

CODE OF ETHICS FOR MEDICAL PRACTITIONERS IN NIGERIA BILL, 2017

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A BILL

FOR

AN ACT TO PROVIDE A LEGAL FRAMEWORK FOR THE CODE OF ETHICS FOR
MEDICAL PRACTITIONERS IN NIGERIA TO SERVE AS A GUIDE FOR
MEDICAL PRACTICE IN NIGERIA AND FOR RELATED MATTERS

Sponsored by Hon. Ali Isa J.C.

[] Commencement

ENACTED by the National Assembly of the Federal Republic of
Nigeria-

1 PART 1 - PREAMBLE AND GENERAL GUIDELINES

Allegiance to the
Medical Profession

2 1.-(1) Every member of the medical or dental profession must
3 endeavor to abide by the dictates of the Physicians' Oath, the modern version
4 of the Oath of Hypocrates, which is the foundation of the code of Ethics of
5 the profession. Embodied in this oath are the guidelines for behavioral
6 interaction between practitioners and their patients, practitioners and their
7 colleagues, practitioners and their teachers as well as practitioners and the
8 public as represented by the law and the government.

9 (2) Fundamental to these ethical guidelines is an allegiance which
10 every doctor or dentist mandatorily owes to the corporate body of the
11 profession. This corporate body of the profession by tradition or convention
12 through the ages has assumed the responsibility for maintaining and
13 constantly enhancing the standard of service provided to the public by the
14 profession as well as protecting the profession from unwarranted
15 encroachment by charlatans and quacks. There are two arms to this
16 corporate body, namely, a statutory arm represented by the Medical and
17 Dental Council of Nigeria, the regulatory body set up by law and the
18 Nigerian Medical Association, a quasi-voluntary association of all medical
19 doctors and dentists. Both bodies consist of medical doctors and dentists.
20 They share the same objectives as stated in these Codes and command the

1 allegiance of all doctors and dentists in the land. The authority of the Council
2 over all medical doctors and dental surgeons in Nigeria is statutory and backed
3 by Law.

4 (3) All medical doctors and dentists are duty-bound therefore to
5 familiarize themselves with:

6 (a) The laws setting up the Council and which spell out its functions
7 and modus operandi (Medical and Dental Practitioners Act, Cap M8 Laws of
8 the Federation of Nigeria 2004);

9 (b) The Code of Medical Ethics, the rules of professional conduct for
10 medical and dental practitioners in Nigeria prepared by the Council;

11 (c) The constitution of the Nigerian Medical Association, all its bye-
12 laws and standing orders at national and relevant state levels.

13 (4) All medical doctors and dentists who have paid their annual
14 Practising fees become, automatically, financial members of the Nigeria
15 Medical Association and for the purpose of the Medical and Dental
16 Practitioners Act are entitled to all rights and privileges appertaining to
17 members. All registered practitioners are therefore encouraged to participate
18 actively in the affairs of the Association.

19 (5) In the exercise of this allegiance to, and the protection of the good
20 name of the profession, every doctor or dentist must be his brother's keeper
21 with regard to the observance and indeed the enforcement of the rules and
22 regulations, which guide the professions.

23 2.-(1) Medical practitioners and dental surgeons should expose
24 without fear or favour, before the Medical and Dental Council of Nigeria,
25 either directly or through the Nigerian Medical Association, any corrupt,
26 dishonest, unprofessional or criminal act or omission on the part of any doctor
27 or dentist. Such exposure must be motivated by the greater good of the entire
28 profession and should be without malice.

29 (2) The Council may, on the recommendation of either of its
30 disciplinary organs, communicate to a foreign Medical Council when

Duty to expose
professional
misconduct

1 appropriate, relevant information on a registered practitioner when it is
2 obvious that the Medical and Dental Council of Nigeria is being ignored on a
3 matter for disciplinary process, by a registered practitioner who has been
4 duly notified but who decides to practise medicine or dentistry in another
5 country. The purpose of such communication will be to compel the
6 registered practitioner to assist the disciplinary organs in treating such a
7 matter before them, in which he is involved.

8 3. Medical practitioners and dental surgeons should always
9 endeavor to accord the senior members of the professions their due respect
10 whenever junior interact or interrelate with them, either professionally or
11 socially. Older members of the profession should also consider the junior
12 ones as their brothers and strive to set good examples and give guidance at
13 all times. This duty should manifest itself in all health care institutions in the
14 context of continuing medical education such as during ward rounds,
15 clinical conferences and medical care audit sessions, with both the senior
16 and junior colleagues interacting to achieve and maintain a high standard of
17 patient care.

Respect to other
colleagues

18 4.-(1) The Medical and Dental Professions in Nigeria are regulated
19 by the Medical and Dental Practitioners Act Cap M8 Laws of the Federation
20 of Nigeria, 2004, which set up the Medical and Dental Council of Nigeria
21 and with the following responsibilities:

Regulation of
Medical and
Dental practices
in Nigeria

22 (a) Determining the standard of knowledge and skill to be attained
23 by persons seeking to become members of the medical or dental profession
24 and reviewing those standards from time to time as circumstances may
25 permit;

26 (b) Securing in accordance with provisions of the Act the
27 establishment and maintenance of register of persons entitled to practise as
28 members of the medical or dental profession and the publication from time
29 to time of lists of those persons;

30 (c) Reviewing and preparing from time to time, a statement as to

1 the code of conduct which the Council considers desirable for the practice of
2 the professions in Nigeria; and
3 (d) Performing the other functions conferred on the Council by the Act.

4 (2) By provision (c) above, the Council is empowered to make rules
5 for professional conduct and is also empowered to establish the Medical and
6 Dental Practitioners Investigating Panel and the Medical and Dental
7 Practitioners Disciplinary Tribunal for the enforcement of these rules of
8 conduct.

9 (3) These rules of conduct serve as guiding standards in the
10 relationship of medical and dental practitioners on the one hand with the
11 profession, their colleagues, their patients, members of allied professions and
12 the public on the other.

Legal basis for
Medical and
Dental practice

13 5.-(1) Any person who practises medicine or dentistry anywhere in
14 Nigeria without being appropriately registered with the council contravenes
15 the law, and so does his employer. The categories under which a practitioner
16 may be registered are as follows:

17 (a) Provisional Registration, which entitles a qualified medical
18 practitioner or dental surgeon to undertake internship under the supervision of
19 registered consultants or specialists in a hospital approved by the Council for
20 internship training. This registration lapses automatically when the registered
21 practitioner is signed off from the internship. While it subsists, it does not
22 entitle the practitioner to set up and run an independent practice on his own.
23 Every new medical or dental graduate is required to complete his internship
24 within two (2) years of his graduation, or he may unless he gives a satisfactory
25 reason, be subjected to an assessment examination by the Council:

26 (b) A practitioner should obtain full registration after a satisfactory
27 completion of his internship and this confers on him the legal right to practise
28 on his own. However, the practitioner is expected to be able to recognize his
29 limitations in the management of certain types of cases;

30 (c) Limited or Temporary Registration is issued to expatriate

1 practitioners. Unlike the Full registration, it has a specific period of validity
2 after which it must be renewed or the practitioner must leave the country. It
3 is also tied to a specific employment. Any change of employment
4 invalidates the registration and the practitioner must then process a new
5 registration for the new job. A practitioner on Limited Registration cannot
6 set up or run a clinic or hospital on his own. A practitioner on the Limited or
7 Temporary Register is not allowed to work privately on his own. He must
8 work with Nigerian practitioners in the clinic or hospital;

9 (d) Every practitioner who has acquired specialist qualification
10 after undergoing the requisite training as prescribed by the National
11 postgraduate Medical College, or any other training deemed to be the
12 equivalent, is required by law to be registered with the Council as a specialist
13 before he can practise and be recognized as such. A practitioner who is not
14 registered with the Council as a specialist cannot validly sign off interns and
15 his opinion, as a specialist will not be backed up by the Council upon
16 enquiry.

17 (2) All practitioners must bear in mind at all times that by law, as
18 stipulated in Sections 14 and 18 of the Medical and Dental Practitioners Act
19 Cap M8, Laws of the Federation of Nigeria 2004, A person shall not hold an
20 appointment or practise as a medical practitioner or dental surgeon, in
21 Nigeria, unless he is registered with the Council.

22 (3) No registered medical practitioner or dental surgeon shall
23 practise as a medical practitioner or dental surgeon, as the case may be in any
24 year unless he has paid to the Council in respect of that year the appropriate,
25 practising fee.

26 (4) Any medical practitioner or dental surgeon who in respect of
27 any year and without paying the prescribed fee practises as such shall be
28 guilty of an offence and shall be liable on conviction:

29 (i) in the case of first offence, to a fine of twice the prescribed
30 practising fee;

1 (ii) in the case of a second or subsequent offence, to a fine of not less
2 than ten times the prescribed practising fees; and

3 (iii) in the case of late payment, a surcharge as may be determined by
4 the council from time to time, without prejudice to any other penal provisions
5 in the statute.

6 (5) All doctors are advised to meet this commitment promptly, as
7 conviction under this section will be viewed seriously by the Council. By the
8 Regulations of the Council, practitioners are expected to pay their practising
9 fees for the ensuing year before the 31st December of the preceding year in
10 order to be currently licensed on the first day of the New Year.

