



HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA

**GUIDELINES FOR GOOD PRACTICE
IN THE HEALTH CARE PROFESSIONS**

**GENERAL ETHICAL GUIDELINES FOR THE
HEALTH CARE PROFESSIONS**

BOOKLET 1

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THE SPIRIT OF PROFESSIONAL GUIDELINES

Practice as a health care professional is based upon a relationship of mutual trust between patients and health care practitioners. The term "profession" means "a dedication, promise or commitment publicly made".¹ To be a good health care practitioner, requires a life-long commitment to sound professional and ethical practices and an overriding dedication to the interests of one's fellow human beings and society. In essence, the practice of health care professions is a moral enterprise. In this spirit the HPCSA presents the following ethical guidelines to guide and direct the practice of health care practitioners. These guidelines form an integral part of the standards of professional conduct against which a complaint of professional misconduct will be evaluated.

[Note: The term "health care practitioner" in these guidelines refers to persons registered with the HPCSA].

¹ Pellegrino, ED. Medical professionalism: Can it, should it survive? *J Am Board Fam Pract* 2000; 13(2):147-149 (quotation on p. 148).

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GENERAL ETHICAL GUIDELINES FOR THE HEALTH CARE PROFESSIONALS

1. INTRODUCTION

- 1.1 Being registered as a health care professional with the Health Professions Council of South Africa (HPCSA) confers on us the right and privilege to practise our professions. Correspondingly, practitioners have moral or ethical duties to others and society. These duties are generally in keeping with the principles of the South African Constitution (Act No. 108 of 1996) and the obligations imposed on health care practitioners by law.
- 1.2 This first booklet on general ethical guidelines contains value-oriented principles and express the most honourable ideals to which members of the health care profession should subscribe in terms of their conduct
- 1.3 More *specific ethical guidelines* and *rules* are derived from these general ethical guidelines. They offer more precise guidance and direction for action in concrete situations. They also make it possible for the HPCSA to implement sanctions against transgressors.
- 1.4 It is impossible, however, to develop a complete set of specific ethical prescriptions applicable to all conceivable real-life situations. In concrete cases, health care professionals may have to work out for themselves what course of action can best be defended ethically. This requires ethical reasoning.
- 1.5 This booklet lists thirteen core ethical values and standards that underlie professional and ethical practice in health care professions, and gives a short explanation of how one makes practical decisions through ethical reasoning. It then explains what a duty is, and catalogues the general ethical duties of health care professionals

[Note: In this booklet, the expressions “professional” or “practitioner” are used interchangeably to refer to health care practitioners].

[Note: Environmental Health Practitioners do not see patients]

2. CORE ETHICAL VALUES AND STANDARDS FOR GOOD PRACTICE

- 2.1 Everything ethically required of a professional to maintain good professional practice is grounded in core ethical values and standards – the latter are the directives that follow the core values. These core values and standards are presented as a linear list for the sake of simplicity.
- 2.2 In concrete cases, the demands of these core values and standards may clash, thus making competing demands on health care practitioners. The only way to address such clashes is through ethical reasoning.
- 2.3 The core ethical values and standards required of health care practitioners include the following:
- 2.3.1 **Respect for persons:** Health care practitioners should respect patients as persons, and acknowledge their intrinsic worth, dignity, and sense of value.
 - 2.3.2 **Best interests or well-being: Non-maleficence:** Health care practitioners should not harm or act against the best interests of patients, even when the interests of the latter conflict with their own self-interest.
 - 2.3.3 **Best interest or well-being: Beneficence:** Health care practitioners should act in the best interests of patients even when the interests of the latter conflict with their own personal self-interest.
 - 2.3.4 **Human rights:** Health care practitioners should recognise the human rights of all individuals.
 - 2.3.5 **Autonomy:** Health care practitioners should honour the right of patients to self-determination or to make their own informed choices, and to live their lives by their own beliefs, values and preferences.
 - 2.3.6 **Integrity:** Health care practitioners should incorporate these core ethical values and standards as the foundation for their character and practice as responsible health care professionals.
 - 2.3.7 **Truthfulness:** Health care practitioners should regard the truth and truthfulness as the basis of trust in their professional relationships with patients.
 - 2.3.8 **Confidentiality:** Health care practitioners should treat personal or private information as confidential in professional relationships with patients - unless overriding reasons confer a moral or legal right to disclosure.
 - 2.3.9 **Compassion:** Health care practitioners should be sensitive to, and empathise with, the individual and social needs of their patients and seek to create mechanisms for providing comfort and support where appropriate and possible.
 - 2.3.10 **Tolerance:** Health care practitioners should respect the rights of people to have different ethical beliefs as these may arise from deeply held personal, religious or cultural convictions.
 - 2.3.11 **Justice:** Health care practitioners should treat all individuals and groups in an impartial, fair and just manner.

