

26 May 2021

Secretariat  
World Medical Association

By email: [icome@wma.net](mailto:icome@wma.net)

## **Draft revised version of the International Code of Medical Ethics**

Dear Colleague

Thank you for inviting the New Zealand Medical Association (NZMA) to provide feedback on the above consultation. The NZMA, a constituent member of the WMA, is New Zealand's largest medical organisation, with about 5,000 members from all areas of medicine. The NZMA aims to provide leadership of the medical profession, and to promote professional unity and values, and the health of all New Zealanders. We also develop and maintain the Code of Ethics for the New Zealand Medical Profession. Our feedback has been informed by our Board, Advisory Councils, Ethics Committee and members.

We welcome the revision of the International Code of Medical Ethics. We note the code was first adopted in 1949 and has been amended three times, most recently in 2006. In the current revision, we note that new clauses have been added dealing with physicians' potential conflicts of interest, advertising, telemedicine and duties towards the environment. We note the proposed draft also refers to a physician's obligation to ensure continuity of care in cases of conscientious objection.

While we are generally comfortable with most of the new clauses, we have strong reservations at the wording in clause 27 relating to conscientious objection, which states:

*Conscientious objection must only be considered if the individual patient is not discriminated against or disadvantaged, the patient's health is not endangered, and undelayed continuity of care is ensured through effective and timely referral to another qualified physician.*

We note that clause 27 is to be debated in more detail at a special WMA meeting later this year or next year. Our view is that this clause should not be inserted in its current form until this extended debate has taken place. As it stands, we believe the obligation for a physician holding a conscientious objection to make a referral to another physician is too onerous. We direct the

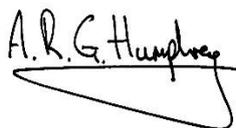
WMA to our position statement on conscientious objection<sup>1</sup> which we believe articulates the key requirements relating to continuity of care that a doctor exercising conscientious objection must ensure. These include the need to: i) make every effort in a timely manner to minimise the disruption in the delivery of health care; ii) inform the patient that they have the right to see another doctor and ensure the patient has sufficient information to enable them to exercise that right; iii) take whatever steps are necessary to ensure the patient's timely access to care is not impeded.

With respect to the remainder of the draft revised Code, we offer the following relatively minor suggestions that we believe would further enhance this document.

- We suggest the addition of a specific point about the duty to teach. While this is touched on in clause 37, we believe it would be useful to make this duty more explicit.
- Under clause 4, we suggest the addition of 'their family' to the first sentence such that it reads: "Physicians must not allow their professional judgment to be influenced by the possibility of benefit to themselves, **their family** or their institution."
- We believe it is very important and an individual's right to receive culturally appropriate care. As such, under clause 5, we suggest the addition of 'culture' to the first sentence such that it reads: "The physician must practise medicine fairly and justly and provide care without engaging in discriminatory conduct or bias on the basis of age, disease or disability, creed, ethnic origin, gender, nationality, political affiliation, race, **culture**, sexual orientation, social standing or any other factor.
- We support clause 15 which requires the physician to respect the autonomy and rights of the patient, including the right to accept or refuse treatment in keeping with the patient's values and preferences.
- The final sentence in clause 26 about telemedicine appears to discourage telemedicine. There are parts of the world where telemedicine has the potential to dramatically improve care. Nevertheless, limitations arise from restricted information exchange during remote consultation and the inability to undertake a clinical examination. We suggest clause 26 be modified to better reflect both the potential benefits and pitfalls of remote consultation. We also suggest the addition of a sentence about seeking patient preferences with respect to telemedicine.

We hope our feedback is helpful and look forward to seeing the finalised code.

Yours sincerely

A handwritten signature in black ink that reads "A. R. G. Humphrey". The signature is written in a cursive style and is underlined with a single horizontal line.

Dr Alistair Humphrey  
NZMA Chair

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<sup>1</sup> NZMA. Objection on the Grounds of Freedom of Conscience (Conscientious Objection). Position Statement. December 2019. Available from <https://bit.ly/345EYaN>