11 (6) Where a practitioner who is in employment has defaulted from
12 payment of the practising fee, and the said medical practitioner or dental
13 surgeon is in the employment of any person, that person shall also be guilty of
14 an offence and punished in like manner as
15 the medical practitioner or dental surgeon unless he proves that the failure to
16 pay the practising fee was without his knowledge, consent or connivance.

17 (7) All members of the medical and dental professions who employ
18 medical doctors or dental surgeons or who are professional heads of medical
19 institutions, either public or private, are to take due notice of this aspect of
20 law.

21 6.-(1) A success in the proficiency examination qualifies foreign-
22 trained doctors to proceed to provisional Registration for Nigerian citizens and
23 a Limited Registration for Non-Nigerian Citizens. The laws governing doctors
24 with limited registration are well spelt out. It is advisable that such a doctor
25 familiarizes himself with the rules before taking up any job. A practitioner on
26 the Limited Register shall not own or run any facility in Nigeria. He can only
27 take up employment in the institution for which he is registered.

28 (2) On application for registration, the doctor will submit, among
29 other documents" a sworn affidavit that he neither owns, fully or in part, nor
30 intends to own or operate a private clinic or medical outfit in Nigeria during the

1 period of his limited registration.

2 (3) All medical and dental practitioners wishing to render health
3 services to the public are very welcome. However short or long the period of
4 such service may be, it is mandatory in the case of expatriate doctors that a
5 limited registration and current practising license as the case may be should
6 be obtained before undertaking such exercises. It shall be the responsibility
7 of the organization or individual responsible for bringing in such doctors to
8 ensure that they are duly registered and licensed prior to arrival in Nigeria.

9 (4) Foreign doctors coming in as experts or general duty doctors on
10 exchange programme basis shall be given Limited Registration to cover the
11 period. They shall be exempted from sitting the proficiency examination.
12 Should they wish to remain to practise after the programme's expiration, the
13 Medical and Dental Council of Nigeria shall assess them further for
14 retention on the Limited Register or request them to sit the proficiency
15 examination. It shall be the responsibility of the Medical Director of the host
16 institution to ensure that appropriate registration provisions are complied
17 with.

18 7.-(1) A physician shall always maintain the highest standards of
19 professional conduct.

20 (2) A physician shall not permit motives of profit to influence the
21 free and independent exercise of professional judgement on behalf of
22 patients.

23 (3) A physician shall deal honestly with patients and colleagues,
24 and strive to expose those physicians deficient in character or competence or
25 who engage in fraud or deception:

26 (i) Self-advertising by physician, unless permitted by the law of the
27 country and the Code of Ethics of the National Medical Association;

28 (ii) Paying or receiving any fee or any other consideration solely to
29 procure the referral of a patient or for prescribing or referring a patient to any
30 source.

1 (4) A physician shall act only in the patient's interest when providing
2 medical care, which might have the effect of weakening the physical and
3 mental state of the patient. A physician shall use great caution in divulging
4 discoveries or new techniques or treatment through non-professional channels.

5 (5) A physician shall certify only that which he has personally
6 verified. A physician shall always bear in mind the obligation of preserving
7 human life.

8 (6) A physician shall owe his patients complete loyalty and all the
9 resources of his science. Whenever an examination or treatment is beyond the
10 physician's capacity he should summon another physician who has the
11 necessary ability.

12 (7) A physician shall preserve absolute confidentiality on all he
13 knows about his patient even after the patient has died. A physician shall give
14 emergency care as a humanitarian duty unless he is assured that others are
15 willing and able to give such care.

16 (8) A physician shall behave towards his colleagues, as he would have
17 them behave towards him.

18 (9) A physician shall not entice patients from his colleagues.

19 (10) A physician shall observe the principles of the 'Declaration of
20 Geneva' approved by the World Medical Association.

General Principles
of the Ethics of
Medical and Dental
practices in
Nigeria

21 **8.-(1)** The principal objective of the medical or dental practitioner
22 shall be the promotion of the health of the patient. In doing so, the practitioner
23 shall also be concerned for the common good while at the same time according
24 full respect to the human dignity of the individual.

25 (2) Practitioners have a responsibility in promoting not only
26 individual health but also the general health of the community and in pressing
27 for an equitable allocation of health resources.

28 (3) Practitioners must strive at all times not only to uphold the honour
29 and to maintain the dignity of the profession, but also to improve it.
30 Practitioners shall deal honestly with colleagues and patients at all times.

1 (4) Practitioners shall always strive to observe the laws of the land
2 but may participate, individually or collectively, in accordance with
3 citizenship rights to bringing pressure to bear on governments or authorities,
4 to change or modify laws or actions considered inequitable or inimical to the
5 interest of the profession or the society.

6 (5) Medical and dental practitioners shall try at all times to
7 safeguard the public, the medical and dental professions against
8 incompetent or unethical practitioners and should expose without
9 hesitation, any instance of professional malpractice and misconduct in a
10 professional respect to the Medical and Dental Council of Nigeria.

11 (6) All communications between the patient and the practitioner
12 made in the course of treatment shall be treated in strict confidence by the
13 practitioner and shall not be divulged unless compelled by law or overriding
14 common good or with the consent of the patient.

15 (7) Practitioners shall be at liberty to choose whom they will serve
16 in rendering their professional service but they shall endeavour to render
17 service without discrimination in an emergency to the best of their ability
18 and according to the prevailing circumstances.

19 (8) Practitioners shall have absolute discretion and authority, free
20 from unnecessary non-medical interference, in determining when to give
21 their services, the nature of care to be given to a patient under their care and
22 must accept responsibility for their actions.

23 (9) Practitioners must always strive to improve their medical
24 knowledge and skill, and practise according to accepted scientific principles
25 in rendering care to patients.

26 (10) Practitioners must work with colleagues to monitor and
27 maintain their awareness of the quality of the care they provide. In
28 particular, they must take part in regular and systematic medical and clinical
29 audit.

30 (11) Practitioners must not hesitate to seek the consultation of more

1 experienced or appropriate specialist colleagues whenever they are in doubt or
2 lacking competence with regard to the medical needs of their patients.

3 (12) Practitioners may associate professionally with non- medically
4 qualified people where this is relevant to the proper care of patients but they
5 must ensure that in any collaboration with any of the allied professions or para-
6 professions, the persons involved are recognised members of their disciplines
7 and are competent to perform the tasks to be required of them.

8 (13) In all such relationships, the practitioner shall retain the absolute
9 authority and responsibility for the patient and should not delegate any
10 exclusive professional medical or dental responsibility to any non-medical or
11 non-dental person.

12 (14) Practitioners must not certify what they have not personally
13 verified; they must desist from compulsory treatment of a patient in the
14 absence of illness and must not collaborate with other agencies to label
15 somebody ill in the absence of any illness, but must always obtain consent of
16 the patient or the competent relatives or seek another professional opinion,
17 before embarking on any special treatment procedures with determinable risks.

18 (15) In performing biomedical research involving human aspects,
19 practitioners must conform to generally accepted scientific and moral
20 principles and must obtain informed consent from their subjects and take
21 responsibility to ensure the protection of their integrity and confidence.

22 (16) Practitioners shall be entitled to charge fees for their professional
23 services but such income should be limited to professional services actually
24 rendered, supervised or for missed appointments and should be commensurate
25 with the service rendered and the patient's ability to pay. Fee-splitting and
26 payment for referrals are forbidden.

27 (17) A Practitioner should safeguard against any publicity in the
28 media that may imply that he has special skills or that exposes the identity of a
29 patient. He should be circumspect in the announcement of any new special
30 procedures or discoveries and must always strive for anonymity for himself

1 and the patient in any public forum where these are being discussed.

2 (18) Practitioners shall be entitled to inscribe their professional and
3 academic titles after their names but in doing so care must be taken to avoid
4 unethical advertising or any attempt to solicit for patients.

5 9.-(1) Only persons who have undergone the course of training
6 based on the curriculum for medical and dental education as approved by the
7 Medical and Dental Council of Nigeria and have obtained the certificates
8 approved or recognized by the Council, and who beside all these have been
9 registered and licensed by the Council shall practise as a physician or dental
10 surgeon in Nigeria.

Rights and
responsibilities
of members of
the Medical and
Dental profession

11 (2) In the context of a health institution, other members of the
12 health team may perform appropriate para-professional or professional
13 functions required in the process of health care, provided that these
14 functions are performed at the request, or under the supervision, of the
15 medical practitioner or dental surgeon who is in a position to obtain and
16 appropriately interpret the health database that provides the indications for
17 these functions.

18 (3) In circumstances where the doctor is not available, the use of
19 Standing Orders that provide clear guidelines for action will suffice as
20 authority for initiating these actions by the appropriate members of the
21 health team. In these situations, any actions outside the scope of the
22 Standing Orders are illegal and render such other professionals or para-
23 professional liable. Such Standing Orders must be prepared in the first
24 instance by the supervising doctors, the institution, or the corporate medical
25 profession.

