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| THE RADIOLOGIST AND THE PATIENT | |
| Principle One  The RADIOLOGIST must respect the right to self-determination and the essential humanity and dignity of every patient.  Altruism contributes to the trust that is central to the physician-patient relationship.  The RADIOLOGIST shall uphold the dignity and honor of the profession and specialty. | |
| 1. Make the well-being of the patient foremost in all interactions, treating patients with compassion and respect. Approach healthcare as a collaboration between the doctor and the patient, respecting patient choices and decisions, even if they are not the decisions you think you would make. | |
| 2. Practice the science and art of medicine to the best of your ability, competently and without impairment. | |
| 3. When a personal moral judgment or religious belief prevents you from recommending some form of therapy, inform | |
| 4. Do not permit considerations of age, disease or disability, creed, ethnic origin, gender, financial situation, nationality, political affiliation, race, sexual orientation, social standing or any other factor affect duty to patient; and should work actively to eliminate discrimination in health care  5. Promote justice in the health care system including the fair distribution and cost- effective use of limited health care resources.  6. Free to choose whom to serve for reasons satisfactory to one’s professional conscience and competence; however, one shall not refuse radiological service primarily for monetary reason or personal convenience | |
| 5. Where there are reservations regarding the appropriateness or safety of an investigation, therapy or procedure, communicate and collaborate with the patient, colleagues and referring clinician regarding other options. | |
| 6. Your obligation is to preserve life, but, where a cure is not possible, you should assess the risks and benefits of potentially life-prolonging treatments in the context of the patient, the patient’s beliefs and any suffering the patient may experience. Where death is deemed to be imminent and where curative or life-prolonging treatment appears to be futile, do your best to ensure patients die with dignity and comfort. | |
| THE RADIOLOGIST AND THE PATIENT | |
| Principle Two  The RADIOLOGIST must not exploit patients.  The RADIOLOGIST should be an advocate for their patients or the populations they serve but should not manipulate the system to obtain benefits for them to the disadvantage of others    The RADIOLOGIST shall secure maximum benefit for his patient and his hospital/clinic in terms of professional service, safety and clinical expertise. | |
| 1. Ensure that the healthcare outcome solely benefits the patient. | |
| 2. Financial gain, personal gain or political agendas must not influence or determine patient care. | |
| 3. Do not support outcomes designed in the interest of particular bodies or groups if they conflict with the interests of your patient. | |
| 4. Do not exploit hope or deliver futile treatment or imaging (too much or too little). | |
| 5. Novel treatments and novel uses of existing treatments are only to be undertaken with appropriate oversight. | |
| 6. Recognize that there are patients and groups of patients who are prone to exploitation and allow this recognition to inform all of your interactions with your patients. | |
| 7. Actively promote good care when systematic issues hinder the provision of normal care and practices. | |
| 8. Radiologists should never enter into an arrangement that prohibits the provision of medically necessary care or that requires care at below acceptable standards. | |
| 9. If the cost of your component of their care is to be borne by the patient, directly or indirectly, then, as much as possible, make them aware of the fees they will be charged, and of any alternative ways to access that treatment/imaging. | |
| 10. Members should clearly and adequately respond to inquiries by patients regarding fees and/or any financial incentive. A radiologist should not participate in a billing arrangement that misleads patients or third-party payers concerning the fees charged by the radiologist.  11. Radiologists shall not divide radiological fees either directly or by any subterfuge with the referring physician | |
| THE RADIOLOGIST AND THE PATIENT | |
| Principle Three  The RADIOLOGIST must provide the best attainable and most appropriate care for their patients. | |
| 1. Use evidence-based clinical judgment and experience to make recommendations for treatment/ imaging. | |
| 2. Practice in a way that is self-aware, conscious of your limitations and be able to refer patients to the most suitable healthcare practitioner depending on expertise and the needs of the patient. | |
| 3. Provide balanced and informed advice designed to help patients make judgments and informed decisions about their healthcare. This could include verbal, printed and/or electronic media | |
| 4. Promote patient autonomy by making the patient fully aware of the evidence, options, potential risks and the potential benefits as well as the likelihood of each in respect of each treatment/imaging option. Where appropriate, assist patients in obtaining expert advice from relevant specialists in other disciplines where options for treatment/imaging exist. | |
| 5. Ensure all diagnostic and therapeutic care is supported by a quality assurance process and a quality improvement program. | |
| THE RADIOLOGIST AND THE PATIENT | |
| Principle Four  The RADIOLOGIST must maintain confidentiality of patients and their families.  A Radiologist shall not reveal information acquired in confidence as a result of patient – physician relationship unless otherwise required bylaw. | |
