



PART D

The code of medical ethics



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1. Physician-patient relations

a) Cooperation between the physician and the patient

1. The physician and the patient shall act jointly to create a relationship of mutual trust, and for the success of the medical treatment.

b) The right to receive medical treatment

1. The physician shall assist any person to exercise his right to receive proper medical treatment in accordance with the arrangements existing in the medical system in Israel.

c) Prohibition of discrimination

1. The physician shall not discriminate in the provision of medical treatment among patients on the basis of age, sex, origin, nationality, religion, social, personal, or economic status, physical or mental limitations, the viewpoints, belief, or opinions of the patient, or for any other reason.

d) Information regarding the identity of the patient

1. The physician shall introduce himself clearly to the patient, including his full name, professional title, and medical experience, and shall describe his role during the treatment.

e) Privacy of the patient and medical confidentiality¹

1. The physician shall observe the patient's right to privacy and the confidentiality of his medical details at all stages of the treatment.
2. The physician shall not furnish the patient's medical details to any other person, except at the request of or with the express consent of the patient.
3. The physician shall verify that the patient's consent to exposure of the information is given after he has understood the meaning of the waiver of medical confidentiality, including the significance of transferring information to third parties. A physician who feels that the exposure of the medical records might harm the patient must do his best to stop such exposure, and if possible-to explain to the patient the possible implications.

1 On this matter, see the position paper entitled: "Mental illness like all other human illness"



4. The physician shall use discretion and shall not directly transfer to third parties medical records that include information whose disclosure is liable, in his opinion, to harm the patient.
5. In appropriate circumstances, the physician shall seek the intervention of the courts, which may debate the question of removing confidentiality behind closed doors, at which time the doctor may explain to the judge in detail the level of risk to the patient.
6. The physician shall furnish the patient's medical details as required by law.
7. The physician shall furnish the patient's medical details as required for continuation of the medical treatment by another practitioner. The patient shall be appropriately notified.
8. The physician shall be entitled to furnish medical information to another person with the approval of the ethics committee of the institution in which he is working, without the knowledge of the patient, if this information is liable to harm the patient.
9. The physician shall furnish medical information, with the patient's knowledge, even without his consent, if the information is required for protection of the health of others or of the public. This shall be done with the approval of the ethics committee of the medical institution.
10. The physician shall be entitled to furnish medical information to the institution giving treatment or to a worker of the institution for the purpose of processing of the information, filing it, or for reporting it by law.
11. The physician shall be entitled to transfer medical information for the purpose of scientific publication, research, or teaching, provided that identifying details of the patient are not revealed.
12. The physician shall only furnish the relevant information required, in a reasonable way and in accordance with the circumstances, and shall avoid a sweeping supply of medical information.
13. The physician shall observe the privacy of the patient and the confidentiality of his medical information even before his professional colleagues, if they are not involved in his treatment.
14. The physician shall avoid looking at a medical record, whether computerized or not, without justification.
15. The physician is not released from the obligation of confidentiality even after the patient's death.
16. The physician shall avoid discussing, in a public place, a person being treated by him.
17. The physician shall verify the safety of storage of the medical information controlled by him while observing the rules of medical confidentiality.



f) Furnishing medical information to the patient

1. The physician shall listen to the patient, and shall respect his autonomy and his right to choose the medical treatment and the method of its execution.
2. The physician shall explain clearly to the patient, in accordance with his ability to understand, his medical condition and the possible means for treatment of his condition. The physician shall verify that his explanations were properly understood by the patient.
3. The physician shall describe to the patient also the means of treatment he needs that are not included in the health basket, even if the physician is barred, for administrative reasons, from offering them to the patient.
4. The physician shall assist the patient in choosing the medical process suitable for him, using his professional knowledge.
5. The physician shall respect the patient's right to examine and receive, if necessary, a copy of his medical records.
6. The physician shall be entitled not to furnish medical information to the patient, if in his opinion this information is liable to harm the patient. A decision regarding non-furnishing of medical information to the patient obligates approval by the ethics committee of the medical institution giving the treatment.
7. The referring physician shall stress the importance of professional assistance and interpretation of all results of the test. It is recommended that the referring physician confirm in advance with the patient whether he wishes to get the results of the specific test directly, and if so this should be noted in the referral.

g) Treatment of a patient with an incurable (terminal) illness²

1. The physician, and the patient with an incurable disease, shall discuss the desires and expectations of the patient from the treatment vis a vis the realistic abilities of medicine, and shall define the goals of the treatment.
2. The physician shall consider and decide upon continuation of the best examinations and treatment for the patient, according to updated guidelines in the field of specialization, and the professional knowledge and experience of the physician. Among other things, the physician shall consider the advantages of the treatment as opposed to unwanted side effects. Continued treatment that is ineffective and futile is liable to harm the patient and even hasten his death.

2 On this matter, see the position paper entitled "Medical ethics and the treatment of patients with incurable illnesses and futile treatments."



3. The physician shall share the medical data with the patient and those significant to him as early as possible, in order to allow the patient to understand, acclimate to the situation and make decisions that are right for him.
4. The physician shall refer the patient to treatment that will improve his quality of life when other treatment is futile (palliative treatment as needed).

h) Informed consent

1. The physician shall give the patient clear and understandable details regarding his medical diagnosis and the prognosis of his illness, including the nature of the proposed treatment, the risks, the chances, and the possible side effects. The physician shall present the patient with possible alternative treatments, in order to permit him to take a reasoned decision regarding continuation of the treatment.
2. The physician shall furnish the patient with the medical information at as early a stage as possible so as to permit him the maximum degree of understanding of the information, in order to make a decision that is based on free and independent choice.
3. The physician shall give medical treatment to the patient only after the patient's informed consent has been received. The informed consent may be given, depending on the circumstances of the medical treatment, by behavior, orally, or in writing.
4. The physician shall receive specific and informed consent in writing, in the event of an operation, treatment, or invasive act, and in any other case obligated by law.
5. The physician shall respect the refusal of the patient to receive medical treatment, provided that the patient is aware of the risks he is assuming.

i) Examinations of intimate areas of the patient's body³

1. The physician shall display extra sensitivity during examinations of intimate areas of a patient's body.
2. The physician shall ensure the patient's privacy during the medical examination and afterwards (for example, closing a curtain or door).
3. The physician shall notify the patient before performing medical acts that are liable to cause pain.
4. The physician shall refrain from making personal comments that are liable to be perceived as offensive. Extra sensitivity should be employed when the patient is undressed.

3 On this matter, see the position paper entitled " Physical examinations by physicians of intimate parts of the patient's body."



5. The physician shall explain the results of his examination when the patient is dressed and sitting.

j) Administering medical treatment without the patient's consent

1. The physician shall be entitled to administer urgent medical treatment in a medical emergency even without the patient's consent, if, because of the circumstances, including the patient's physical or mental condition, it is impossible to obtain his consent for the treatment. In specific cases, the treatment will be given with the approval of three physicians, unless the emergency circumstances do not permit this.
2. The physician shall be entitled to administer specific medical treatments to the patient if the patient's physical or mental condition prevent him from giving his informed consent for this treatment, if the physician is unaware that the patient or his representative or guardian is opposed to giving this treatment, and if it is impossible to obtain the guardian's consent to the required treatment.
3. The physician shall be entitled to administer to the patient medical treatment that must be given as soon as possible, contrary to the patient's wishes, in circumstances of grave danger to his life and with the approval of the ethics committee of the medical institution.

k) Approaching a passerby in whom the physician has diagnosed an illness⁴

1. A physician may, but is not required to, draw the attention of a passerby to a medical problem.
2. The physician shall carefully consider if there is a chance of improving quality of life and health when deciding whether to draw the attention of an individual who did not consult with him.
3. The physician shall act with extra sensitivity and shall speak to the stranger privately, without others hearing or watching.

l) Furnishing information regarding innovative medical technology⁵

1. The physician shall exercise full transparency in giving patient details of the existing medical technologies relevant to his condition, even if they are not included in the health services basket. The physician shall furnish this information to the patient as soon as possible, in order to permit him to make a reasoned decision regarding

4 On this matter, see the position paper entitled "Should physicians inform passersby that they may suffer from an illness?"