- 2.3.12 **Professional competence and self-improvement:** Health care practitioners should continually endeavour to attain the highest level of knowledge and skills required within their area of practice.
- 2.3.13 **Community:** Health care practitioners should strive to contribute to the betterment of society in accordance with their professional abilities and standing in the community.

3. HOW TO RESOLVE ETHICAL DILEMMAS

- 3.1 The core values and standards referred to above are the foundation that grounds the general ethical guidelines in these booklets. Being general, such guidelines may be applied to many different concrete cases.
- 3.2 Questions arise as to how health care practitioners may use these guidelines to make practical decisions or choices about the provision of health care. For example, how does a guideline apply in a specific case? And, how do health care practitioners handle difficult situations where two (or more) principles appear to be in conflict?
- 3.3 Briefly, what is needed is *ethical reasoning*. In general, such ethical reasoning proceeds in four steps:
- 3.3.1 **Formulating the problem:** Determine whether the issue at hand is an ethical one once this has been done it must be decided whether there is a better way of understanding it.
- 3.3.2 **Gathering information:** All the relevant information must be collected - such as clinical, personal and social data. Consult authoritative sources such as these guidelines, practitioner associations, respected colleagues and see how practitioners generally deal with such matters.
- 3.3.3 **Considering options:** Consider alternative solutions in light of the principles and values they uphold.
- 3.3.4 **Making a moral assessment:** The ethical content of each option should be weighed by asking the following questions:
- 3.3.4.1 What are the likely *consequences* of each option?
- 3.3.4.2 What are the most important *values, duties, and rights*? Which weighs the heaviest?
- 3.3.4.3 What are the *weaknesses* of the health care practitioner's individual view concerning the correct option?
- 3.3.4.4 How would the health care practitioner himself or herself want to be treated under similar circumstances. –
- 3.3.4.5 How does the health care practitioner think that the patient would want to be treated in the particular circumstances?
- 3.3.5 Discuss your proposed solution with those whom it will affect
- 3.3.6 Act on your decision with sensitivity to others affected
- 3.3.7 Evaluate your decision and be prepared to act differently in the future

(Adopted from WMA – Medical Ethics Manual)

4. WHAT IT MEANS TO HAVE A DUTY
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- 4.1 Ethical guidelines express duties. A duty is an obligation to do or refrain from doing something.
- 4.2 If we have a duty to another person, it means we are bound to that person in some respect and for some reason. We owe that person something, while he or she holds a corresponding right or claim against us.
- 4.3 An example of a right with a corresponding duty is the following: Suppose a health care practitioner reaches an agreement with a colleague that the latter will do a *locum* for him while he is away on family business: The colleague has a duty to do the *locum* and the health care practitioner has a right to the colleague's services. At the same time the colleague has a right to fair remuneration and the health care practitioner has a duty to compensate her/him.
- 4.4 To have a duty is to ask the question "What do I owe others?" To have a right is to ask the question "What do others owe me?"
- 4.5 Duties may be ethical, legal or both at once, and operate in the personal, social, professional or political spheres of our lives.
- 4.6 Healthcare practitioners fulfil different roles. Accordingly, they have different kinds of duties:
- 4.6.1 **As human beings we have "natural duties"**, namely *unacquired general* duties simply because we are members of the human community - for example the natural duties to refrain from doing harm, to promote the good, or to be fair and just. As is the case with everyone, health care professionals owe these duties to all other people, whether patients or not, and quite independently of our professional qualifications.
- 4.6.2 **As professionals we have "moral obligations"**, namely *general* duties we *acquire* by being qualified and licensed as professionals, that is, *professionals* entering into contractual relationships with patients - for example the professional duties to provide health care, relieve pain, gain informed consent, respect confidentiality, and be truthful.
- 4.6.3 **Institutional duties:** Institutional duties are imposed upon health care practitioners working in specific institutions. They are specific to the health care practitioner's particular institutionalised role, for example the duties of a practitioner employed by a company, a health care practitioner working in a governmental research agency, or a doctor engaged in private practice. These duties are contained in employment contracts, job descriptions, conventional expectations etc. Institutional duties must be consistent with the ethical and legal duties of health care practitioners.
- 4.6.4 **Legal duties:** Legal duties are duties imposed by the common law and by statute law (for example, the National Health Act (Act No. 61 of 2003) or the Health Professions Act, 1974) that require health care practitioners to follow certain procedures and to use particular skill and care when dealing with patients.