| 1. Maintain the patient’s confidentiality, whether related to their medical care or not, even after the patient has, for whatever reason, left your care. | |
| 2. Exceptions may include where there is a serious risk to the patient or another person and the breach is necessary to mitigate any such risk or where it is required by law. So long as it does not go against the existing laws | |
| 3. Upon request by the patient, make available to the patient and/or another doctor a report of your findings, clinical records and treatment, including all images and reports. | |
| 4. You must only access, use and share patient records and data in a manner that is in keeping with current legislation and current modes of medical record provision. | |
| 5. Comply with the legal requirements relating to the compilation, ownership and  storage of medical records. | |
| THE RADIOLOGIST AND THE PATIENT | |
| Principle Five  The RADIOLOGIST must obtain valid consent from their patients before undertaking any procedure or treatment. | |
| 1. Consent is a process and must be voluntary, properly informed and the information provided to the patient in such a degree of detail appropriate to the risks, the procedure and the patient’s needs. | |
| 2. Consent must be specific to the procedure or treatment. | |
| 3. Sufficient time must be given in the circumstances to allow the patient to make an informed decision. | |
| 4. Consent can be withdrawn without consequence at any time prior to or during the procedure/ treatment. However, the cost of the materials are to be shouldered by the patient. | |
| 5. Patients must have the capacity to consent. If the patient does not have the capacity to consent, seek consent from the appropriate person(s) with the power to make decisions relating to the patient’s medical treatment (e.g. enduring guardian, enduring power of attorney (medical treatment), guardian appointed by a guardianship tribunal or from a guardianship tribunal). | |
| 6. Understand the legislation and guidelines on informed consent. | |
| THE RADIOLOGIST AND THE PATIENT | |
| Principle Six  The RADIOLOGIST must not misuse their professional knowledge and skills. | |
| 1. Use your knowledge, skills, facilities or equipment to serve patient interests. Do not deviate from widely accepted standards of care and practice. | |
| 2. Recognize your professional limitations and be prepared to seek advice, second opinions or reviews and refer patients onwards when appropriate.  3. Consult with your colleagues and multidisciplinary teams for the benefit of decision-making regarding your patients where appropriate.  These limitations should be appropriately disclosed to patients and referring physicians. | |
| 3. When determining any fee, consider the time, skill, and experience involved in the performance of those services together with specific patient circumstances.  Abide by the guidelines on professional fees set by the Professional Fee Committee of the Philippine College of Radiology. | |
| 4. Ensure that the patient is informed of your fees and other associated costs, including out of pocket costs. Encourage open discussion of health care costs, including alternative providers of care. | |
| 5. You must provide full disclosure of any interest, financial or otherwise, that you have when referring the patient to institutions or services, and in such an event you must make patients aware of alternative options.  Paying a physician for referring a patient to a radiologist is unethical. | |
| 6. If you work in a practice or institution, place your professional duties and responsibilities to the patients above the commercial interests of the owners or others who work within these practices. | |
| 7. Ensure that equipment and technology are always used appropriately. | |
| THE RADIOLOGIST AND THE PROFESSION | |
| Principle Seven  The RADIOLOGIST must continue to develop, maintain, and share their professional knowledge with medical colleagues, trainees and students, as well as with other health professionals, patients and their families. | |
| 1. Keep yourself up to date on relevant medical  knowledge, codes of practice and legal guidelines | |
| 2. Ensure that referring and treating practitioners are kept fully informed of all relevant information regarding the patient’s condition, treatment, potential complications and side effects. | |
| 3. Honour your obligation to pass on your professional knowledge to colleagues and students. | |
| THE RADIOLOGIST AND THE PROFESSION | |
| Principle Eight  The RADIOLOGIST have a duty to attend to the health and wellbeing of their colleagues, including trainees, students and also of themselves. | |
| 1. Do not exploit students or colleagues under your supervision in any way. | |
| 2. Bullying, harassment, isolating or excluding any staff member is unacceptable | |
| 3. If you witness or learn of bullying, discrimination or other unacceptable behaviour, you have a duty to report it and prevent it reoccurring. | |
| 4. Discrimination on the basis of (but not limited to) age, illness or disability, creed, ethnic origin, gender, nationality, political affiliation, race, sexual orientation or social standing is unacceptable. | |
| 5. Clinical teaching involving patients must be conducted in an ethical manner (i.e. informed consent, right of refusal, and recognition of priority of direct patient care). | |
| 6. If teaching or training, feedback must be given in a manner that is helpful, constructive and does not humiliate the recipient of the feedback. | |
| 7. If a colleague is having health and wellbeing issues they must be supported to the best of your ability. If patient care is at risk, appropriate steps must be taken to protect patient welfare. | |