5 On this matter, see the position paper entitled "New technologies – the Cypher stent as an example".



his medical treatment.

2. The physician shall exercise full transparency in revealing to the patient his economic interests, or those of the institution providing the treatment, related to a specific innovative medical technology, if any.
3. The physician shall not act as an agent or mediator of a commercial company in the marketing of a new medical technology and shall not receive any consideration from the commercial company because of the very use of a specific medical technology recommended by him, unless he participated in the development of said technology.

m) Furnishing information to the patient regarding the medical condition of the physician⁶

1. A physician who is ill is not required to inform the patient of his state of health.
2. A physician who is suffering from an illness liable to endanger the patient shall present himself for examination by a medical committee of physicians specializing in the field of his illness. This committee shall determine, in accordance with professional criteria, whether the physician is capable of continuing to work.

n) The right to continue proper medical treatment⁷

1. The treating physician shall continue the necessary monitoring and follow-up after the performance of any medical intervention.
2. The physician shall respect the patient's right to continue medical treatment with another physician or as part of some other medical arrangement.
3. The physician shall respect the patient's right to receive continuous treatment, with full cooperation from the physicians treating him.
4. The physician shall transfer to the other practitioner, with the patient's knowledge, all the medical information held by him that is required for continuity of the treatment.
5. A physician replacing a colleague shall take care to transfer to the colleague the required information that he supplied to the patient in his absence, unless the patient objects.

6 On this matter, see the position paper entitled "Must a physician inform his patients of his state of health?"

7 On this matter, see the position paper entitled "The obligation of a surgeon to the surgical patient-monitoring and follow-up after surgery."



o) Appointment of a representative for the patient⁸

The physician shall respect the power of attorney given by the patient to his representative so that the latter will be authorized to make medical decisions regarding the patient's medical treatment. The power of attorney shall include the circumstances and conditions in which the holder of the power of attorney shall be authorized to decide regarding the medical treatment, instead of the patient.

p) Treatment of incompetent patients⁹

1. Treatments should be given devoid of any discrimination, such as affiliation with a certain group, a certain illness, medical diagnosis, place of hospitalization etc.
2. In order to preserve autonomy in decision making, special efforts will be made to obtain the patient's understanding and cooperation, or the cooperation of alternate decision makers.
3. Decisions and treatment shall be made on the basis of personal, individual evaluation and taking into consideration the medical needs of the patient.
4. As a rule, in situations where it is not possible to obtain the opinion and cooperation of the patient herself, preference will be given for temporary treatment over permanent, irreversible treatment.

q) An additional medical opinion for the patient¹⁰

1. The physician shall respect the right of every patient, including a hospitalized patient, to an additional medical opinion.
2. The physician shall direct the patient to another professional, if asked to do so, based on trust in the capability and professional judgment of the other physician.
3. The physician treating the patient shall cooperate with the consultant physician and present him with all the medical information relevant to the patient.
4. The consultant shall properly introduce himself in the hospital to the physician treating the patient, the medical staff, and the patient.
5. The consultant in the hospital shall permit a representative of the staff giving the treatment to be present during examination of the patient.

8 On this matter, see the position paper entitled "Rules for determining legal capacity."

9 On this matter, see the position paper entitled "Contraceptive treatments in patients who are not competent to give informed consent."

10 On this matter, see the position paper entitled "An additional opinion for a hospitalized patient".



6. The consultant in the hospital shall present his conclusions in writing to the patient and to the physician treating the patient, for the purpose of continuation of the medical treatment.
7. The physician treating the patient shall be entitled not to accept the conclusions of the consultant. If so, he must explain his reasons to the patient.
8. The consultant may become the physician treating the patient at the request of the patient and with the knowledge of the first physician.

r) Medicine and faith in medical treatment¹¹

1. The physician shall respect the wishes of the patient to act in accordance with his beliefs in connection with the receipt or non receipt of medical treatment.
2. The physician is not obligated to give medical treatment at the patient's request, if the treatment conflicts with the physician's conscience or his professional opinion or with general medical knowledge, even if the request results from the patient's faith.
3. The physician shall take steps to prevent treatment that is not accepted medical treatment, and that originates in faith, if the said treatment may harm the patient, the other patients, or the medical staff, or if it comes at the expense of resources required for other patients.

s) Cognitive enhancement at the patient's request¹²

1. The physician may provide cognitive enhancement to a healthy, competent patient, if there is a benefit and the risk involved is only marginal.
2. The physician shall professionally consider every request for enhancement by a patient with extra caution and only following explicit informed consent.

t) Physician's refusal to provide medical treatment¹³

1. The physician shall be entitled not to give medical treatment at the request of the patient, if the request is contrary to his professional position, his conscience, or his beliefs. In these circumstances the physician shall, as far as possible, direct the patient to another suitable physician.
2. The physician shall object to giving medical treatment enforced on him for administrative or economic reasons, if this treatment is contrary to his professional position or his conscience.

11 On this matter, see the position paper entitled "Medicine and faith in medical treatment".

12 On this matter, see the position paper entitled "Medical treatment for cognitive enhancement".

13 On this matter, see the position paper entitled "Limitations on the obligation to provide medical treatment".



u) Commencement and termination of the physician-patient relationship on the physician's initiative¹⁴

1. The physician is obligated to give medical treatment to everyone, in any urgent case and in every case of saving life.
2. The physician shall be entitled not to accept a person for treatment, or to terminate the professional connection with a patient, if a crisis of confidence exists that prevents the creation or the continuation of this connection, except in medical emergencies.
3. The physician shall be entitled to terminate the professional connection with the patient if he is exposed to verbal or physical violence on the part of the patient, his family, or anyone acting on his behalf.
4. The physician shall be entitled to terminate the professional connection with the patient, with the knowledge of the medical institution, if the patient does not cooperate with the physician regularly and in a manner endangering his health, or if he presents improper demands to the physician.
5. The physician shall not terminate the professional connection with the patient for any reason constituting discrimination.
6. The physician shall not terminate the medical connection with the patient solely because of the fact that the latter has requested to receive an additional opinion and/or treatment from another physician.
7. The physician shall notify the patient in advance of termination of the professional connection with him, and shall supply an explanation. The physician shall give the patient a summary of the medical data held by him regarding the patient and shall direct him, as far as possible, to the treatment of another physician.
8. The physician is obligated to the continuity of the patient's medical treatment, even if the professional connection with him has been terminated, and shall cooperate with any other physician who also participates in the medical treatment of the patient.

v) Notice to patients regarding a change of workplace¹⁵

1. The physician shall respect the patient's right to continuity of the medical treatment and shall consequently inform him in advance of the expected change to his place of work.

14 On this matter, see the position paper entitled "Termination of the physician-patient relationship on the physician's initiative".

15 On this matter, see the position paper entitled "The physician shall be entitled to notify his patients regarding his new place of work".



