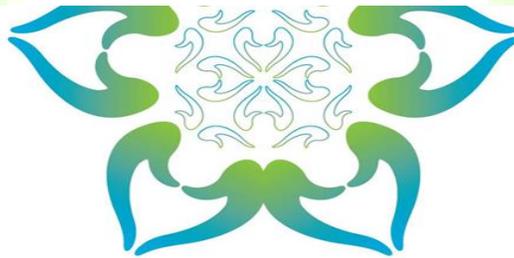


CODE OF PROFESSIONAL CONDUCT

December 2020 – Version 2



Contents

Introduction:	2
1. Providing safe care:.....	3
2. Managing adverse events:	3
3. Emergency care:.....	4
4. Use of Equipment:	4
5. Respect for patients:.....	4
6. Confidentiality:.....	5
7. Informed Consent:	5
8. Issuing Reports:.....	6
9. Issuing sick Leaves:.....	6
10. Issuing Death Certificates:	7
11. Beginning of life:	7
12. End of life care:	7
13. Care for patients with infectious disease:	8
14. Transfer of patients:.....	8
15. Duties to colleagues:.....	9
16. Concerns about colleagues:	9
17. Duties to the profession:.....	9
18. Use of social media:	10
19. Advertisement:	10
20. Prescribing:	11
21. Duties to society:	11
22. Duties to oneself:	11
23. Duties in Clinical Trials:	12
24. Publications:.....	12
25. Attending Continuing Professional Development (CPD) Activities:.....	13
26. Duties to NHRA:	13
References:	14

Introduction:

The code of professional conduct is meant as an ethical guide for healthcare providers practicing in the Kingdom of Bahrain within the public and private sectors. It is based on fundamental ethical principles to define the general responsibilities of all healthcare providers towards their patients, colleagues, profession, society, and themselves. There are certain professional values on which healthcare providers base their practice in ensuring that they provide safe, compassionate, competent, and ethical care. Healthcare providers are expected to make the care of patients their main priority and to practice safely and effectively.

The National Health Regulatory Authority (NHRA) acknowledges that the application of the guide will vary according to individual circumstances, however the principles should not be compromised. Healthcare providers are expected to be familiar with this code and to apply the principles it contains in providing safe healthcare services and to guide their decision-making. When faced with an ethical dilemma, healthcare providers should consult the code and respected colleagues to ascertain how they are expected to deal with such issues. In addition, alternative solutions should be thought of considering the principles they uphold and their likely consequences and discuss the preferred solution with the patient and others who will be affected by these decisions. Healthcare providers should make a rational decision and act on it and be prepared to be accountable for the decision at any time.

Healthcare providers should be aware of the legal requirements that govern their practice in the Kingdom. The code will be used by NHRA in its role in setting and maintaining standards of practice and patient safety. Therefore, if conduct departs from the code, the healthcare provider must be prepared to explain and justify their conduct. Serious and repeated failure to meet these standards may have serious consequences on licensure.

1. Providing safe care:

- 1.1. Always maintain the highest standard of professional conduct.
- 1.2. Only provide proven medical treatments for your patients.
- 1.3. Do not allow personal profit to influence your judgment.
- 1.4. Maintain and improve your professional knowledge, skills, and attitude through engagement in lifelong learning.
- 1.5. Recognize and admit self-limitations and seek consultation from other more experienced colleagues.
- 1.6. Assume responsibility for any services or treatment delegated to other staff including standards of hygiene, disinfection, sterilization, and cross-infection control.
- 1.7. Ensure clear, accurate, legible, and comprehensive records are kept including details of relevant clinical findings, decisions made, information given to patients, and any medication prescribed, or other investigations or treatments provided.

2. Managing adverse events:

- 2.1. Take reasonable precautions and steps to prevent harm to the patient.
- 2.2. If an adverse event occurs, act immediately to ensure the patients are protected from harmful consequences as far as possible.
- 2.3. Acknowledge and explain clearly to patients and their families the adverse event and offer an apology where appropriate.
- 2.4. Comply with NHRA policies and procedures about sentinel events reporting.
- 2.5. If a patient complains, offer an open, honest, constructive response
- 2.6. Ensure that the complaint does not adversely affect patient's care.