26 (4) Subject only to accepted standards of care as determined by
27 corporate professional opinion, a doctor must exercise absolute discretion
28 and authority in determining the nature of care given by him including
29 appropriate utilization of men materials, money and time in order to achieve
30 the best possible results for his patients. By the same token, he must accept

1 the responsibility for the results obtained under his management. To this end.
2 he must refrain from doing anything repugnant to his sense of honour or against
3 his considered judgement, even in the face of unreasonable demand from the
4 patient or other persons, whether individual or corporate.

5 (5) Similarly, in the face of inadequate or inappropriate resources and
6 facilities he must exercise ingenuity and initiative to secure the best possible
7 results for his patient. He must not however, embark on any treatment for
8 which he does not have the requisite knowledge, competence or resources.

9 (6) Registered practitioners are advised to protect their professional
10 practice by regularly taking professional indemnity.

Clinic-etiquette

11 10. In order to ensure the most constructive relationship between the
12 practitioner and the patient, practitioners:

13 (a) Should provide appropriate privacy to their patients;

14 (b) Should offer explanation to patient on fees and charges for service;

15 (c) Should avoid smoking in the clinic or the hospital premises. (If a
16 practitioner must smoke, it should only be in the coffee room);

17 (d) Must always give unconditional positive regard to their patients
18 and express appropriate empathy for their condition;

19 (e) Must at all times and under all circumstances, show appropriate
20 courtesy to patient;

21 (f) Should be at liberty to take prompt steps to protect themselves
22 from unscrupulous and dubious patients who may be out to deceive or
23 manipulate them,

24 (g) Should always take necessary steps to guard against situation that
25 may provoke allegations of impropriety.

26 11.-(1) Practitioners are advised to consider seriously the dangers
27 inherent in the establishment of clinics and hospital as strict business
28 enterprises or limited liability companies, bearing in mind the strict ethical
29 code of conduct in the profession.

30 (2) Practitioners who become connected or involved with limited or

Conduct of
Practitioners in
health service
organizations
as Limited
Liability
Companies

1 publicly quoted organization providing clinical diagnostic or medical
2 advisory services such as public or private hospitals, clinics, screening
3 centers, nursing homes, rehabilitation centers and advisory agencies,
4 whether as partners, directors, employers, consultants or in whatever
5 capacity in which their status as medical practitioners or dental surgeons
6 would be clearly construed to lend support or foster the activities of the
7 organization, have the responsibility to ensure that the provisions of the
8 code of Medial Ethics in Nigeria are complied with. The first source of
9 problem is usually related to advertisement and practitioners are well
10 advised to be ever conscious of this.

11 (3) The prospectus of such companies going public may contain
12 the services to be offered by the organizations but it should not feature the
13 expertise of individual practitioners. The rule equally applies to publicized
14 information in the print and electronic media and on the Internet.

15 (4) Advertisements from such organizations should be factual but
16 should not promote in any way the professional qualities or services of
17 identified individual practitioners connected with such organization or
18 make unfavourable comparisons or allusions to services offered by other
19 organizations, whether public or private, or infringe the confidentiality of
20 patients who use the services of the organizations. They should also not
21 mislead patients, entice them with promotional materials or interfere in any
22 way with their rights to referral.

23 (5) Practitioners should not be directly involved in promoting the
24 services of such organizations through such practices as public speaking,
25 broadcasting, signing circulars, writing articles, putting publications in the
26 information media and internet, permitting the use of their photographs and
27 professional qualifications in the promotional activities* of such
28 organization.

29 12.-(1) No medical or dental practitioner shall practise as a
30 specialist, or pass himself off as a specialist, without having a specialist

Practicing as a
Specialist

1 qualification which is registrable with the Medical and Dental Council of
2 Nigeria.

3 (2) Every practitioner who is a specialist should know that it is a
4 contravention of the regulations for him to practise as a specialist without
5 having been registered as a specialist by the Council.

Self-medication
by registered
practitioners

6 13. A medical or dental practitioner can offer first aid treatment to
7 members of his family. Severe ailments are best referred to colleagues who can
8 treat the afflicted person with a mind devoid of distracting emotions. Similarly,
9 a doctor should avoid self-treatment and self-medication unless the ailment is
10 clearly minor or there is no access to a colleague.

Professional
service to
colleagues

11 14. It is the norm that no professional fee is charged when a doctor
12 looks after a colleague. By this is meant that when a colleague is seen by a
13 doctor, such a colleague would not be expected to pay for registration (card)
14 and consultation or the professional skills or expertise of the attending doctor.

Notice to
practitioners in
the locality

15 15. A practitioner who is qualified and available to act as a consultant
16 to other doctors in any branch of medicine or dentistry, may send to
17 practitioners in his locality or publish in his local medical journal a brief and
18 dignified announcement of his availability to serve other doctors in that
19 capacity.

Mutual regard
among registered
practitioners

20 16. Registered practitioners must give due respect to their senior
21 colleagues and acknowledge their seniority always, whether in a professional
22 or in a social setting. Senior colleagues should be mindful of the interest of
23 junior colleagues in all their interactions and should offer them appropriate
24 guidance.

Discovery of
deception

25 17. When a doctor discovers that some fraud or deception had been
26 practised on him to accept a patient, particularly when a criminal act is
27 involved, he should make every effort to bring such discoveries to the notice of
28 appropriate authorities. Doctors must be careful to distinguish between
29 criminal deception and a clinical situation that is symptomatic of some
30 personality defect in the patient. The latter should be treated as a symptom

requiring appropriate clinical management.

18. Practitioners involved in procedures requiring the consent of the patient, his relation or appropriate public authority must ensure that the appropriate consent is obtained before such procedures, either for surgery or diagnostic purposes, are done, be they invasive or noninvasive. Consent forms should be in printed or in written form either as a part of case notes or in separate sheets with the institution's name boldly indicated.

Informed consent

19.-(1) Patients who are not in a defective state of judgement, or in their stead their competent relatives, may be at liberty to terminate service against medical advice upon a formal undertaking to that effect: but such services should be restored without prejudice if they return for help.

Termination of services by patient

(2) A medical or dental practitioner should normally take positive steps to apply appropriate treatment and save the lives of special categories of patients who cannot make informed decisions for themselves, for instance:

(i) all paediatric patients;

(ii) patients below the age of eighteen (18) whose parents belong to some types of religious sects;

(iii) adult members of those sects who do not carry specified cards and who come in unconscious.

(3) This may include getting a court order to permit treatment.

20. It is mandatory for registered practitioners to be aware of new frontiers in the advancement of medically related scientific knowledge and actions. In view of the potential significance of these high-tech based advances, registered practitioners are advised to be cautiously involved in such new fields as cloning, genetic engineering, genomics etc. Certainly, specific guidelines on such and similar terrain of knowledge and practice will have to be made available in due course by the Council.

New frontiers of knowledge and practice

21.-(1) It is of ethical significance for registered practitioners to continuously assess and avoid medico-legal pitfalls in areas such as

Telemedicine

1 confidentiality, professional competence, legal and registration status of the
2 specialist being consulted, equipment reliability sustainable continuity of
3 patient management and timely referral of patient.

Commencement

4 (2) For the Purpose of Electronic Processing, Practitioners must make
5 appropriate arrangements for the security of personal information when it is
6 stored, sent or received by fax, computer, e-mail or other electronic means.

Assisted
conception and
related practice

7 22. High-technology based human reproductive processes are now
8 being employed by registered practitioners in Nigeria. These techniques
9 embrace wide professional practices that include in-vitro fertilization, sperm
10 donor and egg donor techniques, embryo donation, gestational surrogacy, full
11 surrogacy and other emerging procedures. Whilst the necessary statutes to
12 govern these desirable practices in the society are yet to be enshrined, ethical
13 considerations show the essence for care and attention to the several needs of
14 donor, recipient, and offspring at every step in these practices. Whilst the
15 Council is devoting particular attention to necessary and continuous
16 development of the ethical guidelines in assisted conception and all its
17 professional practice implications, practitioners are expected to resolve certain
18 matters of ethical significance that may arise. While both sperm and egg
19 donations in in-vitro fertilization are accepted as ethically sound practices, in
20 embryo donations, gestational surrogacy or full surrogacy, the practitioner will
21 need to resolve ethical matters in respect of the following:

22 (a) Counselling and Consent of the donor in respect of-

23 (i) The willingness to donate;

24 (ii) The desire to help infertile couples;

25 (iii) Psychological stress that may arise;

26 (iv) Screening for genetic and infectious diseases to prevent
27 transmission to the recipient or offspring;

28 (v) Informed consent to resolve social, psychological and legal
29 uncertainties;

30 (vi) The need not to be informed of the outcome, and

1 (vii) The likelihood of not knowing the genetic offspring.

2 PART II - PROFESSIONAL CONDUCT

3 23.-(1) In all areas of their professional practice, conduct and
4 comportment, and in their professional and other relationships with their
5 patients and other persons, including colleagues, all registered medical and
6 dental practitioners shall be guided and bound by sound ethical practice.

Professional
Brethren of Good
Repute and
competency

7 (2) The general principle is that when a medical or dental
8 practitioner, in the pursuit of his profession, has conducted himself in such a
9 manner which would be regarded as disgraceful or dishonorable by his
10 professional brethren of good repute and competency, then he is guilty of
11 infamous conduct in a professional respect.