2. A physician employed in a medical institution or organization shall give notice of the change to his place of work by means of the employer. In the absence of cooperation on the part of the employer, the physician shall be entitled to give notice of the change, without persuading the patient to transfer the treatment to the new workplace.

w) Mistakes in medical treatment¹⁶

1. The physician shall act, to the best of his ability, to preserve the safety of the patient and to avoid mistakes in his medical treatment.
2. The physician shall take steps to educate his professional environment with the aim of improving the safety of treatment by means of identification, reduction, and prevention of mistakes in the provision of medical treatment.
3. The physician shall report to the appropriate professional function any mistakes that occurred during the medical treatment. The report shall be confidential and the information shall not be misused against the physician reporting or against the members of the medical staff who erred.
4. The physician shall respect the right of the patient to receive reliable and full information regarding the circumstances of the treatment that he received, including a mistake that occurred during this treatment, if it has an important influence on the state of the patient's health or on continuation of his medical treatment.
5. The physician shall explain to the patient the nature of the mistake made in his treatment, the steps taken to correct it, and the action taken to prevent recurrence of a similar mistake in the future.

x) Prohibition of exploitation¹⁷

1. The physician shall not breach the patient's trust and shall not physically, mentally, or economically exploit him. The patient's consent shall not limit the physician's responsibility.
2. The physician shall not, even with consent, conduct sexual relations with any of his patients during the period of the treatment and for at least one year from the end of the treatment. When dealing with a psychiatric patient, the period of the prohibition shall extend for at least three years.

16 On this matter, see the position paper entitled "The ethical obligation of the physician to disclose to the patient that a mishap has occurred in his treatment".

17 On this matter, see the position paper entitled "Sexual relations between the physician and the patient".



3. The physician shall not receive, directly or indirectly, except if he is a lawful inheritor, an inheritance left to him by a patient who was in a therapeutic relationship with him, unless at least three years have elapsed from the end of the treatment until the date on which the patient left property to the physician. If the aforesaid times have not elapsed and the patient assigned his inheritance, in whole or in part, to the physician, the physician shall renounce the inheritance.

y) Receipt of gifts and contributions from patients¹⁸

1. The physician shall not exploit his status in any way whatsoever in order to influence the patient to give him a gift or donation.
2. The physician shall not make the granting of medical treatment, its results, or its execution by a specific physician, conditional on the receipt of a gift or donation.
3. The physician shall be entitled to receive a gift not in cash from a patient, if this was given with the free will of the patient, if it is symbolic and modest in value and does not put the physician in a conflict of interests of any kind.
4. The physician shall be entitled to receive a donation from a patient, if it was given at the end of the medical treatment, with the free will of the patient, and by means of the medical institution in which the physician is employed, and only if the donation is intended for the advancement of the professional standards of the physician, for improvement of the level of the medical treatment given to patients or for improvement of the working conditions in the clinic or the department.
5. The physician shall not receive a gift in cash or a donation for his personal needs.

z) Issuance of illness certificates¹⁹

1. A physician issuing an illness certificate intended for a non-medical entity shall maintain the confidentiality of the medical information and shall write in it only that "details of the illness are documented in the medical records held by him."
2. A physician issuing an illness certificate shall observe his professional independence even in the presence of possible pressure on the part of the patient or his family.
3. A physician issuing an illness certificate shall avoid giving such a certificate retroactively, except in special and justified circumstances.
4. A physician issuing an illness certificate shall avoid giving such a certificate for non-medical reasons.
5. A physician issuing an illness certificate shall not give a certificate to a person for the illness of another person who is not the subject of the certificate.

18 On this matter, see the position paper entitled "The acceptance of donations from patients".

19 On this matter, see the position paper entitled: "Issuance of illness certificates".



aa) Certificates of fitness issued by a physician²⁰

1. In signing a certificate of fitness, the physician is bound by exactly the same responsibility as in treatment of any medical problem brought before him.
2. The physician's role is solely to grant certificates dealing with medical issues and which require a medical examination and/or a description of the patient's health. It is not the physician's role to reinforce declarations by the patient on matters beyond the scope of his or her medical condition.
3. In certifying fitness, the physician must professionally understand what is demanded physically or emotionally of the patient when performing the activity to which the certificate pertains, in order for the patient to take part in that activity.
4. The physician must recognize the limits of his professional knowledge, and refer to a specialist in the field whenever he is not adequately informed about what is required from a medical standpoint to perform the task.
5. The physician may refuse to grant a certificate of fitness for activity not consonant with his or her professional position, conscience or faith.

bb) Prohibition of lying for the patient's benefit²¹

1. The physician shall not deliberately give erroneous or misleading information to any person or entity regarding the medical condition of the patient, or regarding examinations or treatments that he requires, even if this is allegedly done "for the benefit of the patient".

cc) Use of generic drugs²²

1. The physician shall be entitled to commence treatment with a generic drug as long as it is found to be equal in effectiveness and safety to the corresponding original drug.
2. The physician shall not replace an original drug with a generic drug only for economic considerations of a third party, especially in cases in which the patient is stable with treatment of a drug having a narrow treatment range.
3. The physician shall be entitled to offer a patient, who is stable in treatment with an original drug, use of a generic drug, if he is convinced that this will not harm the patient's health, and after he has received the patient's consent.

20 On this matter, see the position paper entitled "Certificates of fitness issued by a physician"

21 On this matter, see the position paper entitled "Is it ethical to lie for the benefit of the patient?"

22 On this matter, see the position paper entitled "Educated use of generic drugs".



dd) Receipt of payments in private treatment

1. The physician shall not persuade the patient to receive private treatment.
2. The physician shall notify the patient in advance of the payment he charges for private medical treatment.
3. The physician shall not charge the patient an additional payment (double payment) where another entity pays the entire sum for the medical treatment.
4. The physician shall fix his fees in a reasonable way in accordance with his status, professional skill, the type of treatment required and the time required for its execution.



2. Physician-society relations

a) Inequality in medicine^{23, 24}

1. The physician shall act, to the best of his ability, in order to increase the awareness of the decision makers and members of the health professions, regarding the grave consequences – health, economic, and social – of the inequality existing in Israel regarding access to means of diagnosis and medical treatment.
2. The physician shall act, to the best of his ability, to identify and minimize situations of inequality in medicine, especially in regions of the geographic periphery.
3. A physician who fears that the patient's safety or health are in danger because of the absence of access to medical treatment, equipment, or resources, shall warn decision makers of this situation and shall help, as far as possible, to correct the situation.
4. A physician who fears a conflict of interests between the benefit of the patient and budgetary considerations, shall remember that his first obligation is to supply the patient with the best treatment available.

b) Prohibition of physician participation in interrogations and torture²⁵

1. The physician shall not participate in any activity involving torture, cruelty, or humiliation of another person, regardless of the accusations against the said person or his acts.
2. The physician shall not give medical permission for the execution of torture and shall not supply medical information, instrumentation, or drugs for this purpose.
3. The physician shall preserve the confidentiality of the medical information held by him and shall not make use of it for torture or interrogations.
4. A physician who was a witness to interrogations or torture carried out contrary to international conventions shall report this to the appropriate authority.
5. The physician shall strictly observe his professional independence when selecting the proper medical treatment for a detainee or prisoner under his responsibility, while preserving the physical and mental health of said person.