| 8. You must ensure that your mental and physical health does not adversely affect patient care. If you experience any mental or physical health issues that affect your ability to deliver appropriate patient care you must seek appropriate treatment and take action to avoid the risk of harming patients. | |
| 9. If allegations are made against a practitioner, these must be taken seriously and investigated fairly. It must be recognised that there are many reasons for making a complaint. Confidentiality about the matter must be maintained at all times to avoid further damage to the reputation of the person who is the subject of the complaint. | |
| THE RADIOLOGIST AND THE PROFESSION | |
| Principle Nine  The RADIOLOGIST must uphold the integrity of the medical profession. | |
| 1. Maintain accurate, legible, contemporaneous clinical records/reports containing sufficient detail.   Do not deliberately make false radiologic report. | |
| 2. Ensure that doctors and other health professionals upon whom you call to assist in the care of the patients are appropriately qualified and experienced. | |
| Prior to practicing in a hospital or other health care entity, a radiologist shall apply, and be accepted, as a member of that entity’s medical staff in accordance with the medical staff’s bylaws and in the same manner as all other physicians. | |
| 3. In order to provide high quality healthcare, you must safeguard clinical independence and professional integrity from the increased demands of employers, society, third parties, individual patients and governments. | |
| 4. Protecting clinical independence is essential when choosing the best treatment for patients and defending their healthcare needs against any action which would deny or restrict the provision of care. | |
| 5. Refrain from entering into any contract with a colleague or an organization which may conflict with professional integrity, clinical independence or your primary obligation to the patient, or is illegal or could be at risk of being seen as illegal.  Do not divide professional fee (fee splitting or rebate),either directly or indirectly by any subterfuge, nor shall he affiliate with persons or organization that does so. | |
| 6. Express your criticism in a professional and constructive way. Avoid making comments , incite nor encourage actions which may damage the reputation of a colleague, the College or the profession.  Do not make derogatory remarks against colleagues and the college. | |
| 7. Initial concerns regarding unethical or unprofessional conduct should in the first instance be raised with the colleague or organization concerned. If your concerns are not addressed, report suspected unethical or unprofessional conduct by a colleague or organization to the appropriate body. | |
| 8. Where a patient alleges unethical or unprofessional conduct by another doctor, respect that patient’s right to complain. | |
| 9. The College expects the conduct of its members to comply with current laws and meet the standards of contemporary society.  Members should uphold all laws, uphold the dignity and honor of the medical profession and accept its self-imposed discipline and deal honestly and fairly with patients and colleagues  Members’ behavior should conform to high standards of ethical, legal, and professional conduct.  Do not engage in improper practice of medicine as defined in the Philippine Regulatory Commission (PRC) and Philippine Medical Association (PMA) Code of Ethics. | |
| 10. When using social media, in a professional or private capacity, exercise caution. The obligations set out in the Code apply to social media. | |
| THE RADIOLOGIST AND SOCIETY | |
| Principle Ten  The RADIOLOGIST involved in research must comply with ethical principles embodied in national and international guidelines, as well as those mandated by ethics committees. | |
| 1. Accept responsibility to advance medical science by participating in properly developed and legal research involving human participants. | |
| 2. Ensure that responsible human research committees appraise the scientific merit and the ethical implications of the research. | |
| 3. Recognize that considerations relating to the wellbeing of individual participants in research take precedence over the interests of science or society. | |
| 4. Ensure that all research participants or their agents are fully informed and have consented to participate in the study. Never use coercion or unconscionable inducements as a means of obtaining consent. | |
| 5. Inform treating doctors of the involvement of their patients in any research project, the nature of the project and its ethical basis. | |
| 6. Respect participants’ rights to withdraw from a study at any time without prejudice to medical treatment. | |
| 7. Ensure that a patient’s decision not to participate in a study does not compromise the doctor-patient relationship or appropriate treatment and care. | |
| 8. Ensure that research results are reviewed by an appropriate peer group before public release. | |
| 9. Understand and comply with the principles and guidelines pertaining to research activity in their jurisdiction  10. Negative trial outcomes and findings are just as important as positive results and must be made public, preferably by being included in peer- reviewed literature. Ensure that research conclusions are not biased and are a fair and true representation of the trial outcomes. | |
| 10. Ensure that any research in which you participate is evaluated both scientifically and ethically, is approved by a responsible committee and is sufficiently planned and supervised that research subjects are unlikely to suffer disproportionate harm. | |
| THE RADIOLOGIST AND SOCIETY | |
| Principle Eleven  The RADIOLOGIST must work to improve imaging and cancer care and promote community awareness. | |
| 1. Remember that your primary duty is to provide the patient with the best available care: you must endeavor to utilize resources in the most efficient manner. | |