12 (3) The list of acts that constitute infamous conduct in a
13 professional respect is not exhaustive because the profession demands the
14 highest ethical standard from its members. The acts listed in this code must
15 therefore be regarded as examples of conducts which members of the
16 profession must avoid.

17 (4) For the purpose of this Code of Medical Ethics the members of
18 the Medical and Dental Practitioners Investigating Panel and the Medical
19 and Dental Practitioners Disciplinary Tribunal for the time being shall
20 constitute the professional brethren of good repute and competency for
21 medical and dental practitioners.

22 (5) The duty of investigating the substance of any allegation of
23 infamous conduct in a professional respect is vested in the Medical and
24 Dental Practitioners Investigating Panel. Once the Panel concludes after
25 due investigation that there is substance in the allegation against a
26 practitioner, the matter is remitted to the Medical and Dental Practitioners
27 Disciplinary Tribunal for trial. At the trial the affected practitioners in given
28 an opportunity to defend his actions and conduct. Where the Tribunal finds
29 the practitioner guilty of infamous conduct in a professional respect as
30 contained in the charge preferred against him, the Tribunal can impose any

1 of the following statutory penalties depending upon the gravity of the offence
2 and the attitude of the practitioner before and during the investigation and on
3 trial:

4 (a) Order the Registrar to strike the person's name off the relevant
5 register or registers;

6 (b) Suspend the person from practice for a period specified in the
7 directive, not exceeding six months;

8 (c) Admonish the person.

Failure to comply
with the general
guideline

9 **24.** Failure to adhere to any of the Preamble and General Guidelines
10 as contained in Rules 1 to 23 of this Code, if reported, may amount to infamous
11 conduct for which the affected practitioner may, if found guilty, be punished.

Attitude towards
members of the
disciplinary organs
of the professions
negligence

12 **25.-(1)** The Medical and Dental Practitioners Investigating panel:

13 (a) The Medical and Dental Practitioner Investigating Panel is a court
14 of first hearing in matters of alleged infamous conduct in a professional respect
15 that are properly brought before the Medical and Dental Council of Nigeria;

16 (b) A medical practitioner or dental surgeon should be punctual
17 whenever he is summoned to appear before the panel in the course of the
18 investigation of any case which involved him, whether as the respondent
19 doctor or as a witness. He should give prompt notice to the appropriate official
20 of the panel with regard to any circumstances that would cause his tardiness or
21 absence.

22 (2) The Medical and Dental Practitioners Disciplinary Tribunal:

23 (a) The Medical and Dental Practitioners Disciplinary Tribunal has
24 the status of a High Court of the Federal Republic of Nigeria and practitioners
25 who appear before it, whether as complainants, defendants or witnesses,
26 whether or not they are also represented by a lawyer, must conduct themselves
27 as they would before a high court. This code of behavior is equally applicable
28 to counsel who appear at the Tribunal;

29 (b) Practitioners who make public comments on cases pending before
30 the Medical and Dental Practitioners Investigating Panel or Disciplinary

1 Tribunal, or cases where the time for appeal has not expired, shall be guilty
2 of contempt of the Panel or the Tribunal, as the case may be, and shall be
3 liable to appropriate disciplinary action.

4 26.-(1) Medical practitioners and dental surgeons owe a duty of
5 care to their patients in every professional relationship. The particular skill
6 which training and eventual recognition and registration bestowed on a
7 practitioner, is to be exercised in a manner expected of any practitioner or
8 any other member of the professions of his experience and status. It is
9 required that a practitioner upgrades his skill as best as possible in the light
10 of advancing knowledge in the profession.

Professional
negligence

11 (2) A practitioner must see and attend to all patients on admission
12 under his care, as frequently as their conditions demand. In an emergency,
13 for instance at the scene of a road traffic accident, a doctor passing by is
14 under no inherent duty to stop and render first aid to the victims; but if he
15 decides to stop and render care, he is bound by the ethics to exercise a degree
16 of reasonable care, that is, to do everything that a competent and reasonable
17 registered practitioner would do in the circumstance.

18 (3) A registered practitioner who fails to exercise the skill or act
19 with the degree of care expected of his experience and status in the process
20 of attending to a patient is liable for professional negligence, the following
21 constitutes professional Negligence:

22 (a) Failure to attend promptly to a patient requiring urgent attention
23 when the practitioner was in a position to do so;

24 (b) Manifestation of incompetence in the assessment of a patient;

25 (c) Making an incorrect diagnosis particularly when the clinical
26 features were so glaring that no reasonable skillful practitioner could have
27 failed to notice them;

28 (d) Failure to advise, or proffering wrong advice to, a patient on the
29 risk involved in a particular operation or course of treatment, especially if
30 such an operation or course of treatment is likely to result-in serious side

1 effects like deformity or loss of organ;

2 (e) Failure to obtain the consent of the patient (informed or otherwise)
3 before proceeding on any surgical procedure or course of treatment, when such
4 a consent was necessary;

5 (f) Making a mistake in treatment e.g. amputation of the wrong limb,
6 inadvertent termination of a pregnancy, prescribing the wrong drug in error for
7 a correctly diagnosed ailment, etc;

8 (g) Failure to refer or transfer a patient in good time when such a
9 referral or transfer was necessary;

10 (h) Failure to do anything that ought reasonably to have been done
11 under any circumstance for the good of the patient;

12 (i) Failure to see a patient as often as his medical condition warrants or
13 to make proper notes of the practitioner's observations and prescribed
14 treatment during such visits or to communicate with the patient or his relation
15 as may be necessary with regards to any developments, progress or prognosis
16 in the patient's condition.

Recurrent
professional
negligence

17 27. A practitioner who appears before the Medical and Dental
18 Practitioners Disciplinary Tribunal for the second time on a charge of
19 professional negligence, and is found guilty, shall not have the option of being
20 admonished. He shall be suspended from practice for a period not less than six
21 months. A practitioner who is habitually negligent in a professional respect
22 could have his name struck off the relevant register.

Gross professional
negligence

23 28. Where the extent of the negligence had been such that it resulted
24 in permanent disability or death of the patient, then the practitioner will be
25 guilty of gross negligence and is liable to:

26 (a) suspension or a period of six months; or

27 (b) having his name struck off the medical or dental register, as the
28 case may be.

Rules guiding
physicians in
biomedical research
involving Human
subjects

29 29.-(1) Biomedical research involving human subjects must conform
30 to generally accepted scientific principles and should be based on adequately

1 performed laboratory and animal experimentation and in thorough
2 knowledge of the scientific literature.

3 (2) Biomedical research involving human subjects should be
4 conducted only by scientifically qualified persons and under the supervision
5 of a clinically competent medical person. The responsibility for the human
6 subject must always rest on the medically qualified person and never rest on
7 the subject of the research even though the subject has given his or her own
8 consent.

9 (3) The design and performance of each experimental procedure
10 involving human subjects should be clearly formulated in an experimental
11 protocol which should be transmitted for consideration, comment and
12 guidance to a specially appointed committee independent of the investigator
13 and the sponsor, provided that the independent committee is in conformity
14 with the laws and regulations of the country.

15 (4) The importance of the objective must be in proportion to the
16 inherent risk to the subject.

17 (5) Every precaution must be taken to protect the privacy of the
18 subject and to minimize the impact of the study on the physical and mental
19 integrity and the personality of the subject

20 (6) Physicians should cease any investigation if the hazards are
21 found to outweigh the potential benefits.

22 (7) Accuracy of the results must be preserved when publishing the
23 research work.

24 (8) Each subject must be informed of the aims, methods anticipated
25 benefits, potential hazards and the discomfort the research may entail. He or
26 she must be informed that he or she is at liberty to abstain from participation
27 in the study; and at liberty to withdraw his or her consent to participate at any
28 time. The subject's freely given informed consent should then be obtained,
29 preferably in writing.

30 (9) If the subject is in a dependent relationship to the investigator,

1 then informed consent should be obtained by a physician who is not engaged in
2 the investigation and who is completely independent of this official
3 relationship.

4 (10) In case of legal incompetence, informed consent should be
5 obtained from the legal guidance in accordance with national legislation.

6 (11) In the case of mental incapacity or minority, the consent from the
7 responsible relative replaces that of the subject.

8 (12) The research protocol should always contain a statement of the
9 ethical considerations involved and should indicate that the principles
10 enumerated therein are complied with.

11 PART III - MALPRACTICE

12 Malpractice in
a general respect

13 30. It shall be the duty of medical and dental practitioners to report
14 every case to the appropriate authorities including the Medical and Dental
15 Council of Nigeria. Failure to report any such case may render the registered
16 practitioner in charge of such institutions primarily liable for an infamous
conduct in a professional respect.

17 Professional
certificates,
reports and other
documents

18 31.-(1) Registered practitioners may from time to time be called upon
19 and are in certain cases required by law, to give professional certificates,
20 reports and other documents of kindred character, for example under the
21 Workmen's Compensation and Criminal Procedure Acts, in relation to birth,
22 illness or death, for the purpose of excusing attendance in the court or in public
23 or private employment, and for many other purposes. This prerogative of the
24 Medical Profession implies a reposition of great trust in the integrity of
practitioners.