23 On this matter, see the position paper entitled "Health inequality in Israel".

24 On this matter, see the position paper entitled "The treatment of individuals not covered by medical insurance".

25 On this matter, see the position paper entitled "The prohibition of physician participation in interrogations and torture".



c) Prohibition of physician participation in solitary confinement in prisons²⁶

1. The physician shall not give any medical permission for the solitary confinement of a prisoner for the purpose of punishment.
2. The physician shall strictly observe the confidentiality of the medical information held by him and shall make no use of it for the purpose of approval of solitary confinement, except for protection of the health of the prisoner or of other prisoners.
3. The physician shall strictly observe his professional independence when selecting the proper medical treatment for a prisoner who is in solitary confinement, while preserving the physical and mental health of said person.
4. A physician who identifies a real danger to the health of a prisoner, because he is held in solitary confinement, shall exercise his professional authority and give warning to the competent authorities, in order to terminate these restrictions immediately.

d) Shackling prisoners and detainees in hospitals²⁷

1. The physician shall preserve the dignity, privacy, and health of any person held in conditions of detention or imprisonment.
2. The physician shall respect the right of every detainee or prisoner to receive medical treatment like any other person, without being restrained by handcuffs.
3. The physician shall exercise his professional authority to remove the restraints of a detainee or prisoner being treated by him, except in cases in which there is a real and immediate danger to the patient himself or to the medical staff treating him.

e) Prohibition of feeding a prisoner conducting a hunger strike²⁸

1. The physician shall explain to a prisoner conducting a hunger strike the real risk to his life if he continues this strike.
2. The physician shall not apply improper pressure to a prisoner conducting a hunger strike to change his mind.
3. The physician shall verify, every day, the wishes of a prisoner conducting a hunger strike regarding the treatment to be given to him in the event of his losing consciousness. This shall be documented in a confidential medical record.
4. The physician shall decide, to the best of his medical awareness and conscience, how to continue to treat a prisoner conducting a hunger strike after the prisoner has lost consciousness, while conforming to the wishes of the prisoner, as these

26 On this matter, see the position paper entitled "Solitary confinement of prisoners- without the participation of physicians".

27 On this matter, see the position paper entitled "Shackling prisoners and detainees in hospitals".

28 On this matter, see the position paper entitled "Feeding hunger strikers".



were expressed to him earlier in the hunger strike.

5. The physician shall not participate in the forced feeding of a prisoner conducting a hunger strike.

f) The health of migrant workers²⁹

1. The physician shall act, to the best of his ability, in order to permit work immigrants in Israel access to proper medical treatment, and in order to prevent their exploitation.
2. The physician shall, in an emergency, treat any work immigrant, even if he lacks means of payment.
3. The physician shall preserve the medical confidentiality of the work immigrant like every other patient, and where required, also the very identity of the immigrant.

g) The guarantee of medical and health services during the Israeli-Palestinian armed conflict³⁰

1. The physician shall regard the supply of medical and health services to the civilian population, both Israeli and Palestinian, and the treatment of persons injured, as an integral part of his professional commitment to preserve the value of life.
2. The physician shall give medical and health services to every person, even during an armed conflict, when he is required to do so ex officio.
3. The physician shall preserve his professional autonomy even under combat conditions and shall be entitled to absolute immunity as long as he engages in his professional work only.

h) Chemical sterilization of pedophiles³¹

1. The physician shall assess the medical condition of a sexual offender and his suitability for medicinal treatment for inhibition of his sexual urge, independently and untainted by conflicts of interest of any kind whatsoever.
2. The physician shall not give medicinal treatment for inhibition of the sexual urge contrary to his conscience, if in his opinion this treatment is unsuitable for the said sexual offender.
3. The physician shall give medicinal treatment for inhibition of the sexual urge only after the patient's consent has been received of his own free will.

29 On this matter, see the position paper entitled "The health of migrant workers".

30 On this matter, see the position paper entitled "Assuring medical and health services during the Israeli-Palestinian armed conflict".

31 On this matter, see the position paper entitled "Chemical sterilization of pedophiles".



i) Cooperation between the physician and law authorities³²

1. The physician shall respect the special status of medical institutions as places in which the patient is protected by the rules of medical ethics.
2. The physician shall respect the medical confidentiality and privacy of illegal residents and offenders since they are also patients.
3. The physician shall, at the same time, respect the good of society in general and its right to protect itself.
4. The physician shall be entitled to aid security authorities, at their request, even if this may harm the rights of the patient, only in cases in which there is a high probability that if he does not do so harm will be caused to society by the said patient.
5. In the event of doubt, the physician shall apply to the Court so that it shall give a ruling between the freedom of the individual and his rights and the good of the public in general.
6. The physician may consider, based on his conscience, whether to cooperate with the interpretation of bone age testing of illegal residents for non-medical reasons, at the request of the State, taking into account the questionable reliability of the test and the exposure to radiation.³³

j) The physician as a lobbyist in the Parliament and government offices in Israel³⁴

1. A physician shall agree to act as a lobbyist only in a case where he believes that there is a firm basis and scientific truth in the presentation of a medical opinion on the matter.
2. A physician who serves as a lobbyist in a non-medical matter shall be extra careful and shall refrain from any conflict of interest with his work as a physician.

k) Treatment of minors³⁵

1. The physician shall protect the health, welfare, and rights of minors, taking into account their medical and mental needs and those of their families.
2. The physician shall involve the minor in decisions related to his medical condition in accordance with his level of maturity and cognitive and mental capability. For this purpose, the physician shall give the minor information in a way that he can

32 On this matter, see the position paper entitled "Cooperation between medical institutions and law authorities".

33 On this matter, see the position paper entitled "Evaluation of bone age at the request of the State"

34 On this matter, see the position paper entitled " The physician as lobbyist in the Parliament and government offices in Israel

35 On this matter, see the position paper entitled "The rights of the minor in medical treatment".



understand, shall be receptive to his views and shall answer his questions to the best of his ability.

3. The physician shall take steps to obtain the informed consent of the parents or guardian of the minor, except in case excluded by law, or when contacting them is contrary to the minor's interest or places the minor in danger. In the last case the physician shall involve the authorized professional entities.
4. The physician shall attempt to encourage a minor, who opposes the participation of his parents or his guardian in his medical condition, to involve them in the treatment, if he is convinced that this is for the good of the minor.
5. The physician shall contact the competent authorities in order to permit medical treatment that in his best professional judgment is essential, even contrary to the opinion of the minor's parents or guardian.

l) Treatment of vulnerable populations

1. The physician shall, to the best of his ability, protect the health, welfare, and rights of vulnerable or special populations: minors, old people, sheltered persons, helpless people, or any person subject to authority.
2. The physician shall as far as possible involve a patient, who is included in the said population, in the determination of his medical treatment. In the event of the patient's incompetence, the physician shall take steps to obtain the consent of the patient's legal representative for the purpose of giving the medical treatment.
3. A physician who fears that a patient who came for treatment was or is subject to abuse shall take all the steps available to him to protect said patient, and shall report this to the competent authorities, depending on the circumstances.

m) Exclusion of women³⁶

1. The physician shall not enable the exclusion of women in the public health system, including any act that causes discrimination, degradation or humiliation of a woman.
2. The physician shall do his utmost to lead social processes that contribute to equality between the sexes and shall refrain from giving consent or recognition to acts that oppose this.