| 2. Endeavour to improve the standards and quality of, and access to, medical services in the community  by: | |
| 2.1. Increasing the transparency of the provision of services. | |
| 2.2. Accepting your share of the profession’s responsibility to society in matters relating to the health and safety of the public, health education and legislation affecting the health of the community. | |
| 2.3. Making available your special knowledge and skills to assist those responsible for the allocation of healthcare resources. | |
| 3. Recognize your responsibility to give expert evidence to assist the courts or tribunals. | |
| 4. When providing scientific information to the public, recognize your responsibility to give the generally held opinions of the profession in a form that is readily understood. When presenting any personal opinion which is contrary to the generally held opinion of the profession, indicate that this is the case. | |
| 5. Speak with integrity and use honest messaging in our promotion and advocacy role. | |
| 6. Members should not publicize themselves through any medium or forum of public communication in an untruthful, misleading, or deceptive manner or in a fashion demeaning to the profession. | |
| 7. In providing expert medical testimony, members should exercise extreme caution to ensure that the testimony provided is non-partisan, scientifically correct, and clinically accurate. | |
| THE RADIOLOGIST AND HIS PRACTICE | |
| 1. In consonance with the national concept of free enterprise, a Radiologist should be free to practice in his area of choice. 2. A Radiologist in setting up a practice, shall set conditions and terms more favorable than or equal to the existing one in the area and should communicate with the incumbent Radiologist but not necessarily seeking consent. Communication should be in the form of a verbal communication and a written one in the form of a formal letter addressed to the Department of Radiology with an indication of acknowledgement and receipt of the said letter by the department. 3. If a Radiologist intends to apply or accept a position in a hospital or clinic, he should communicate first with the incumbent Radiologist, although consent by the latter is not necessary. 4. A Radiologist, in accepting a position in a hospital or clinic which will result in the eventual displacement of the incumbent Radiologist, shall only accept conditions and terms more favorable than or equal to that given to the incumbent | |
| 1. A Radiologist shall not allow a non-radiologist nor a non-PCR member to perform specialty or subspecialty radiological procedures in a unit, section, department, institution or division that is registered or licensed under his/her name, as its radiation safety officer, except those allowed by the existing law | |
| THE RADIOLOGIST AND ADVERTISING, MARKETING | |
| 1. Market your practice and services provided in a professional manner and subject to the ethical rules, rulings and marketing guidelines of the PMA and PRC | |
| 1. Ensure that information about you in the course of presenting medical topics to the media or to audiences does not imply that they are the only, the best, or most experienced practitioners in a particular field. They should also avoid activities that could be regarded as canvassing or touting for patients. | |
| THE RADIOLOGIST AND HIS EMPLOYEES | |
| 1. Create a working environment conducive for underscoring employee ethical conduct and behaviour. 2. Ensure that individuals may freely express ethical concerns and provide mechanisms for discussing and addressing such concerns. 3. Ensure a working environment that is free from harassment (sexual and other), coercion of any kind (especially to perform illegal or unethical acts); and discrimination on the basis of race, creed, color, gender, ethnic origin, age, disability or any other ground. 4. Ensure a working environment that is conducive to proper utilization of employees’ skills and abilities. 5. Pay particular attention to the employee’s work environment and job safety; and its conformity with the current rules and regulations set by the government and international standards 6. Establish appropriate grievance and appeals mechanisms. 7. Comply with all legal requirements related to leave, pension and othe remployment benefits. 8. Ensure that reasonable and market related payment is made to deserving employees. 9. Foster a learning environment to improve the skills of employees. 10. Abide by the rules set by the Department of Labor and Employment (DOLE) | |
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| Source:  The Royal Australian and New Zealand College of Radiologists Code of Ethics. [http://www.ranzcr.edu.au/documents-download/document-library-9/3958-ethics.](http://www.ranzcr.edu.au/documents-download/document-library-9/3958-ethics)  Accessed November 17,2015  Source:  2015-2016 ACR By Laws.  [http://www.acr.org/Membership/Governance/Bylaw.](http://www.acr.org/Membership/Governance/Bylaw) Accessed November 17,2015  Source:  European Society of Radiology Code of Ethics. [https://www.myesr.org/html/img/pool](https://www.myesr.org/html/img/pool/ESR_2012_ESRCodeofEthics-5.pdf)  [/ESR\_2012\_ESRCodeofEthics-5.pdf.](https://www.myesr.org/html/img/pool/ESR_2012_ESRCodeofEthics-5.pdf) Accessed November 17,2015  Source:  The radiological Society of South Africa Code of Conduct. [http://rssa.co.za/the-radiological-society-of-south-africa-code-of-conduct.html. Accessed November17,](http://rssa.co.za/the-radiological-society-of-south-africa-code-of-conduct.html.%20Accessed%20November%2017) 2015 | |
| Ethics Review Committee:   1. Dr. Eva De Leon 2. Dr. Gerome Gaerlan 3. Dr. Imarzen Elepano 4. Dr. Danilo Lagamayo 5. Dr. Lino Pabillo 6. Dr. Johanna Patricia A. Cañal |