25 (2) Any practitioner who signs or issues in his professional capacity
26 any certificate, report or other document of kindred character, containing
27 statements which he knows or ought to know to be untrue, misleading or
28 otherwise improper, is liable to disciplinary proceedings. Sick certificates must
29 not be given retrospectively, or beyond the known duration of the illness and
30 the associated period of convalescence. Only the attending registered

1 practitioner can issue certificates to patients.

2 (3) In general, doctors are expected to exercise care in issuing
3 certificates and kindred documents and should not include in them any
4 statement which the doctor has not taken appropriate steps to verify. Doctors
5 are also advised not to issue certificates excusing a patient from duty in
6 excess of one week except where the practitioner is able to objectively
7 justify longer periods. Such certificates may be renewed if the need arises in
8 the course of regular follow-up care. A doctor shall not issue a false sick or
9 death certificate. He must not acquiesce to, or aid the falsification of, any
10 medical record or document.

11 32. A practitioner who keeps a patient in the hospital as an in-
12 patient when it is not necessary or longer than is necessary for good care, or
13 who undertakes to carry out any form of 'ghost' procedure including 'ghost'
14 and unnecessary investigations, for the sole purpose of increasing his
15 earnings from the patient breaches the Code of Ethics and shall be guilty of
16 malpractice

Deceit of patient
to extort fees and
service charges

17 33. No doctor or dentist shall permit his professional services or
18 his name to be used in aiding of, or to make possible, the unauthorized
19 practice of medicine or dentistry by any person, agency or corporate body.

Aiding the
unprofessional
practice of medicine
and dentistry

20 34. A practitioner must not circulate professional cards through
21 chemists, opticians optometrists or insurance agents; nor should he have any
22 commission arrangement with a chemist, optician, optometrist, laboratory
23 or dental technologist, nurse midwife, radiographer, dental therapist and
24 other medical or dental para-professionals or insurance agents.

Association with
chemist, opticians,
optometrist, dental
technologists, other
para-professionals
and insurance agent

25 35.-(1) The law is clear on this issue as expressed in the Nursing
26 and Midwifery (Registration, etc.) Act Cap N143, Laws of the Federation of
27 Nigeria, 20004. 'Registration under this Act shall not confer the right to
28 assume any name, title or designation suggesting or implying that the person
29 registered is by law entitled to take charge of cases of abnormality, or disease
30 in, or relating to any pregnancy requiring medical attention.

Association with
midwives or
nurses operating
maternities or
nursing homes

1 (2) It is normal for medical practitioners to accept patients who have
2 obstetric abnormalities and are referred to them by midwives. A nurse or
3 midwife must not be shielded by a doctor if she tries to assume the name, title or
4 any designation implying that she is a doctor. She must not be protected if she
5 tries to undertake the responsibilities of a doctor, an action which contravenes
6 the law. Male nurses are to be particularly watched in this matter of passing
7 themselves off as doctors.

Association with
unqualified or
unregistered
persons practicing
medicine dentistry,
or midwifery
(including
relationship with
person performing
functions relevant
to medicine
surgery or dentistry)

8 36.-(1) Any registered practitioner who by his presence, advice or
9 cooperation, whether by the a ministration or anesthetics or the issuance of
10 certificates or by any other means whatsoever, knowingly enables a person not
11 registered as a medical or dental practitioner to practise medicine or dentistry,
12 or to attend or perform any operation on a patient in respect of any matter that
13 requires medical or surgical discretion or skill, breaches this code of ethics and
14 is liable to disciplinary proceedings. This sections includes those who employ
15 or aid unregistered medical personnel, be they citizens or expatriates, to
16 practice in Nigeria.

17 (2) Any registered practitioner would be liable to disciplinary
18 proceedings if he:

19 (i) Knowingly enables any person other than a certified midwife,
20 trained community health extension worker or community health officer or
21 birth-attendant to attend to a woman in child birth, otherwise than in case of
22 sudden or urgent necessity or under the direction and personal supervision of a
23 registered medical practitioner, or

24 (ii) Employs and leaves in charge of any 'open shop' or other place
25 where dangerous drugs within the meaning of the Dangerous Drugs Act may be
26 sold or administered to the public, any assistant not legally qualified to use such
27 poisons.

28 (3) Nothing in the foregoing paragraphs is to be regarded as affecting
29 or restricting in any way:

30 (i) the proper training of medical and other bonafide students of the

1 health professions, or

2 (ii) the legitimate employment of nurses, midwives,
3 physiotherapists, dispensers and persons trained to perform specialized
4 functions relevant to medicine, surgery and midwifery, provided that the
5 medical practitioner exercises effective supervision over any person so
6 employed and retains personal responsibility for the overall management of
7 the patient. A para-professional so employed shall be appropriately
8 registered by the proper regulatory body.

9 37.-(1) At the moment of induction, all qualified doctors subscribe
10 to the Hippocratic Oath (Declaration of Geneva.) part of which reads thus: "I
11 will not permit consideration of religion, nationality, race, party, politics or
12 social standing to intervene between my duty and my patient" In clear terms,
13 whatever the religious orientation of the practitioner or the patient, it must
14 not determine the quality of treatment so offered.

15 (2) Often times, this commitment has led many practitioners into
16 conflict with patients and relatives who cling to their religious tenets, and in
17 some cases to litigation.

18 (3) Practitioners should therefore be aware that society, and indeed
19 the law, recognizes the individual's right to accept or refuse medical
20 treatment. Of all the religions, the Jehovah's Witnesses are the most
21 prominent group in respect to choice of medical treatment. While objections
22 by the other groups are focused on dietary components which do present
23 little or no problem to the practitioners, the Jehovah's witnesses in equating
24 blood transfusion to the eating of blood, present a challenging dimension in
25 offering to them medical treatment in the fields of surgery, anesthesiology or
26 medicine.

27 (4) In managing such patients, it becomes essential to establish the
28 religious views held by them and fully record same in the notes. Their
29 acceptance or rejection of treatment should likewise be recorded and
30 witnessed.

Clinical
management of
religious adherents

1 PART IV - IMPROPER RELATIONSHIP WITH COLLEAGUES OR PATIENT

Instigation of
litigation

2 38. A doctor may find himself in a situation where he hears about the
3 practice of another doctor. It is a professional misconduct for the doctor in
4 possession of such information to instigate the affected patient to bring
5 litigation against his professional colleague where he is neither directly nor
6 indirectly related (i.e. through marriage or blood relationship) with the
7 complainant nor is personally aggrieved.

Case referrals
to colleagues

8 39.-(1) It is desirable and indeed a requirement of the ethics that every
9 practitioner in dealing with patients must recognise his own limitations in skills
10 and facilities, and thus be able and willing at all times to refer such patients in
11 such circumstances to better skilled or better equipped colleagues or hospitals.
12 It is professional misconduct for a practitioner to cause detriment to a patient
13 by failing to refer to others a case he cannot handle affectively.

14 (2) When a patient is referred to a fellow doctor for a second opinion,
15 or for investigation, it is culpable misconduct for the doctor so consulted to take
16 over the continuing care of the patient so referred.

17 (3) It is normal professional courtesy for the consulted doctor to
18 communicate a comprehensive report on the patient to the referring doctor.
19 Failure to comply with this norm constitutes improper conduct.

Movement of
patients among
practitioners

20 40.-(1) A practitioner should be able to recognise when the best
21 interest of the patient necessitates his referral to another doctor or hospital. This
22 code enjoins certain norms in the transfer of patients between practitioners:

23 (a) Voluntary or conscientious transfer of patients from one
24 practitioner to another should be in a decorous orderly manner;

25 (b) A practitioner shall in no way directly entice the patients of
26 another doctor into his own practice. However, it is the right of any doctor,
27 without fear or favour, to give proper advice to those seeking relief against
28 unfaithful or dilatory handling of duty, but such advice should also be
29 communicated to the doctor of whom the complaint of negligence is made;

30 (c) When a member of the medical profession is aware that a patient is

1 already under the treatment of another medical practitioner in a particular
2 episode of illness, he shall not have any professional dealing with that
3 patient without giving prior notice to the first attending medical practitioner
4 except in an emergency. If the medical practitioner finally accepts the
5 patient in such circumstance, he shall take appropriate measures to ensure
6 that all the fee due to the first medical practitioner who was previously
7 handling the case are paid;

8 (d) A member of the medical profession who hands over his patient
9 to another must take every endeavor to ensure that the case is handed over
10 with appropriate details of the case history and in reasonable time for his
11 colleague to acquire a grasp of the case.

12 41.-(1) The responsible medical officer shall be regarded as the
13 practitioner who takes ultimate responsibility for the care of the patient in a
14 private or public institution. This shall be the consultant or the Principal
15 Medical Officer, depending on which of the two exists in the institution.
16 Where neither is available, the next most senior officer in descending
17 hierarchy shall be deemed the responsible medical officer.

Responsible
medical officer

18 (2) All patients are registered in the name of the Responsible
19 Medical Officer and he takes full responsibility for the care of the patient.
20 He, of course, must be open to suggestions from other members of the team
21 based on their expertise and experience, but the final decision about the care
22 of the patient rests with him.