- 4.7 The duties listed in these general guidelines mostly fall into the second category – the general but acquired duties of a health care practitioner *as a professional*.
- 4.8 No duty is absolute or holds without exception irrespective of time, place or circumstance. This is not surprising, since different duties may prescribe quite opposite decisions and actions in a specific concrete or real-life situation. For example, our duties to our patients may compete with our duties to our employer. Or our duty to respect a patient's confidentiality may clash with our duty to protect innocent third parties from harm. (HIV/AIDS examples are particularly perplexing.) These are instances of conflicts of interest or dual loyalties.
- 4.9 No list of such duties is ever complete, but the catalogue of duties below presents a fairly comprehensive picture of what it is, in general, that binds any health care provider as a professional to his or her patients, as well as to others. However, it should be noted that these duties, if not honoured without justification, may constitute the basis for sanctions being imposed on professionals by the Health Professions Council of South Africa.
- 4.10 Any classification of duties is arbitrary, because specific duties may be owed to different parties simultaneously. Therefore, the classifications used below should be viewed only as a rough guide. However, underlying these duties is a set of core ethical values and standards of good practice that are regarded as *basic ethical principles*.
(see above para 2).

5. DUTIES TO PATIENTS

5.1 PATIENTS' BEST INTERESTS OR WELL-BEING

Health care practitioners should:

- 5.1.1 Always regard concern for the best interests or well-being of their patients as their primary professional duty.
- 5.1.2 Honour the trust of their patients.
- 5.1.3 Be mindful that they are in a position of power over their patients and avoid abusing their position.
- 5.1.4 Within the normal constraints of their practice, be accessible to patients when they are on duty, and make arrangements for access when they are not on duty.
- 5.1.5 Make sure that their personal beliefs do not prejudice their patients' health care. Beliefs that might prejudice care relate to patients' race, culture, ethnicity, social status, lifestyle, perceived economic worth, age, gender, disability, communicable disease status, sexual orientation, religious or spiritual beliefs, or any condition of vulnerability.
- 5.1.6 If they feel that their beliefs might affect the treatment they provide, they must explain this to their patients, and inform them of their right to see another health care practitioner.

- 5.1.7 Not refuse or delay treatment because they believe that patients' actions have contributed to their condition, or because they – the health care practitioners - may be putting their own health at risk.
- 5.1.8 Apply their mind when making diagnoses and considering appropriate treatment.
- 5.1.9 Respond appropriately to protect patients from any risk or harm
- 5.1.10 Respond to criticism and complaints promptly and constructively.
- 5.1.11 Not employ any intern, health care provider in community service, or health care practitioner with restricted registration with the HPCSA, as a *locum tenens* - or otherwise - in their own or any associated health care practice.
- 5.1.12 Inform their patients if they are in the employ of, in association with, linked to, or have an interest in any organisation or facility that could be interpreted by an average person as potentially creating a conflict of interest or dual loyalty in respect of their patient care.
- 5.1.13 In emergency situations, provide health care within the limits of their practice and according their education and/ or training, experience and competency under proper conditions and in appropriate surroundings. If unable to do so, refer the patient to a colleague or an institution where the required care can be provided.

