treatment administered.

23. Emergency Obstetrical Cases.—When the physician who has been engaged to attend an obstetric case is absent and another is sent for and delivery accomplished, the acting physician is entitled to his professional fee, but he should secure the patient's consent to resign on the arrival of the physician engaged.

insurance, or analogous bodies are not entitled to receive such services.

Professional Services To Physicians.

17. All physicians and their immediate family dependents are entitled to the gratuitous services of any one or more of the physicians residing near them. When more than one physician is attending another, one of the number should take charge of the case.

18. When a physician is summoned from a distance to attend or advise another physician, or his dependents, reimbursement should be made for travelling expenses and loss of time from practice.

Relation To Patients Of Other Physicians.

19. Professional reserve concerning services of other physicians.—A physician in ordinary social intercourse with a patient under the care of another physician should observe the strictest caution and reserve; he should give no disingenuous hints relative to the nature and treatment of the patient's disorder nor even inquire about it; nor should the course of conduct of the physician, directly or indirectly, tend to diminish the trust reposed in the attending physician.

20. Change of Physicians.—A physician called to visit a patient who has recently been under the care of another physician in the same illness, should not take charge of, nor prescribe for such patient except in case of urgency as

attending physician should consent to a consultation when desired by the patient or his representative.

14. **Guarding the Patient's Confidence.**—Every patient should be treated with attention and consideration, and the confidences which physicians receive should be guarded with the most scrupulous fidelity and honor. This obligation extends beyond the period of professional services; none of the privacies of individual or domestic life, no infirmity of disposition or flaw of character observed during the medical attendance, should ever be divulged by physicians, except when required by statute law or by the courts of law.

It is to be understood that nothing in this article shall be construed as relieving the physician from the duty of protecting members of the patient's family or community from exposure to venereal or other communicable disease.

15. **Care of the Uncurable.**—The attending physician should not discontinue the care of a patient because deemed incurable, for the continued attention may be highly useful in alleviating pain and otherwise adding to his comfort.

16. **Gratuitous Services.**—Physicians should always recognise poverty as presenting valid claims for gratuitous services; but endowed institutions, societies for mutual benefit, life

10. Secret Remedies and Patents.—It is unethical to prescribe or dispense secret remedies or other secret remedical agents, or to derive any profit from their sale or manufacture or to promote their use in any way. Physicians should not hold, nor receive any remuneration from patients for any drug, apparatus, instrument or appliance used in medicine or surgery. They should not receive rebates or commissions from the prescribing of any agent used therapeutically, or from the recommending of patients or the sending of specimens to any laboratory for diagnostic purposes.

11. Certificates.—A physician should never give any false or misleading medical certificates.

Duties of Physicians To Their Patients.

12. Responsibility of Physicians.—Physicians should not only be ever ready to respond to the calls of the sick and injured, but should be mindful of the high character of their mission and of the responsibility they incur in the discharge of their professional duties. In their ministrations they should never forget that the health and lives of those entrusted to their care depend on their skill and attention. Physicians should endeavour to add to the comfort of the sick by making their regular visits as nearly as possible at the hour indicated to the patient.

13. Consultations.—Physicians should request consultations in perplexing cases, and the

patients, or which sacrifices their professional standing, or militates against the public good.

8. Secret Division of Fees Condemned.—It is detrimental to the public good, degrading to the profession and therefore unprofessional, to give or to receive a commission. It is also unprofessional to divide a fee for medical advice or surgical treatment, unless the patient or his next friend is fully informed as to the terms of the transaction.

9. Advertising.—Solicitation of patients by circulars or advertisements, or by personal communications or interviews, not warranted by personal relations, is unprofessional. It is equally unprofessional to procure patients by indirect means through solicitors or agents of any kind, or by indirect advertisement, or by furnishing or inspiring newspaper or magazine comments concerning cases in which the physician has been or is concerned. It is unprofessional to guarantee radical cures; or to receive full payment in advance on the guarantee (包醫 pao ih) of cure; to boast of cures and secret methods of treatment or remedies; to exhibit certificates of skill or of success in the treatment of disease; or to employ any methods to gain the attention of the public for the purpose of obtaining patients. The publication or circulation of ordinary simple business cards, being a matter of personal taste or local custom and sometimes of convenience is not per se improper.

5.—Unnecessary or improper operations.—
All methods and remedies employed by physicians in their medical practice should be those approved by the profession generally. Unnecessary operations should not be performed. Particularly is it contrary to medical ethics to sanction, advise, or undertake any procedure to induce abortion or premature labour except when the conditions are such that, after consultation with an independent physician of acknowledged competence and well-known probity, the operation is deemed imperative in order to save the mother's life.

6. Respect to Chinese Custom and Sentiment.—In their professional work foreign physicians should avoid giving needless offence to Chinese custom and sentiment, especially where female patients are concerned. According to Chinese law, before performing postmortem examinations, or dissecting human remains, permission should first be obtained from the relatives and from local authorities. Quarantine regulations should also be enforced with as little offence as possible to local customs and prejudices.

7. Compensation for Professional Services.—Physicians should deem it a point of honor to adhere, with as much uniformity as the varying circumstances will admit, to the compensation for professional service prevailing in the community in which they practise. They should not dispose of their services by a contract which interferes with the giving of proper medical service to their

Code of Medical Ethics

The Duties of Physicians.

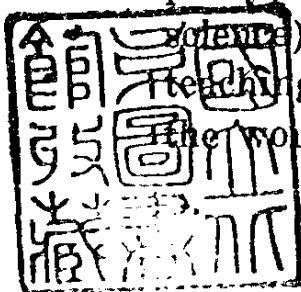
1. The medical profession has for its prime object the services it can render to humanity; reward or financial gain should be a subordinate consideration.

2. It is incumbent on physicians to be temperate in all things, for the practice of medicine requires the unremitting exercise of a clear and vigorous mind.

Professional Conduct Generally.

3. Honor of Medical Profession.—Everyone on entering the medical profession incurs an obligation to advance the science and art of medicine, to guard and uphold its high standard of honor, and to act in accordance with its ideals.

4. Basis of Professional Practice.—No physician should base his practice on an exclusive medical dogma (such as homoeopathy or osteopathy) or on a system of healing (e.g. Christian science) which is not in conformity with the teaching given in the leading medical centres of the world.





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Code of Medical Ethics

OF THE

CHINESE MEDICAL ASSOCIATION



PUBLISHED BY THE
CHINESE MEDICAL ASSOCIATION
1937