23 42.-(1) The profession takes very seriously the ethic of
24 professional secrecy whereby any information about the patient that comes
25 to the knowledge of the practitioner in the course of the patient- doctor
26 relationship constitutes a secret and privileged information which must in
27 no way be divulged by him to a third party.

Confidentiality

28 (2) The medical records are strictly for the ease and sequence of
29 continuing care of the patient and are not for the consumption of any person
30 who is not a member of the profession. Practitioners are advised to maintain

1 adequate records on their patients so as to be able, if such a need should arise, to
2 prove the adequacy and propriety of the methods, which they had adopted in
3 the management of the cases.

4 (3) Disclosure of information on the patient by the doctor can only be
5 made following an informed consent of the patient, preferably in writing. It is
6 clear that the ethic covers even such information as on criminal abortion,
7 venereal disease, attempted suicide, concealed birth and drug dependence but
8 would exclude situations in which a discretionary breach of confidentiality is
9 necessary to protect the patient or the community from danger. Where statutory
10 notification of disease is involved, the consent of the patient is not required.

11 (4) Every practitioner has a duty to protect patients' privacy and
12 respect their autonomy. When asked to provide information, a doctor should
13 follow the following principles, that is:

14 (a) Seek the patient's consent to disclosure of any information
15 whenever possible, whether or not you judge that the patient can be identified
16 from the disclosure;

17 (b) Anonymize the data where unidentifiable data will serve the
18 purpose;

19 (c) Keep disclosures to the minimum necessary.

Right to withdraw
service

20 43.-(1) Once a doctor assumes the responsibility to care for a patient,
21 his right to withdraw such service would arise only for a good cause. Even the
22 desire or consent of the patient is not always sufficient. The doctor should not
23 relinquish the management of a patient to the detriment of the patient. When he
24 has reason for doing so on grounds of honour or self-respect, he should hand
25 over the patient properly to another medical practitioner for further
26 management.

27 (2) If the patient insists upon an unjust or immoral course in the
28 process of his treatment, or if he deliberately disregards an agreement, or
29 obligation as to fees or expenses, the doctor may be warranted in withdrawing
30 on due notice to the patient, allowing him time to employ another doctor. Other

instances as they arise may justify withdrawal.

(3) It would be permissible for a doctor to withdraw his services in pursuit of his rights under the Labour Laws of the Federal Republic of Nigeria, provided that any doctor wishing to take that course of action must have made satisfactory arrangements for the continuing care of his patients and must have given adequate notice of his intention to the patients and to the hospital authorities.

(4) In embarking on withdrawal of services under any circumstance, a doctor must conduct himself in such a manner as to avoid suffering and loss of life for the helpless patients, such as children and accident victims, who had not in any way contributed to the dissatisfaction which has made the withdrawal of service necessary.

(5) Upon withdrawing from the management of a case after a fee has been paid, the doctor should refund such part of the fee as has not been clearly earned.

44.-(1) A medical or dental practitioner is expected to charge corporate bodies not below the minimum fee approved by the generality of members of the profession in the locality where the practitioner practises. A practitioner is however allowed a discretion in the fees he charges socially indigent patients or private individual patients.

Minimum
professional fees
and service charges

(2) A practitioner is permitted to take reasonable steps, which may include instituting a law suit, to recover his fees from a defaulting patient. He must however avoid such controversies, with patients that may be incompatible with his self-respect and honour as a medical or dental practitioner.

(3) A practitioner who contravenes this provision by deliberately under-cutting colleagues within the locality of his practice in the fees he charges corporate bodies, or by inducing other colleagues' patients by consistently charging ridiculous fees whether to corporate or private patients, or otherwise behaving in a disgraceful manner on the issue of fees

1 to be paid by or on behalf of a patient, shall be deemed to have conducted
2 himself infamously in a professional respect and be liable to an appropriate
3 sanction if charged before the Medical and Dental Practitioner Disciplinary
4 Tribunal.

Adultery or other
improper conduct
or association
with patients

5 45. Any registered practitioner, who abuses his professional position,
6 for example by committing adultery or indulging in any improper conduct or
7 by maintaining an improper association with a patient, is liable to have his
8 name erased from the Register. In this connection, any finding of fact which
9 has been made in proceedings in the High Court of an appeal from a decision in
10 such proceedings shall be conclusive evidence of the fact in any trial held by
11 the Medical and Dental Practitioners Disciplinary Tribunal.

12 PART V - ASPECTS OF MEDICAL OR DENTAL PRACTICE

Private practice
by registered
practitioners who
are in full
employment as
consultants in the
public service

13 46.-(1) A registered practitioner in full time employment in the public
14 service shall not engage himself in extra-mural private practice during official
15 duty time under any circumstance.

16 (2) A registered practitioner who holds the appointment of consultant
17 status or a medical or dental officer of more than ten years post registration
18 experience may run one private consulting clinic, which will open for business
19 only during periods when he is not on official duty.

20 (3) A consultant or a registered practitioner of similar status
21 described in (b) above shall offer in-hospital care to his private patients only
22 within the public hospital in which he is in full employment. It is unethical for a
23 registered practitioner in full time employment in the public service to give in-
24 hospital care, that is, investigatory, admission and institutional care to patients
25 outside the hospital in which he is in full employment.

26 (4) A registered practitioner of more than ten years post-registration
27 who is in full time employment in the public service, but is not engaged in
28 clinical responsibilities in a public hospital may engage, outside the official
29 duty hours, in clinical practice in an institution owned and run by full time
30 private practitioners or hold consultations only in his own consulting clinic.

1 (5) It is unethical for a registered practitioner engaged in a public
2 health institution to demand and/or receive money from hospital patients
3 under any guise whatsoever either before or in the course of attending to
4 such patients.

5 47. A medical practitioner or dental surgeon who does not have
6 the status of a consultant may engage in clinic practice outside his official
7 duty hours in an institution owned and run by full time private practitioners.
8 It is unethical for a registered practitioner who is not a consultant or less than
9 ten years of post-registration and who is in the public service to own or run
10 any private medical institution.

Private practice
by Non-consultant
registered
practitioners who
are in full
employment in
the public service

11 48. Registered practitioners who are Chief Medical Directors,
12 Medical Directors, Medical superintendents or Medical/Dental Officers in
13 administrative charge of public service health institutions have inherent
14 responsibilities to ensure strict compliance with Public Service Regulations
15 by professional colleagues and others who are in the employment of the
16 public service and are deployed to the institutions which they administer. A
17 registered practitioner in administrative control who fails to report
18 colleagues who violate this regulation to the Council shall himself be liable
19 for disciplinary process.

Ethical control by
practitioners in
management
appointments in
public hospitals

20 49. Registered medical practitioners and dental surgeons shall
21 maintain brotherly decorum in entering into professional business
22 relationships, contracts and agreements with corporate bodies, families,
23 social groups or individuals. It is the duty of a registered practitioner to
24 ascertain that in taking up new professional business relationships, contracts
25 and agreements, the prospective client had paid all the earned fees that are
26 due to any registered medical practitioner or dental surgeon with whom he
27 had an earlier professional business relationship. It is unethical for a
28 registered practitioner to accept or go into any new professional business
29 contract or agreement and proceed to give professional service to a client
30 who is in debt to a colleague from whom the client had obtained professional

New clients and
unpaid bill to
colleagues

1 care and services, unless he has obtained a written and verified undertaking
2 from the prospective client stating its non- indebtedness to the doctor.

Decency and
decorum in
professional
transactions

3 50. It is in the interest of the professions of medicine and dentistry
4 that registered practitioners maintain decent and decorous relationships with
5 their clients and patients in the course of professional transactions and
6 treatment. Registered practitioners are hereby reminded that those who engage
7 in fraudulent or dirty deals, including among others, issuing of fake
8 professional bills, illegal abortion, collusion, fee sharing, false certification,
9 covering etc. and who after due process are found guilty by the law courts, shall
10 attract erasure from the medical and dental register as appropriate.

11 PART VI - SELF-ADVERTISEMENT AND RELATED OFFENCES:

12 RELATIONSHIP WITH THE MEDIA

Registered
medical and dental
practitioners and
the internet

13 51. Practitioners wishing to place any information on the Internet
14 should ensure that there must have been an institutional peer-review
15 consultation (e.g. during well publicized grand-rounds and clinical or
16 scientific conferences), to ascertain:

17 (a) The correctness of the information;

18 (b) The quality of the information;

19 (c) The author must equally ensure that; there are no copyright
20 infringements;

21 (d) The confidentiality of patients and institutions records are
22 maintained.