Adequately educated and/or trained

To qualify as adequately educated and/or trained:

- i. The individual practitioner must have successfully completed an educational training programme approved and accredited by the HPCSA within the field of practice and category of registration.
- ii. The individual practitioner must have successfully completed a training programme in a training entity/institution/hospital that has been accredited by the professional board, for training in that particular profession or discipline and for that particular competency.
- iii. The individual practitioner must, in order to be regarded as trained, have undergone an initial training period under the supervision, as defined in clause (i) above, of an entity accredited by the professional board for such purposes, and been credentialed in the successful completion of such training as defined.
- iv. The individual practitioner must have completed undergraduate or postgraduate training, the duration of which was laid down by the professional board.
- v. The individual practitioner must be evaluated and credentialed as having met the requirements of the training programme by an entity accredited by the Professional board (e.g. Colleges of Medicine, Universities, etc).
- vi. A short course will serve to enhance or maintain skills that have been credentialed and registered by the professional board.

- vii. The application of such training in care of the patient will be judged by the professional board by the standards and norms considered reasonable for the circumstances under which the intervention took place.

b. Sufficiently experienced

To be regarded as sufficiently experienced, a practitioner must:

- i. Have performed a minimum number of interventions annually to remain proficient, taking into account and judged by the standards and norms considered reasonable by the professional board, for the circumstances under which the intervention took place.
- ii. With regard to the introduction of new interventions within the practitioners' scope of professional practice, have undergone further appropriate training and credentialing as approved by the professional board."

c. Under proper conditions and appropriate surroundings

All interventions shall take place **under appropriate conditions and surroundings**. These are subject to judgment by the professional board as to what is considered reasonable in the circumstances and conditions, under which the intervention took place. No practitioner must embark upon an intervention unless it is in the patient's interest, and that it would be considered safe to do so, under the prevailing conditions and surroundings. The practitioner will be judged on what requirements would be reasonable to ensure that patient safety was protected.

5.2	RESPECT FOR PATIENTS
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Health care practitioners should:

- 5.2.1 Respect the privacy, confidentiality and dignity of patients.
- 5.2.2 Treat patients politely and with consideration.
- 5.2.3 Listen to their patients and respect their opinions.
- 5.2.4 Avoid improper relationships with their patients and those who are accompanying the patient (for example, sexual relationships or exploitative financial arrangements).
- 5.2.5 Guard against human rights violations of patients, and not allow, participate in or condone any actions that lead to violations of the rights of patients.
- 5.2.6 inform the patient of the choice of having a chaperone in the room during an intimate examination
- 5.2.7 inform the patient if the practitioner will be having a chaperone in the room during an intimate examination

5.3	INFORMED CONSENT
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Health care practitioners should:

- 5.3.1 Give their patients the information they ask for or need about their condition, its treatment and prognosis.
- 5.3.2 Give information to their patients in the way they can best understand it. The information must be given in a language that the patient understands and in a manner that takes into account the patient's level of literacy, understanding, values and belief systems.
- 5.3.3 Refrain from withholding from their patients any information, investigation, treatment or procedure the health care practitioner knows would be in the patient's best interests.
- 5.3.4 Apply the principle of informed consent as an on-going process
- 5.3.5 Allow patients access to their medical records

For detailed information consult the HPCSA Ethical Booklet on Informed Consent

5.4	PATIENT CONFIDENTIALITY
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Health care practitioners should:

- 5.4.1 Recognise the right of patients to expect that health care practitioners will not disclose any personal and confidential information they acquire in the course of their professional duties, unless the disclosure thereof is:
 - made in accordance with patient's consent;
 - made in accordance with the court order to that effect;
 - required by law; or
 - In the interest of the patient. Section 14 and 15 of the NHA.
- 5.4.2 Not breach confidentiality without sound reason and without the knowledge of their patients
- 5.4.3 When claiming from medical schemes explain to patients the significance of ICD-10 coding and get the permission of patients to breach confidentiality when making a medical scheme claim.

For detailed information consult the HPCSA Ethical Booklet 5 on confidentiality: Protecting and Providing information

5.5	PATIENT PARTICIPATION IN THEIR OWN HEALTH CARE
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Health care practitioners should:

- 5.5.1 Respect the right of patients to be fully involved in decisions about their treatment and care even if they are not legally competent to give the necessary consent.
- 5.5.2 Respect the right of patients to refuse treatment or to take part in teaching or research.