36 On this matter, see the position paper entitled "The exclusion of women in the healthcare system and medical services".



n) Artificial feeding of a patient in a permanent vegetative condition³⁷

1. At the request of the patient's family, the physician shall explain the benefit of artificial feeding of a patient in a permanent vegetative condition and the risks and benefits involved as they relate to the patient's continued existence.

o) Trading in tissues and organs and the donation of organs³⁸

1. The physician shall take steps, to the best of his ability, to promote education and information amongst the public in order to encourage the donation of organs after death for transplanting.
2. The physician shall avoid applying pressure of any kind in order to obtain consent for the donation of tissues or organs.
3. The physician shall not be involved, directly or indirectly, in any way, in the trading of tissues or organs for transplanting.
4. The physician shall not be involved in the transplanting of tissues or organs obtained by means of trading in organs.

p) Transplanting organs from persons sentenced to death³⁹

1. The physician shall not cooperate, in any way whatsoever, in transplanting an organ if the tissue or organ transplanted originated in a person sentenced to death.

q) The physician in the medical committee⁴⁰

1. A physician who is a member of a medical committee shall introduce himself to the examinee and explain his status and function in the committee.
2. The physician shall not act simultaneously as the physician treating the patient and as a physician who is a member of a medical committee and shall avoid any conflict of interests.
3. A physician who is a member of a medical committee shall act with respect and shall preserve the privacy of the examinee, taking into account his physical and mental disabilities.
4. A physician who is a member of a medical committee shall formulate his opinion after examining all the relevant documentation of the examinee.
5. A physician who is a member of a medical committee shall make an objective, independent professional decision that is not subject to the authority or needs of

37 On this matter, see the position paper entitled "Artificial feeding of a patient in a permanent vegetative state".

38 On this matter, see the position paper entitled "Trading in organs and organ donation".

39 On this matter, see the position paper entitled "Transplanting organs from persons sentenced to death".

40 On this matter, see the position paper entitled "Physicians on medical committees".



the institution in which he works.

6. The physician treating the patient shall not instruct him to change the medical treatment that he receives in order to "worsen" his condition prior to examination by the medical committee.
7. A physician who is a member of a medical committee who feels the presence of an attorney for the patient during the medical examination is liable to disrupt the proceedings or their results shall inform the patient and his attorney of this and note his reasoning in the committee report, in order to allow for the continuation of the examination.⁴¹

r) A physician acting on behalf of his employer

1. A physician acting on behalf of his employer shall make clear to the examinee his connection with his employer and shall not simultaneously act as the physician treating the said examinee.
2. A physician acting on behalf of his employer shall not furnish the employer with details regarding the examinee's medical condition, unless the examinee agreed to disclose them or if the physician is legally required to do so.
3. A physician acting on behalf of his employer shall not intervene in the treatment given to the examinee by the physician treating him, and shall contact the treating physician when the need arises.

s) Medical confidentiality and the physician's tax obligations⁴²

1. A physician is obligated, like every citizen, to report to the tax authorities and pay taxes on the fee he receives from his patients.
2. A physician is obligated to protect a patient's medical confidentiality and his dignity and privacy. Medical confidentiality is the right of the patient, and only he can waive it.
3. A physician shall not ask a patient to waive confidentiality for the purpose of his accounts, as doing so would put the patient in an uncomfortable position and potentially harm the trust he puts in the doctor. It is not proper for a patient to waive a basic right in order to uphold an interest that does not concern him.
4. The physician, in reporting to the tax authority, should cite the name of the patient and the amount paid, but should not specify in the receipt the illnesses from which he suffers or the treatment he received.

41 On this matter, see the position paper entitled "The presence of lawyers during examinations in a medical committee."

42 On this matter, see the position paper entitled "Medical confidentiality and the tax assessor."



t) Participation by medical students in the examination of patients⁴³

1. The physician, as a teacher and educator, shall encourage the participation of students in the examination and the medical treatment of patients.
2. The physician shall receive advance consent from the patient or his legal representative for the presence of students during the examination or treatment.
3. The physician shall teach the students to respect the patient's privacy and dignity, especially if the patient is disabled, legally incompetent, anaesthetized or unable to express his opinion.
4. The physician shall respect the patient's refusal to consent to the presence of students during examination or treatment, and the refusal shall not influence the quality of the treatment given to the patient.

u) Transparency regarding the health of national leaders⁴⁴

1. A physician treating a national leader is obligated to maintain medical confidentiality vis-a-vis the leader, and shall not act with a conflict of interests regarding the public's right to know about the leader's medical condition.
2. The physician treating a national leader is permitted, with the leader's consent, to give the public medical information regarding the leader's condition.
3. The treating physician shall not determine the medical capability of the leader to continue in his position.
4. The treating physician shall, in suitable circumstances and to the best of his ability, take steps to persuade the leader of his obligation to submit to examination by the designated competent authority, so that the latter may assess his ability to continue in his position.
5. The treating physician shall, in suitable circumstances and to the best of his ability, take steps to persuade the leader of his obligation to disclose medical information to the general public, and in the absence of such consent – the physician shall give warning of the leader's condition to the designated competent authority.

v) Diagnosis via media and social media⁴⁵

1. A physician shall not diagnose someone via the media or social media, including political and public figures, and shall not publicize such diagnoses.
2. A physician shall not influence public opinion by abusing his knowledge and status in attributing a diagnosis to a political candidate or elected official.

43 On this matter, see the position paper entitled "The examination of patients by medical students".

44 On this matter, see the position paper entitled "Transparency regarding the health of national leaders".

45 On this matter, see the position paper entitled "The diagnosis of public figures from the TV recliner and the media"



w) Medical supervision of drivers⁴⁶

1. Pursuant to the law and in accordance with his professional judgment, the physician is obligated to notify the competent authorities of the patient's incapacity for driving. This obligation conflicts with the basic obligation of medical confidentiality and infringes upon it.
2. The physician shall inform the patient in advance of his intention to notify the competent authorities of the patient's incapacity to continue driving.
3. The physician shall act through appropriate channels, including by means of his representatives, to change the law so that the legal obligation to disclose incapacity for driving shall be imposed on the patient and not on the physician. Such a change will strengthen the trust between the patient and the physician and will lead to improvement of medical treatment for the patient.

x) The obligation to treat in a pandemic situation⁴⁷

1. The physician shall treat everyone, including a patient suffering from an infectious disease, even in the presence of a reasonable increased risk to the physician's safety, and after he has taken suitable measures to protect himself.
2. The physician is obligated to give medical treatment to everyone in the event of a pandemic situation, when there is a danger to the public.
3. The physician shall continue to provide medical treatment as long as his professional services are required.
4. The physician is not obligated to take an unreasonable risk in order to give medical treatment to someone else.
5. In conditions in which he faces a real and increased risk, the physician shall balance the immediate benefit expected for the individual patient endangering the physician, and his ability to provide medical treatment in the future to other patients, as well as the value of saving his own life and that of his family.

y) The obligation to treat in a multi-casualty event^{48 49}

1. A physician who is called on to treat in an event in which there are numerous casualties shall give the best possible medical treatment to the maximum possible number of victims, based on the triage system and on the circumstances.

46 On this matter, see the position paper entitled "Medical supervision of the competence of drivers".

47 On this matter, see the position paper entitled "Is there a limit to the medical obligation in pandemic situations?".

48 On this matter, see the position paper entitled "Ethical aspects of a multi-casualty event".

49 On this matter, see the position paper entitled "Ventilation and intensive care during the stormy days of Corona".
· See also the positions of the Ethics Board publicized during corona and appearing at the end of this book.