3. Emergency care:

- 3.1. Give emergency care as a humanitarian duty.
- 3.2. In emergency life threatening or organ threatening situations, where consent cannot be obtained, treatment should be provided as long as is necessary to save the patient's life.
- 3.3. Provide life support until an ambulance arrives and the patient is transferred to another more capable healthcare facility.

4. Use of Equipment:

- 4.1. Ensure that all equipment used in the care of patients are registered at NHRA.
- 4.2. Ensure equipment is used for its intended purposes only.
- 4.3. Ensure that equipment is operated only by competent trained staff.
- 4.4. Ensure that equipment is subject to regular quality control inspections.

5. Respect for patients:

- 5.1. Do not discriminate against any patient based on age, gender, ethnic background, physical or mental disability, political affiliation, religion, socioeconomic status, or any other reason.
- 5.2. Always treat patients with the respect that they deserve as human beings.
- 5.3. Practice in a manner that maintains the patients' dignity.
- 5.4. Deal honestly with patients.
- 5.5. Listen to patients, respect their views and respond to their concerns.
- 5.6. Do not use patients for personal gain or advantage.
- 5.7. Always place the well-being and best interest of the patient first.
- 5.8. Recognize and disclose conflict of interest to the patient and resolve it in the best interest of the patient.
- 5.9. Do not engage in any inappropriate relationship with a patient.
- 5.10. Do not abuse or exploit patient.

- 5.11. Having accepted professional care for a patient, continue until the service is no longer needed or the care of the patient has been transferred to another suitable physician.
- 5.12. Respect patient's right to a second opinion.
- 5.13. Respect the patient's right to request transfer of care to another healthcare provider or facility.

6. Confidentiality:

- 6.1. Avoid public discussion about patients that could potentially lead to breach of their confidentiality and identification by others.
- 6.2. Always maintain patients' confidentiality except in cases permitted by the laws of the Kingdom of Bahrain.
- 6.3. Ensure that confidential patient information is only disclosed to other parties with the patient's consent or in otherwise exceptional circumstances to comply with local laws for.
- 6.4. Access information, whether electronically or in written form, relevant to patients under your care only or when requested by a treating colleague.
- 6.5. In dealing with relatives, only share confidential medical information with the patient's consent.

7. Informed Consent:

- 7.1. All relevant information must be provided to the patient prior to any decision being made regarding treatment.
- 7.2. Ensure that informed voluntary consent has been given by the patient before any medical treatment is carried out.
- 7.3. Respect a competent patient's right to accept or refuse treatment.
- 7.4. The refusal of treatment should be fully informed.

- 7.5. Give patients enough information about the nature of their illness, alternative options of treatment available, risks and benefits of each alternative, risk of refusal of treatment, and recommendation as a physician in order to allow them to make an informed decision (please refer to Informed consent policy for further details).
- 7.6. It is the responsibility of the treating physician to provide the relevant information to the patient. The responsibility may be delegated to another physician if he/she is suitably qualified to undertake it and has enough knowledge and understanding of the treatment and the risks involved.
- 7.7. Always assess the patient's level of understanding of the information provided.
- 7.8. Communicate with patient in a way that the information being given is understood by them.
- 7.9. Provide information about beneficial diagnostic and therapeutic options available.
- 7.10. Consent should not be sought when the patient is stressed or in pain as they will be less likely to make a reasoned decision at such a time.

8. Issuing Reports:

- 8.1. Respect the patient's right to obtain a medical report.
- 8.2. Do not issue medical reports to relative or other parties except with a written consent from the patient or with an official order from the court, Public Prosecutor, or NHRA.
- 8.3. State only medical facts in the report.
- 8.4. Do not write false information in the medical report.
- 8.5. Only consultants and specialists may write medical reports.

9. Issuing sick Leaves:

- 9.1. Only issue a sick leave if it is deemed necessary by the patient's condition.
- 9.2. Do not issue retrospective sick leaves.
- 9.3. Do not write sick leaves for patients who did not attend at the healthcare facility.

9.4. Do not issue sick leaves for social reasons.

10. Issuing Death Certificates:

10.1. Interns should not sign death certificates.

10.2. If cause of death is unknown, the death certificate should not be written, and the concerned authorities should be informed.

10.3. If a criminal act is suspected as a cause of death, the death certificate should not be written, and the concerned authorities should be informed.