- 5.5.3 Inform their patients that they have a right to seek a second opinion without prejudicing their future treatment.

For detailed information consult the HPCSA Ethical Booklet 3 on the National Patients' Rights Charter

5.6 IMPARTIALITY AND JUSTICE

Health care practitioners should be aware of the rights and laws concerning unfair discrimination in the management of patients or their families on the basis of race, culture, ethnicity, social status, lifestyle, perceived economic worth, age, gender, disability, communicable disease status, sexual orientation, religious or spiritual beliefs, or any condition vulnerability.

For detailed information consult the HPCSA Ethical Booklet 3 on National Patients' Rights Charter

5.7 ACCESS TO CARE

Health care practitioners should:

- 5.7.1 Promote access to health care. If they are unable to provide a service, they should refer the patient to another health care practitioner or to a health care facility where the required service can be obtained, provided that in an emergency situation practitioners shall be obliged to provide care in order to stabilize the patient and then to arrange for an appropriate referral to another practitioner or facility. Section 5 of the NHA

For detailed information consult the HPCSA Ethical Booklet 3 on Patients' Rights Charter

5.8 POTENTIAL CONFLICTS OF INTEREST

Health care practitioners should:

- 5.8.1 Always seek to give priority to the investigation and treatment of patients solely on the basis of clinical need.
- 5.8.2 Avoid over-servicing: They should recommend or refer patients for necessary investigations and treatment only, and should prescribe only treatment, drugs or appliances that serve the needs of their patients. Rule 23A of the Ethical Rules of Conduct
- 5.8.3 Declare to their patients – verbally and by a displayed notice – any financial interest they may have in institutions, diagnostic equipment, or the like to which they make referrals, if the holding of such interest is permitted by the HPCSA. Rule 24 of the Ethical Rules of Conduct
- 5.8.4 Refrain from coercing patients or their family members to provide them (health practitioners) with gifts or any other undue benefit.

6. DUTIES TO COLLEAGUES AND OTHER HEALTH CARE PRACTITIONERS

6.1 REFERRALS TO COLLEAGUES AND POTENTIAL CONFLICTS OF INTEREST

Health care practitioners should:

- 6.1.1 Act in their patients' best interests when making referrals and providing or arranging treatment or care. They should not ask for, or accept, any undue inducement or incentive, from colleagues to whom they refer patients because it may affect or be seen to affect the health care practitioner's judgement.
- 6.1.2 Treat patients referred to them in the same manner in which they would treat their own patients.
- 6.1.3 Not service a patient in more than one capacity or charge fees based on more than one consultation where health practitioners are registered with more than one statutory council or professional board or in one or more categories within the same professional board.

Adhere to the guideline on self-referral and other referrals mentioned in Booklet 11 on Guideline on Over – Servicing, Perverse incentives and Related Matters (par 3.5).

6.2 WORKING WITH COLLEAGUES

Health care practitioners should:

- 6.2.1 Work with and respect other health-care professionals in pursuit of the best health care possible for all patients.
- 6.2.2 Not discriminate against colleagues, including health care practitioners applying for posts, because of their views of their race, culture, ethnicity, social status, lifestyle, perceived economic worth, age, gender, disability, communicable disease status, sexual orientation, religious or spiritual beliefs, or any condition of vulnerability.
- 6.2.3 Refrain from speaking ill of colleagues or other health care practitioners. Rule 12 of the ethical Rules of conduct
- 6.2.4 Not make a patient doubt the knowledge or skills of colleagues by making comments about them that cannot be fully justified.
- 6.2.5 Support colleagues who uphold the core values and standards embodied in these guidelines.
- 6.2.6 Advise colleagues who are impaired to seek professional assistance.

7. DUTIES TO PATIENTS OF OTHER HEALTH CARE PRACTITIONERS

Health care practitioners should:

- 7.1 Act quickly to protect patients from risk due to any reason.

- 7.2 Report violations and seek redress in circumstances where they have a good or persuasive reason to believe that the rights of patients are being violated.
- 7.3 Report impaired colleagues who are a danger to the health of their patients in order that such colleagues may be provided with the necessary support to overcome their impairment and prevented from harming patients (See HPCSA Booklet 2 on Ethical and Professional Rules of the HPCSA Rule 25)

For detailed information consult the HPCSA Ethical Booklet 11 on Guideline on Over – Servicing, Perverse incentives and Related Matters.