2. The physician shall fulfill his professional obligation, as far as required, but in the event of personal risk, he shall assess, in cooperation with the appropriate entities, the risk involved in entry to the site of the event, against the obligation to save lives, and shall act accordingly.

z) Medical tourism^{50 51}

1. Physicians should strive to find the appropriate balance between improving the quality of public medicine through financial resources provided by medical tourism, and preserving the right to health and accessibility to services of the country's residents in an environment of limited resources.
2. Physicians shall not prioritize treatment of medical tourists over that of residents of the country.
3. Physicians shall ensure that the provision of medical services in the framework of medical tourism shall not harm the health of residents of the country.
4. Physicians shall preserve the rights of the medical tourist and shall not terminate life-saving treatment of the tourist.

aa) Imaging tests⁵²

1. The physician shall refer the patient for imaging tests when they are justified in terms of risk vs benefit and with consideration of the effects of accumulated radiation from numerous tests, both for the individual patient and for society in general.
2. The physician shall refer the patient for imaging tests with a detailed, reasoned instruction for their execution.
3. The physician shall notify the patient of the inherent risk in imaging tests, as part of the process of obtaining informed consent.
4. The referring physician shall emphasize the importance of professional assistance and interpretation of all results of the imaging test. It is recommended that the referring physician confirm in advance with the patient whether he wishes to get the results of the specific imaging test directly, and if so this should be noted in the referral.
5. The physician performing the imaging test should send his answer directly to the treating physician.
6. A physician who identifies an emergency situation shall turn directly to the patient,

50 On this matter, see the position paper entitled "Medical tourism"

51 On this matter, see the booklet "The joint ethical forum of the IMA and medical tourism companies."

52 On this matter, see the position paper entitled "Judicious use of medical imaging."



in order to prevent any delay.

7. A radiologist shall take immediate action when there is no treating physician and when there is a need for follow-up tests, such as screening tests.⁵³

bb) "Medicine" that is not evidence-based⁵⁴

1. The physician shall take steps, to the best of his ability, to prevent false hopes among the public regarding "medicine" that is not evidence-based and that may sometimes involve fraud and theft.
2. The physician shall take steps, to the best of his ability, to warn the public against treatments given in "medicine" that are not evidence-based and that are liable to harm the health of the patient.

cc) Shutting down medical institutions (in response to violence against physicians)^{55,56}

1. Physicians are entitled to expect that society and the medical institution in which they are working will protect them properly against physical and verbal violence during their work.
2. In the absence of such proper protection, physicians shall be entitled to shut down the medical services in order to arouse public opinion, and cause the employers and the government to act against violence towards the physicians and other health workers.
3. The physicians shall be entitled to shut down the medical services in response to violence, in a reasonable and considered manner, in order to minimize the harm and suffering of all patients.
4. Physicians shall strike as a means of professional struggle only as a last measure and after taking into consideration the expected damage that will be caused to third parties versus the benefit to the strikers and to society.
5. Physicians shall ensure a cautious and measured strike action that allows for emergency and other vital services, a control mechanism, and an opportunity to examine exceptional cases as well as media opportunities to relay up to date information to the public regarding the strike.

dd) Use of the title "Professor"⁵⁷

53 On this matter, see the position paper entitled "Imaging results-do they go to the physician, the patient or both."
54 On this matter, see the position paper entitled "Anti-aging medicine".
55 On this matter, see the position paper entitled "Cease-fire".
56 On this matter, see the position paper entitled "The ethics of a physicians' strike in a labor dispute."
57 On this matter, see the position paper entitled "Who may be called professor?"



1. The physician shall use the title "Professor" in his medical work if he has been appointed to this position in one of the medical faculties in Israel, including the status of full professor or associate professor, in the academic or clinical track.
2. The physician shall use the title "Professor Emeritus" in his medical work if he had been appointed as a professor, as set forth above, and has retired.
3. The physician shall use the title "Professor" in his medical work for three years at most, if he had been appointed as a professor, as set forth above, and is in transition between two universities in Israel.

ee) Physician classifications⁵⁸

1. Ranking or classifications of physicians appearing in the media have no scientific basis and are liable to mislead the public and discriminate against many other good physicians.
2. The physician shall explain to those contacting him the limitations of these classifications.

58 On this matter, see the position paper entitled "The best physicians".



3. Physician-physician relations

a) Respect for a professional colleague⁵⁹

1. In all professional matters, the physician shall maintain relations of respect and friendship towards professional colleagues.
2. The physician shall not permit his personal opinions to influence his professional relations with his professional colleagues.
3. The physician shall avoid criticizing his professional colleague in a crude or insulting manner.
4. The physician shall express his opinion regarding medical treatment given by his professional colleague in an objective, modest, and restrained manner, based on accepted medical information at the time treatment was given.
5. The physician shall not express himself in the media in a manner that insults or disparages another physician.

b) Giving medical treatment to a professional colleague

1. The physician shall act in accordance with medical tradition and shall treat his professional colleagues without charge. The physician shall be entitled to levy a charge if a third party pays the cost.

c) Teamwork

1. A physician working in a medical team shall be responsible for his professional conduct and for his personal part in the treatment that he gives to the patient as part of said team.
2. The physician shall respect the qualifications and experience of his colleagues in the medical team and shall be ready to accept advice, criticism, or objective complaints from them.
3. The physician shall verify that the division of responsibility for the medical treatment among members of the team is understood by all the members.

d) Sharing information between practitioners

1. The physician shall enable open and reliable communications with colleagues in the medical team and with other physicians treating the same patient in the most effective way, in order to advance the treatment of the patient.

59 On this matter, see the position paper entitled "The system for approving tests and treatment in the health funds, and the treating physician."



2. The physician shall share with his colleagues knowledge, new treatment skills and the results of research.

e) Transfer of patients between physicians

1. A physician shall avoid any action intended to transfer to himself patients of another physician. If the patient left the first physician of his own free will, the second physician shall be entitled to treat him.
2. A physician replacing another physician in his absence shall redirect the patient to the first physician on his return, and shall transfer to him all the medical information added in his absence, unless the patient objects.

f) Prohibition of fee splitting

1. The physician shall not demand, receive, or give any brokerage fees for directing a patient for examination, diagnosis, treatment, receipt of medical instrumentation or referral to health resorts or institutions.
2. The physician shall be entitled to allocate from his salary payment to another physician, if the latter actually helped him and made a significant contribution to the diagnosis or the medical treatment of a specific patient.

g) Transfer of information to a medical team regarding an infectious disease⁶⁰

1. The physician shall act with transparency and integrity with his professional colleagues.
2. The physician shall not conceal from his professional colleagues relevant medical information related to the patient he is treating. This obligation is far greater when speaking of an infectious disease liable to harm a colleague or the medical team.
3. The physician shall furnish his colleague with medical information regarding the patient, taking care to ensure the medical privacy of the patient.

h) A physician who is incompetent from a health standpoint⁶¹

1. A physician who is professionally incompetent, health-wise, shall avoid giving medical treatment or taking medical responsibility for the health of the patient, and shall report this to the competent authorities.
2. An incompetent physician, including a physician who is suffering from an

60 On this matter, see the position paper entitled "The transfer of information to a medical team regarding an infectious disease".

61 On this matter, see the position paper entitled "The incompetent physician".



infectious disease, shall apply if necessary to the entity authorized to determine the limitations of his functioning and the way in which he may continue his work.

3. A physician shall notify an incompetent physician regarding the doubt that has arisen concerning his capability and shall make every effort to help him, including in the receipt of medical treatment.
4. The physician shall act to the best of his ability in order to protect the general public from an incompetent physician.
5. The physician shall report an incompetent physician to the appropriate authority, if the continuation of his work constitutes a danger to public health, after he has notified the incompetent physician in advance.

i) Improper conduct

1. A physician who identifies improper ethical or professional conduct by his professional colleague shall warn the colleague of this.
2. A physician who identifies improper ethical or professional conduct by his professional colleague that continues despite the warning he has given him, shall report this to the competent authorities.

j) The prohibition of workplace harassment⁶²

1. Abusive behavior in the workplace is prohibited, as it is damaging to the dignity and functioning of the physician.
2. The physician in a management role, like all his or her medical colleagues, shall refrain from demeaning or humiliating any other physician in any way whatsoever, including verbal abuse toward or about another physician.
3. The physician in a management role is responsible for seeing that his or her subordinates can perform their work, that no untoward behavior is permitted that could damage their medical training, medical skills and level of professionalism, and that the workplace environment is not a hostile one; the physician in management must lead by personal example, morally and professionally.
4. A physician shall refrain from joining in any abusive behavior toward another physician and shall do everything in his or her power to support a physician who is abused. A physician perceiving behavior that is liable to be interpreted as abusive, shall do everything in his or her power to inform the abuser that his or her behavior is unacceptable.