11. Beginning of life:

11.1. Termination of pregnancy should not be performed except where the laws of the Kingdom permit.

11.2. Embryos created for reproductive purposes must be treated with respect.

11.3. Cloning for the creation of an embryo is not permitted.

12. End of life care:

12.1. Respect the dignity of dying patients.

12.2. Ensure that decisions made in the care of a dying patient are in accordance with the patient's wishes as far as possible.

12.3. Communicate effectively and compassionately with patients and their families when breaking bad news and try to ensure their understanding of the expected outcome.

12.4. Provide access to palliative care where available even if a cure is not possible.

12.5. After the death of the patient, a team member should be available to explain to the family members, as best as possible, the circumstances of the patient's death.

13. Care for patients with infectious disease:

- 13.1. All patients must be treated with compassion and equal respect irrespective of their medical condition.
- 13.2. A patient with an infectious disease deserves and needs competent treatment and should receive treatment unless care is outside the healthcare provider's competence. In such cases, a referral should be made to another practitioner or facility equipped to provide competent care for the patient.
- 13.3. Ensure that you protect yourself, your patients, and colleagues by adhering to universal Infection prevention precautions.

14. Transfer of patients:

- 14.1. Transfer of patients may be in the form of:
 - 14.1.1. Delegation: where another healthcare provider provides care on your behalf while you retain the overall responsibility for patient care.
 - 14.1.2. Referral: When a patient is sent to another healthcare provider to obtain an opinion or treatment from another healthcare provider for example in areas outside your area of expertise.
 - 14.1.3. Handover: where all the responsibilities for the patient is transferred to another.
- 14.2. Upon patient transfer, ensure that the person to whom the patient is transferred has the appropriate knowledge, skills and expertise to provide the required care.
- 14.3. Patient transfer should be made where it is in the best interest of the patient and not to serve the interest of a colleague or institution.
- 14.4. Sufficient information should be communicated to the receiving healthcare provider about the patient through a detailed medical report to enable continuity of care.

14.5. When delegation takes place, the primary healthcare provider will remain responsible and accountable for the overall management of the patient and must ensure adequate supervision takes place.

14.6. The transferring physician should contact the receiving physician to provide details about the patient's condition.

15. Duties to colleagues:

15.1. Respect all members of the health care team.

15.2. Deal honestly with colleagues.

15.3. Work as a member of a team rather than individually.

15.4. Treat colleagues in a manner that you would like to be treated.

15.5. Do not undermine other colleagues in order to attract patients.

15.6. Do not make derogatory comments about colleagues or the services they provide.

15.7. Communicate efficiently with colleagues involved in the care of the same patient.

15.8. Never engage in bullying behavior, discriminatory, or harassment.

15.9. Recognize the value of a team approach to patient care.

16. Concerns about colleagues:

16.1. Report colleagues who have difficulties in relation to their health or are performing poorly.

16.2. Report inappropriate, unprofessional, or unethical behavior to NHRA.

17. Duties to the profession:

17.1. Be willing to teach and learn.

17.2. Be willing to participate in peer review and undergo peer review.

17.3. Do not withhold information from colleagues about proven therapeutic agents or procedures that you provide.

17.4. Collaborate with other colleagues for the improvement of health care services.

- 17.5. Do not receive financial benefits or other incentives solely for referring patients or prescribing a specific product.
- 17.6. Testify only to what you have personally verified.
- 17.7. Seek appropriate care when suffering from mental or physical illness.
- 17.8. If you develop or become aware that you have a serious condition that might be transmitted to patients, or if the condition may impair your judgment or performance, must stop practicing to avoid risk to patients, take advice from your treating doctor and report immediately to NHRA.

18. Use of social media:

- 18.1. Never use social media to discuss individual patients or their care including radiological images, photos, or surgical procedures except with the written consent of the patient.
- 18.2. Social media may be used to educate the public, however, do not venture into specialties or areas of practice outside the scope of your specialty.
- 18.3. Do not misrepresent yourself in social media.

19. Advertisement:

- 19.1. Comply with NHRA guidelines regarding advertisements.
- 19.2. Ensure factual, accurate, and verifiable information is used only.
- 19.3. Avoid using photographs to promote cosmetic procedures except with written consent from the patient.
- 19.4. Do not make false claims or exploit patients' lack of knowledge.
- 19.5. Do not use patient's information in any advertisement
- 19.6. Advertisements should ensure the maintenance of the dignity of the profession.