8. DUTIES TO THEMSELVES

8.1 KNOWLEDGE AND SKILLS

Health care practitioners should:

Maintain and improve the standard of their performance by keeping their professional knowledge and skills up to date throughout their working life. In particular, they should regularly take part in educational activities that would enhance their provision of health services.

Acknowledge the limits of their professional knowledge and competence. They should not pretend to know everything.

Observe and keep up to date with the laws that affect professional health care practice in general and their practice in particular (for example, the provisions of the National Health Act (Act No. 61 of 2003)).

Update their skills and knowledge of ethics, human rights and health law as provided for in accredited Continuing Professional Development programmes.

For detailed information consult the HPCSA Ethical Booklet 16 on Continuing Professional Development.

8.2 MAINTAINING A PROFESSIONAL PRACTICE

Health care practitioners should:

- 8.2.1 Keep their equipment in good working order.
- 8.2.2 Maintain proper hygiene in their working environment.
- 8.2.3 Keep accurate and up-to-date patient records
- 8.2.4 Refrain from engaging in activities that may affect their health and lead to impairment.
- 8.2.5 Ensure that staff members employed by them are trained to respect patients' rights; in particular the right to confidentiality

9. DUTIES TO SOCIETY

9.1 ACCESS TO SCARCE RESOURCES

Health care practitioners should:

- 9.1.1 Deal responsibly with scarce health care resources.
- 9.1.2 Refrain from providing a service that is not needed.
- 9.1.3 Refrain from unnecessary wastage, and from participating in improper financial arrangements, especially those that escalate costs and disadvantage individuals or institutions unfairly.

9.2 HEALTH-CARE POLICY DEVELOPMENT

Health care practitioners should include ethical considerations, legal requirements and human rights in the development of health care policies.

Do they have a responsibility to develop policy?

10. DUTIES TO THE HEALTH CARE PROFESSION

10.1 REPORTING MISCONDUCT

Health care practitioners should:

- 10.1.1 Report violations and seek redress in circumstances where they have good or persuasive reason to believe that the rights of patients are being violated and / or where the conduct of the practitioner is unethical
- 10.1.2 Where it is in their power, protect people who report misconduct from victimisation or intimidation.

10.2 ACCESS TO APPROPRIATE HEALTH CARE

Health care practitioners should promote access to health care. If they are unable to provide a health service, they should refer the patient to another health care practitioner or health care facility that can provide the service.

11. DUTIES TO THE ENVIRONMENT

11.1 CONSERVATION OF NATURAL RESOURCES

Health care practitioners should recognise that they have a responsibility to ensure that in the conduct of their affairs they do not in any way contribute to environmental degradation.

11.2 DISPOSAL OF HEALTH CARE WASTE

Health care practitioners should protect the environment and the public by ensuring that health care waste is disposed off legally and in an environmentally friendly manner

Ethical guidelines for good practice in the health care professions

The following Booklets are separately available:

- Booklet 1: General ethical guidelines for health care professions***
- Booklet 2: Ethical and professional rules of the health professions council of South Africa as promulgated in government gazette R717/2006***
- Booklet 3: National Patients' Rights Charter***
- Booklet 4: Seeking patients' informed consent: The ethical considerations***
- Booklet 5: Confidentiality: Protecting and providing information***
- Booklet 6: Guidelines for the management of patients with HIV infection or AIDS***

- Booklet 7: Guidelines withholding and withdrawing treatment***
- Booklet 8: Guidelines on Reproductive Health management***
- Booklet 9: Guidelines on Patient Records***
- Booklet 10: Guidelines for the practice of Telemedicine***
- Booklet 11: Guidelines on over servicing, perverse incentives and related matters***
- Booklet 12: Guidelines for the management of health care waste***
- Booklet 13: General ethical guidelines for health researchers***
- Booklet 14: Ethical Guidelines for Biotechnology Research in South Africa***
- Booklet 15: Research, development and the use of the chemical, biological and nuclear weapons***
- Booklet 16: Professional self-development***