62 On this matter, see the position paper entitled "The prohibition of workplace harassment"



k) The prohibition of abuse among medical staff

1. A physician shall not physically, emotionally or financially abuse a fellow physician or any other staff member, particularly if there exists between them a relationship of authority or supervision.
2. A physician shall be strict about proper behavior that respects his position, and shall refrain from any sexual, degrading or humiliating remark or action in the workplace.
3. A physician shall not have sexual relations with a fellow physician or other staff member who are under his supervision or authority.
4. A physician who recognizes improper behavior of a fellow physician, which diverges from that described above, shall caution him, and in appropriate circumstances shall report it to the hospital administration and/or to the IMA ethics bureau.

l) The obligation to report a criminal or disciplinary charge

1. A physician shall notify the professional association to which he belongs if he was found guilty of a criminal or disciplinary offence related to his medical occupation, whether it was perpetrated in Israel or abroad.
2. A physician who was suspended by a medical organization or institution, or whose medical practice was limited, shall give notice of this to the organization or other institution in which he is a member or is employed in medical work.

m) The physician's conduct when changing workplaces⁶³

1. A physician is entitled to change workplaces.
2. The physician manager shall respect the doctor who changes his place of employment and respect his desire to do so.
3. The physician changing his place of employment shall give notice of his intention to change workplaces.
4. The physician changing workplaces shall assist, insofar as possible, in the transfer of information and shall provide professional support to colleagues remaining in the medical institution he or she is leaving or to new replacements, to assure continued quality care for patients.
5. A physician who is exposed to an attempt to prevent the employment of physicians in public institutions shall protest and act to prevent it, insofar as he is able, to enable maximum actualization of the medical knowledge and experience of the physicians for the benefit of the patients.

63 On this matter, see the position paper entitled "The physician's conduct when changing workplaces"



n) The obligation to publish the name of a person found guilty in a clarification committee of the Ethics Board⁶⁴

3. If a physician was found guilty by the Ethics Board and was sentenced to punishment of suspension or expulsion from the Israeli Medical Association, his full name shall be published, as seen fit by the committee that judged his case.

64 On this matter, see the position paper entitled "The obligation to publicize the name of a physician found guilty in a clarification committee of the Ethics Board".



4. The physician, science, and research

a) Medical research on humans - general obligations^{65,66}

1. The physician shall act to advance medicine by means of medical research on humans and shall conduct the research in accordance with the rules applying to him as a physician.
2. The physician shall conduct medical research on humans only if qualified to do so and after he has learned the ethical rules and the methodology of the medical research that he is conducting.
3. The physician shall conduct medical research in accordance with accepted scientific principles and in light of previous substantiated medical and scientific knowledge.
4. The research physician shall notify the physician treating the patient participating in the research of such patient's participation, and shall give him information regarding the nature and aims of the trial.
5. The research physician shall verify that the medical trial that he is conducting has been recorded in advance in a digital website, accessible to the public, and that this record contains all the relevant information on which the research is based.

b) The good of the participant in medical research on humans

1. The research physician is first and foremost obligated to ensure the good of the participant in the research. The good of the patient precedes any other motive, including the good of society in general or of science.
2. The research physician is responsible for protecting the health and safety of the participant in the research. This obligation is not imposed on the participant himself, even if he gave his consent.
3. The research physician shall verify that the benefit latent in the research exceeds the estimated risk for the participant, and shall do everything he can to minimize the risk or harm liable to be caused to the participant during or as a result of the research.
4. The research physician shall halt the research if it transpires that its continuation is liable to harm the participant.
5. The research physician shall not conduct research on a vulnerable or special population or on one subject to authority, unless the research contributes to the health of said population itself, and if it is impossible to achieve the aim of the research without the participation of said population.

65 On this matter, see the position paper entitled "Clinical trials".

66 On this matter, see the position paper entitled "Comments by the Israeli Medical Association on the bill for Medical Trials on Humans, 5767-2007".



c) Conducting medical research on humans

1. The physician serving as the head researcher in medical research shall verify that the stages of the research are formulated clearly in the research protocol.
2. The head research physician shall furnish the research protocol to an independent ethical trials committee (the Helsinki committee) for its perusal, comments and guidance.
3. The research physician shall act in accordance with the approved protocol, and in the event of doubt he shall contact the ethical trials committee to receive the appropriate clarification.
4. The research physician shall verify that the medical research is planned and executed in accordance with all the requirements, laws, and ethical rules, both local and international, including the Helsinki Declaration, as updated from time to time, and that the research is subject to monitoring and inspection as required.

d) Consent to medical research on humans

1. The physician shall explain, in a clear and understandable manner, to the patient or to the healthy volunteer, that he is participating in research, and shall verify that the participant understands the nature of the research in which he is taking part. The research physician shall give the participant in the research all the information regarding the aim and methods of the research, as well as the benefit and the risks expected during or following it.
2. The research physician shall explain to the participant about alternative treatments and their advantages and disadvantages, if any.
3. The research physician shall inform the participant that he is entitled not to participate in the research, as well as to withdraw from it at any time, without this influencing in any way whatsoever the continuation of his treatment.
4. The research physician shall explain to the participant which medical treatment he will receive in the event of harm to his health following the trial, and who shall be responsible for this treatment.
5. The research physician shall avoid applying pressure or persuasion of any kind whatsoever, directly or indirectly, including exploitation of relations of dependency or authority, in order to obtain the consent of a person for participation in the research.
6. The research physician shall verify, before commencement of the trial, that the participant has given his consent in writing, of his own free will, expressly and with awareness, for participation in the research, after he has understood all the explanations given to him and has received a reply to all his questions.



7. The research physician shall update the participant regarding any new information relevant to the research in which he is participating, including new side effects discovered during the research.
8. The research physician shall verify that in the event of legal incompetence of the participant in the research, or when physical or mental incompetence do not permit the receipt of consent, the informed consent shall be received from the participant's legal representative.
9. When dealing with a patient whose capability to provide informed consent is in doubt, and in the absence of his legal representative, the research physician shall take steps to obtain the necessary informed consent by means of another, independent, physician who is familiar with the research protocol and who is the appropriate professional function.

e) Confidentiality in medical research on humans

1. The research physician shall verify that all information regarding the medical research, which may lead to exposure of the participant's identity or his medical or genetic condition, shall be kept secret, like any other medical information.

f) Full disclosure - holders of an economic interest in medical research on humans⁶⁷

1. The research physician shall give the participant in the research information regarding the entity financing the research, as well as whether the physician himself receives financial remuneration for execution of the research.
2. A research physician, who holds an economic interest in the medical research, shall be fully transparent in giving the participant all the details related to his personal involvement or the involvement of the medical institution in the economic interests of the research, including the receipt of consideration from any entity whatsoever and the reason for this.

g) Use of a placebo in medical research on humans⁶⁸

1. The research physician shall permit use of a placebo in research only if no other known and scientifically proven method of treatment exists.