20. Prescribing:

- 20.1. Prescribe pharmaceutical agents only when the drug or treatment serves the patient's needs.
- 20.2. Ensure that the prescribed treatment, medication, or therapy is safe, evidence-based, registered in the kingdom of Bahrain.
- 20.3. Ensure only clinically necessary medications are prescribed for the patient.
- 20.4. Do not prescribe medications for your sole personal benefit.
- 20.5. Do not prescribe medications for benefits given by the pharmaceutical company or agent.
- 20.6. Be aware of the danger of drug dependence when prescribing benzodiazepines, opiates, and other drugs with addictive potential.
- 20.7. Have appropriate training, facilities, and support before treating patients with drug dependency or abuse problems.

21. Duties to society:

- 21.1. Remember the profession's responsibility to society through public education.
- 21.2. Promote equitable access to health care resources.
- 21.3. Use health care resources responsibly.

22. Duties to oneself:

- 22.1. Seek help from appropriately qualified colleagues for personal problems that might affect your duties to your patients and the profession.
- 22.2. Practice within the limits of your knowledge and specialty.
- 22.3. Do not overwhelm yourself with responsibilities that exceed your level of expertise.
- 22.4. Seek advice of more experienced colleague when faced with a difficult situation.

- 22.5. Escalate the matter to the consultant or even chief of staff if necessary when the proper assistance, guidance, or supervision is not provided by other members of the team.
- 22.6. Refuse to perform procedures without supervision even if requested to do so by more senior members of the team if you are not competent to perform them.

23. Duties in Clinical Trials:

- 23.1. Ensure you participate in research approved by the NHRA and other appropriate research ethics committees only.
- 23.2. Inform the patients clearly that they are participating in research and not receiving the standard of care or an unapproved modality of treatment.
- 23.3. Provide the potential participants with enough information about the trial to aid them in making an informed decision about their acceptance or refusal to being enrolled into the given trial.
- 23.4. Ensure all participants sign an informed consent form prior to being enrolled into the trial.
- 23.5. Inform trial participants about their right to withdraw from the trial at any time without prejudice to their ongoing health care services.
- 23.6. Inform trial participants about unanticipated risks that occur during the trial and assess their willingness to continue in the trial.
- 23.7. The participant's best interest and well-being always precedes the interest of the trial and the gaining of knowledge.

24. Publications:

- 24.1. Ensure all researchers names are enrolled in published work.
- 24.2. Only the names of the researchers who actively participated in the work should be mentioned.
- 24.3. Do not engage in plagiarism.

25. Attending Continuing Professional Development (CPD) Activities:

- 25.1. Attend CPD activities with the purpose of gaining knowledge not only for the purpose of collecting hours for the renewal of the license.
- 25.2. Activities attended must be relevant to the field of specialty.
- 25.3. Once registered in an activity, attend all the sessions to gain the full CPD hours.
- 25.4. The nomination to attend sponsored CPD activities (by pharmaceutical companies, medical device companies, or agents) should be through the facility and not through direct healthcare provider approach by the sponsor.

26. Duties to NHRA:

- 26.1. Clinical practice should not be started except after the issuing of NHRA license.
- 26.2. Licenses must be renewed within the periods specified within the Laws.
- 26.3. Full cooperation must be extended to NHRA staff and inspectors to ease the performance of their responsibilities.
- 26.4. Comply with all regulations, standards, and resolutions issued by NHRA.
- 26.5. Practice must be limited to the license categorization only.
- 26.6. Accumulate the required continuous professional development (CPD) hours required for the renewal of the license and continue to be knowledgeable of new advancements in your field.
- 26.7. The practice of sub-specialties should be initiated after the approval of NHRA only.
- 26.8. Ensure transfer of license is approved prior to initiation of work in another healthcare facility.
- 26.9. Ensure part-time practice is not initiated in another healthcare facility except after the approval of NHRA.
- 26.10. Ensure performance of surgical procedures in other healthcare facilities is not initiated except after the approval of NHRA.
- 26.11. Inform NHRA about your cessation of practice or any other changes in your personal information.

References:

1. World Medical Association: International Code of Medical Ethics
2. Canadian Medical Association: Code of ethics
3. IDI ethical guide for doctors in Bahrain