Self-advertisement
or procurement
of advertisement

23 52.-(1) A registered practitioner would be deemed to have breached
24 this Code of Ethics and would be found guilty of infamous conduct in a
25 professional respect if he is proved:

26 (a) to have advertised himself, whether directly or indirectly, for the
27 purpose of obtaining patients or promoting his own professional advantage; or
28 for any such purpose of procuring, sanctioning or acquiescing in the
29 publication of notices commending or directing attention to the practitioner's.
30 Professional skill, knowledge, services or qualifications or deprecating those

of others; or being associated with or employed by those who procure or sanction such advertisement or publication; and

(b) to have canvassed, or employed any agent or canvasser, for the purpose of obtaining patients; or to have sanctioned, or been associated with or employed by those who sanction such employment, which are discreditable actions to the medical and dental professions and are contrary to the public interest. Such a practitioner shall be liable to disciplinary action

(2) In determining the culpability of a practitioner for self-advertisement, the following factors will be considered-

(a) Whether the contents of the purported advertisement did indeed advertise the defendant doctor, that is to say, whether the practitioner has been credited with exceptional abilities or qualities which make him stand out from among his colleagues;

(b) Whether the purported advertisement was traceable, directly or indirectly to the defendant doctor;

(c) Whether the defendant doctor has failed to issue a rebuttal or a complete disassociation from the offending publication in order to show that he did not procure, sanction, or acquiesce in the publication; or if he did, whether this rebuttal or disassociation was published promptly and bona-fide, that is to say in good faith;

(d) Where the special honour reported in the publication had been a gold medal awarded by a medical institution, or a National merit Award from the Federation, a National Honour from the Head of State or Government, the standard of proof must be even stricter. The case would clearly collapse, unless these honours, medals or emblems had been used in such a blatant manner that the conclusion of self-advertisement becomes inescapable.

53.-(1) News media comments by a doctor on therapeutic breakthroughs is to be avoided. Professional communication is to be restricted to professional conferences and scientific publications where

Media publication
of pending
treatment and
new discoveries

1 comments and discussions on new manifestations of diseases as well as new
2 modalities of treatment may be freely discussed among professional
3 colleagues. Even in these instances, anonymity of patients involved must be
4 strictly maintained unless they accept to be identified publicly.

5 (2) Healthcare institutions as corporate entities may be justified in
6 making general press releases about their functional achievements but in such
7 cases, the anonymity of patients must still be strictly maintained. The doctor's
8 identity should appear as: The Consultant-in Charge, The Medical Director,
9 The doctor-in Charge, The Head of Unit, The Resident Doctor, etc.

Media publicity
and advertisement

10 54.-(1) The current National Policy on Health has as its cornerstone,
11 Primary Health Care, one of the components of which is Health Education for
12 the population. To this end, doctors are often required to provide Health
13 Education to the general public on the electronic or print news' media or on the
14 Internet. Professional ethics demand that doctors who get involved in
15 performing such functions should not use such occasions for self-
16 advertisement. They should merely present their materials in such a manner as
17 to only serve the purpose of public enlightenment on the health issue under
18 focus.

19 (2) Furthermore, in the interest of enhancing the health or hospital
20 consciousness of the public a degree of information dissemination may be
21 justified. In this context, patient information leaflets listing the services
22 provided and possibly the time table for such services, may be distributed to
23 attending patients and their relatives, or may be conspicuously displayed
24 within the premises of the facility. Care must -be taken however, to ensure that
25 what is publicized in such information leaflets is only the services
26 offered by the institution and not the doctors, their qualifications or their
27 specific individual skills and competence.

28 (3) It is to be noted by all doctors that the inscription of consulting
29 hour of clinics and hospitals on vehicles. Including ambulances constitutes an
30 objectionable advertisement.

1 (4) Registered practitioners in administrative charge of health
2 institutions may grant interviews or make media releases in respect of the
3 institutions they manage, without being liable to a charge of misconduct,
4 unless they specifically call attention to themselves or their professional
5 competence.

6 (5) A doctor may, with propriety, write the occasional article for lay
7 publication in which he gives information on any aspect of the profession
8 which is of public interest, but he should not undertake to advise inquirers,
9 through such a medium, in respect of their individual rights, or individual
10 problems.

11 (6) It is desirable that members of the profession should, as a public
12 enlightenment service, engage in the publishing of materials which are
13 suitable for the lay radar, either in the form of newspaper articles, books or
14 on the internet. In so doing, whereas the identity of the author may properly
15 be made known, steps should be taken to ensure that no editorial or preface
16 should be made which is laudatory of the author. It is to be particularly noted
17 by all doctors that, whereas an occasional article or letter in a newspaper
18 may not offend, yet an undue frequency of such publications may arouse
19 suspicion as to the true intentions of the author. There should be no mention
20 of individual cases in such a form as might lead to the identification of the
21 patient concerned.

22 (7) Where a doctor appears on the television or radio, or publishes
23 on the internet, he must make sure that he does not use the opportunity for
24 self-advertisement.

25 (8) A member of the medical or dental profession may not:

26 (a) lend his name for use in any commercial advertisement in
27 which he will be described as a doctor of medicine' or a dental surgeon or any
28 other description that may so imply;

29 (b) insert in any newspaper or periodical, or the internet or any
30 other publication, an advertisement offering, as a member of the medical or

1 dental profession, to undertake confidential inquiries involving signs and
2 symptoms of diseases and their management.

Touting and
canvassing

3 55.-(1) A medical or dental practitioner must not engage in or
4 encourage professional touting. The employment of canvassers and the display
5 of cards or calendars in hotels, show premises, banks or any other such venues,
6 are highly improper and, ipso facto, constitute a breach of the professional code
7 of ethics.

8 (2) Practitioners are not allowed to produce or distribute calendars,
9 key holders, wall clocks, trays and such other gift items bearing the inscription
10 of names of health institutions or their services because such items are
11 promotional in nature and are wont to excite unwarranted and unhealthy
12 competition among practitioners. It is important to note that these gift items
13 are not to be produced or distributed even on behalf of the practitioner by 'well-
14 wishers', as claims of ignorance by the practitioner will not be an acceptable
15 defense

Signboards and
signposts

16 56.-(1) Practitioners may indicate their places of practice by means of
17 signboards or signposts; provided that such signboards or signposts which bear
18 only the name of the hospital or clinic, types of facilities available and the clinic
19 hours, are placed anywhere within the premises only, if being occupied
20 exclusively by the health institution or where the institution is in a shared
21 premises only a plaque not exceeding 80cm by 45cm may be placed on the wall
22 of the appropriate part of the premises.

23 (2) In obscure neighborhoods, directional signboards, bearing only
24 the inscription 'HOSPITAL' or 'CLINIC' may be installed by a practitioner who
25 has his practice there.

26 PART VII - CONVICTION FOR CRIMINAL OFFENCES

Abortion

27 57. A conviction for criminal abortion affords ground for disciplinary
28 action by the Medical and Dental Practitioners Disciplinary Tribunal. A doctor
29 who improperly procures or attempts to procure an abortion or a miscarriage is
30 liable to be charged with infamous conduct in a professional respect.

1 58.-(1) Where a registered medical practitioner or dental surgeon is
2 convicted, by any court in Nigeria or elsewhere, which has the power to
award imprisonment, for an offence which in the opinion of the Medical and
4 Dental Practitioners Disciplinary Tribunal is incompatible with the Status of
5 a medical or dental practitioner, as the case may be, whether or not the
6 particular offence is punishable with imprisonment, a particular conviction,
7 or the last of the series of convictions, may afford ground for striking off the
8 practitioner's name from the Register, whether or not the circumstances of
9 the offence involved infamous conduct in a professional respect.

Conviction of a
registered
practitioners in
a court of law

10 (2) Practitioners are to take cognizance of the following points
11 with regard to the effect of convictions:

12 (a) The Tribunal is legally bound to accept a conviction as
13 conclusive. It is therefore not open to a practitioner to contend before the
14 Tribunal that he was in fact innocent of an offence of which he has been
15 convicted and that he was convicted only because he pleaded guilty in order
16 to avoid publicity or for any other reason;

17 (b) The facts leading up to a conviction in any other country may be
18 suggestive of infamous conduct in a professional respect and may thus give
19 rise to an inquiry.

20 59. Registered practitioners have a duty, to ensure that professional
21 practice premises are not used as bases or hide-outs for criminals. A breach
22 of this ethic, either by omission or commission constitutes infamous
23 conduct in a professional respect.

Aiding criminals
in clinics or
hospitals premises

24 PART VIII - MISCELLANEOUS

25 60.-(1) Members of the medical and dental professions, in pursuit
26 of normal economic interactions by giving professional services, may
27 accept general retainerships, capitation rates and pre-fixed fees for the care
28 of the personnel of corporate organizations, members of the specified group
29 or family, either directly or through intermediaries such as health
30 maintenance organizations.

Retainerships,
capitation rates
and pre-fixed fees
for professional
services

1 (2) In accepting a general retainership listing by intermediaries and
2 health maintenance organizations, practitioners must ensure that they are not
3 trapped with terms of retainers hip that defy generally accepted economic
4 concepts, or would make them compromise ethics of the profession, such as
5 compelling them to undertreat patients to meet costs or appear in any
6 proceedings, which are detrimental to the interests of their patients. Terms of
7 relationship must include regular payment of retainer fee as applicable in
8 respectable segments of the national economic activities.

9 (3) Retainerships, capitation and pre-fixed fees must be accepted only
10 in such a manner and on such terms that the medical interest of patients and the
11 dignity and self-respect of the profession and practitioners are not jeopardized.

Doctors strike

12 61. Registered Medical practitioners have a duty, to ensure that
13 patents under their care are duly treated, irrespective of the status of the
14 Hospital. Thus a registered practitioner may be judged to be guilty of infamous
15 conduct where a patient under his care dies as a result of Doctors Strike.

Alcohol and
drugs

16 62. The Council considers convictions for alcohol-related offences
17 or trafficking as indications of habits that are discreditable to the profession
18 and certainly a source of danger to patients. Thus, a registered practitioner may
19 be judged to be guilty of infamous conduct on the following grounds amongst
20 others not particularized in this notice:

21 (a) If convicted by any law court for a drug related offence;

22 (b) If found drunk or under the influence of drugs;

23 (c) If there is evidence that he was under the influence of alcohol or
24 drugs while attending to patients;

25 (d) If he indulges in the abuse of dangerous drugs or of the privileges
26 conferred on medical and dental practitioners by the Dangerous Drugs Act and
27 Regulations.

Improper financial
transactions

28 63. Certain financial transactions are regarded as improper for
29 members of our noble profession. Examples of such unwholesome
30 transactions would. include the following amongst others:

1 (a) Questions of infamous conduct may arise where allegations are
2 made that a practitioner has improperly demanded or accepted fees from a
3 patient under the public Health Service for private treatment contrary to the
4 Regulations of the service;

5 (b) Disciplinary proceedings may also result when a practitioner
6 knowingly and improperly obtains any payment to which he is not entitled;

7 (c) The Council considers the following deals unethical:

8 (i) The commercialization of a secret remedy;

9 (ii) Improperly prescribing drug(s) or appliances in which a
10 registered practitioner has a financial interest; and

11 (iii) Arrangements for fee-splitting, which is the practice by the
12 managing practitioner of returning a part of the fee paid by the patient to the
13 referring practitioner, or a third party, with or without the patient's
14 knowledge. The Practice constitutes a threat to the best care of the patient
15 because practitioners would tend to refer patients not to the practitioner with
16 the best facility or skill demanded by the patient's condition, but to another
17 practitioner who is ready to pay the highest return.

18 **64.** It is objectionable for a medical or dental practitioner to:

19 (a) Solicit either directly or indirectly for patronage from injured or
20 sick persons, their next-of-kin or any other interested party;

21 (b) Seek for claimants in respect of personal injuries in order to
22 obtain the financial benefit;

23 (c) Offer rewards to persons who are likely, by reason of their own
24 employment, to be able to influence any medical engagement, such as a
25 retainership, in his favour.

26 **65.** Where it becomes obvious or proven that a practitioner had
27 been involved in an act of torture of any person by physical, biological,
28 chemical, pharmacological, psychological or other cruel, inhuman or
29 degrading treatment or punishment, he is considered to be in breach of this
30 code.

Improper purchase
of patronage

Torture

Euthanasia

1 66. A practitioners shall be adjudge to be in breach of the ethical code
2 of practice if found to have encouraged or participated in any of the following
3 acts:

4 (a) Termination of a patient life by the administration of drugs, even at
5 the patient's explicit request;

6 (b) Prescribing or supplying drugs with the explicit intention of
7 enabling the patient to end his or her life.

Fitness to practice

8 67. The Council views the following as conditions which could
9 tender a practitioner unsafe and constitute obstacles of fitness to practice
10 medicine or dentistry:

11 (a) A practitioner suffering from senile dementia;

12 (b) A practitioner suffering from physical or mental conditions which
13 can imperil his patients, embarrass his professional colleagues and indeed
14 jeopardize his own career and professional position;

15 (c) A practitioner who has become addicted to drugs and might or
16 indeed does commit offences against the Dangerous Drugs Act and
17 Regulation;

18 (d) A practitioner addicted to alcohol who might or is not in the right
19 frame of mind to treat patients.

Enforcement
of sanctions

20 68. After due process of investigation and trial of a registered
21 practitioner as appropriate, where such trial results in a pronouncement of
22 guilt in respect of the registered practitioner, the Registrar of the Medical and
23 Dental council of Nigeria shall take the following steps:

24 (a) In every such case where the guilt of the practitioner is pronounced
25 by the Medical and Dental Practitioners Disciplinary Tribunal, the sentence
26 that is pronounced shall be published in the Gazette of the Federal Republic of
27 Nigeria and also as a paid advertisement in each of four national newspapers.
28 Notification of the publication shall be duly deposited with the permanent
29 secretaries of the Federal and all the State Ministries of Health, and the
30 National President of the Nigerian Medical Association (if a medical

1 practitioner) or the Nigerian Dental Association (if a dental surgeon);
2 (b) Where the name of registered practitioner is suspended from
3 the Register for a period of time the Registrar will in addition to (a) above
4 direct the practitioner to complete on a monthly basis, an approved proforma
5 to the effect that he maintains compliance with the sentence until the period
6 of suspension expires.

7 **69. In this Bill-**

• Interpretation

8 "Non-indigenous Medical and Dental Practitioners" means all Medical and
9 Dental Practitioners whether they are Nigerians or not, who are trained in
10 Nigeria shall be regarded as indigenes of the professions and shall be
11 accorded all benefits due them as to their Nigerian counterparts;

12 "The Council" means the Medical and Dental Council of Nigeria.

13 "Torture" means a deliberate systematic or wanton infliction of physical or
14 mental injury or both, occasioning harm by one or more persons acting alone
15 or with others or on orders of any authority to force or intimidate the victims
16 to yield information, make confession or for any other reason which is an
17 outrage on personal dignity;

18 Physical Torture includes but not limited to Systematic beating, flogging,
19 clubbing, punching or slapping, Suspension of body frames in unusual
20 positions;

21 Sexual torture includes but not limited to Rape, Plunging objects into body
22 orifices, Mutilation of sexual parts, Banging of victim's head against the
23 wall, Finger nail, hair or dental pulling, tearing, torching or burning,
24 Physical exhaustion by enforced gymnastics, prolonged standing or
25 exercises other than usual training procedures, Mock executions and
26 shooting of body parts, Electrical stimulation, Drowning, Noise, vibrations
27 and lights aggression and Climatic stress such as application of extremes of
28 heat or cold;

29 Biological and Chemical Torture include Pharmacological, that is misuse of
30 indicated and unapproved drugs, forced urine and excrement usage, and

1 application, Sleep deprivation, Starvation, Insect or animal aggression and
2 Direct tear-gassing to specific body parts; Psychological Torture includes but
3 not limited to threats to self and loved ones, Sexual violations, Deprivation of
4 healthcare comfort to either the victim or his family, Forced witnessing of the
5 torture of others, Changing attitude of the interrogator - 'the Goodman
6 technique' and Disappearance.

Citation

7 70. This Bill may be cited as the Code of Ethics for Medical
8 Practitioners in Nigeria Bill, 2017.

9 SCHEDULE

10 DECLARATION BY A PROSPECTIVE MEDICAL PRACTITIONER

11 Declaration by a prospective medical or dental practitioner I,
12 Doctor.....(The doctor being inducted publicly announces his
13 name here) do sincerely and solemnly declare that as a Registered
14 Medical/Dental Practitioner of Nigeria, I shall exercise the several parts of my
15 profession to the best of my knowledge and ability for the good, safety and
16 welfare of all persons committing themselves to my care and attention, and that
17 I will faithfully obey the rules and regulations of the Medical and Dental
18 Council of Nigeria and all other laws that are made for the control of the
19 medical and dental professions in Nigeria.

20 Furthermore, I hereby subscribe to the PHYSICIANS' OATH as follows: I
21 SOLEMNLY PLEDGE to consecrate my life to the service of humanity; I
22 WILL GIVE to my teachers the respect and gratitude which are their due; I
23 WILL PRACTISE my profession with conscience and dignity; THE HEALTH
24 OF MY PATIENT WILL BE my first consideration; I WILL RESPECT the
25 secrets which are confided in me, even after the patient has died;

26 I WILL MAINTAIN by all means in my power the honour and the noble
27 traditions of the medical (dental) profession; MY COLLEAGUES will be my
28 brothers and sisters; I WILL NOT PERMIT considerations of religion,
29 nationality, race, party politics or social standing to intervene between my duty
30 and my patient; I WILL MAINTAIN the utmost respect for human life from the

1 time of conception; - Even under threat, I WILL NOT USE my medical
 2 knowledge contrary to the laws of humanity;.....
 3 I MAKE THESE PROMISES solemnly, freely and upon my honour, The
 4 Declaration of Geneva (Physicians' Oath Declaration) adopted by the
 5 General Assemble of the World Medical Association at Geneva,
 6 Switzerland, in September 1948 and amended by the 22nd World Medical
 7 Assembly at Sydney, Australia in August 1994.

Signature of the Doctor or Dentist
 who has taken the Oath

Signature of the Provost or Dean of the
 College or Faculty of Medical or Health
 Sciences (The signature of the Head of the
 training institution would not be required on
 the Attestation Forms of graduates whose
 training institutions are outside Nigeria)

Date.....

Signature of the Registrar of the Council

EXPLANATORY MEMORANDUM

This Bill seeks to provide a Legal Framework for the Code of Ethics for Medical Practitioners in Nigeria to serve as a guide for Medical Practice in Nigeria.