67 On this matter, see the position paper entitled "Clinical trials on humans – 'stakeholders' in clinical trials".

68 On this matter, see the position paper entitled "Clinical trials on humans – the use of a placebo".



2. The research physician shall permit use of a placebo only if special methodological circumstances obligate this from the scientific aspect, in order to determine the effectiveness or safety of an innovative medical method, provided that the participant will not be exposed to any significant risk or irreversible harm following use of the placebo.
3. The research physician shall ensure that no adverse use shall be made of the placebo method.

h) Reporting medical research on humans

1. The research physician shall report to the participant in medical research any unusual event occurring during the medical trial that may affect the participant's health, and shall notify the appropriate entities, in accordance with all existing rules.

i) Academic freedom in medical research

1. The physician shall participate in medical research only if he retains academic freedom. This means the freedom to plan the research, free access to all the medical information acquired and its processing, and the freedom to publish the results of the research, including any negative results.

j) Genetic research in large populations⁶⁹

1. The research physician shall inform the public regarding the existence of genetic research conducted on large populations, for reasons of transparency, supervision and public debate, except in cases in which the very act of publication may possibly harm the participants in the research or the population being researched.
2. The research physician shall ensure that all publication of the results of genetic research conducted on large populations shall be done with maximum sensitivity, in order to prevent negative characterization or stigmatization of the population being researched.
3. The research physician shall inform the participant of the precise aims of the research and its consequences, if any, for the research subject, his family and offspring, and for the population to which he belongs.
4. The research physician shall inform the participant of the personal benefit likely to arise for him and his family, if any, as a result of his participation in the research.
5. The research physician shall respect the right of the participant in the research not to know the results of the research and its consequences for him and for his family.

69 On this matter, see the position paper entitled "Genetic research in large populations".



k) Trials on animals⁷⁰

1. The physician shall be entitled to conduct trials on animals in order to advance science and medicine.
2. The physician shall conduct trials on animals in the absence of another alternative and in a lawful manner.
3. The physician shall use the minimum number of animals required for execution of the research, while preventing suffering to the animals during and after the trials.
4. The physician shall act, to the best of his ability, in order to advance the know-how and cooperation of the general public and the legislator regarding trials on animals.

l) Ethical rules in a scientific article⁷¹

1. The physician shall treat a scientific article as the basis for the future treatment of patients, and shall consequently act with great caution and shall ensure the accuracy and completeness of the article by means of professional and personal integrity.
2. The physician listed as the author of a scientific article is the one who made a real contribution to the basic idea behind the research or its planning, to the analysis of the results or their interpretation, the one who wrote the article or significantly changed it while giving it new substantive intellectual content, and the one who finally authorized publication of the article.
3. The physician author must be a real participant in a large part of the research, so that he can answer criticism by his professional colleagues and by the general public regarding material parts of the scientific article.
4. The physician shall not receive the status of author solely because he made an economic contribution, collected general information or samples, or gave general supervision.
5. The physician author shall verify that the order of listing the authors of a scientific article shall be determined in advance with the agreement of all the researchers. It is customary that the list is headed by the name of the author whose contribution to the research was the greatest and most decisive, and that the last author will be the senior researcher in whose laboratory or under whose supervision the research work was conducted.
6. The physician author must carefully read the entire article before its publication and agree to its format and contents.

70 On this matter, see the position paper entitled "Trials on animals".

71 On this matter, see the position paper entitled "Ethical rules in scientific publications".



7. The physician author shall not send an article for publication without criticism and agreement of all the other authors of the said article.
8. The physician author shall be personally responsible for the contents of the entire article and for its conclusions.
9. The physician author shall not participate in the duplicate or partial publication of a scientific article which harms and distorts the scientific truth.
10. The physician author shall affirm that the article sent for publication is original and that it was not sent simultaneously to another journal, and that the relevant information has not already been published somewhere else.
11. A physician authoring a scientific article or editorial, or who acts as a reviewer, shall, upon publication, expose any possible conflict of interests liable to influence his judgment.

m) Sex selection⁷²

1. The physician shall aid in choosing the sex of the newborn, when this is done in order to prevent serious genetic illnesses or for some other suitable purpose.

n) Intellectual property^{73,74}

1. The physician shall encourage the advancement of medical research, and shall regard it as part of his professional commitments towards society in general.
2. The physician shall be entitled to remuneration from his employers in a reasonable, proper, and non-discriminatory manner relative to his colleagues and relative to the standard arrangements in Israel and abroad, in respect of a product or service invented during and in connection with his work.
3. The physician shall be entitled to include his research activity in his clinical work without this affecting his working conditions.
4. A physician inventor or one holding an interest in a company that develops such invention may use the product as a treating physician in treating his patients if and only if such product has received the accepted approvals (of the FDA, the EU, the Ministry of Health, etc.) and is in regular use by physicians in the relevant medical field.

72 On this matter, see the position paper entitled "Sex selection using *in vitro* fertilization".

73 On this matter, see the position paper entitled "Intellectual property in the health system".

74 On this matter, see the position paper entitled "The physician inventor, entrepreneur and office holder in a company dealing with medications or equipment".



5. The physician and commercial companies

a) Mining of medical data⁷⁵

1. The physician shall cooperate in the acquisition of information regarding the use of various drugs, in order to aid in the planning and operation of the national medical economy.
2. The physician shall cooperate in the acquisition of information regarding the use of drugs only if done in a compiled, non-identifying manner that preserves the privacy and anonymity of both the individual patient and physician.
3. The physician shall cooperate in the acquisition of information regarding the use of drugs only after he has given advance consent in writing that includes details of the information collected, the purpose of the collection, and the identity of the entity using this information. Such consent shall be granted for a limited time only.
4. The physician shall not cooperate in the acquisition of information regarding the use of drugs, if the information collected is intended to be used in order to apply any pressure whatsoever, overt or covert, on the physician or his colleagues, with the intention of changing their prescription behavior.

b) The connection with commercial companies⁷⁶

1. The physician shall be entitled to maintain suitable professional contact with a commercial company for the purpose of advancement of medicine and science.
2. A physician who is in contact with a commercial company shall strictly observe his primary obligation to act for the good of the patient and shall avoid any situation that involves a conflict of interests that impairs this obligation.
3. A physician who is in contact with a commercial company and who identifies a conflict of interests between the commercial company and the patient, shall act for the good of the patient.
4. The physician shall preserve his professional independence and intellectual integrity in all contacts with a commercial company.
5. The physician shall disclose a connection with a commercial company, if any, in any situation which may leave an impression that this connection is liable to influence his views or his professional opinions.

75 On this matter, see the position paper entitled "Medical data mining- risks and precautions".

76 On this matter, see the Joint ethical convention of the Israeli Medical Association and the pharmaceutical companies operating in Israel.



c) Participation in research financed by commercial companies

1. The physician shall participate in the conduct of research financed by a commercial company only if a reasonable scientific basis exists for the research, and provided that it was approved by the ethical authority authorized to do so.
2. The physician shall place the good of the patient above any other interest existing in the research.
3. The physician shall participate in the conduct of research only if informed consent has been received in advance from the patient or from his authorized representative.
4. The physician shall participate in the conduct of research financed by a commercial company only if the research is recorded as required, in advance, in a public website accessible to the public.
5. The physician who participates in the conduct of research financed by a commercial company shall not receive payment conditional on the results of the research, unless he participates in the research as the inventor or developer of the drug or accessory that constitutes the subject of the research.
6. The physician shall not receive payment for referring patients to the research.
7. The physician shall not participate in the conduct of research financed by a commercial company if he does not retain full academic freedom, including free access to all the information acquired and the freedom to publish it in any suitable manner, except for reasonable limitations that do not affect the safety of the patients.
8. The physician shall disclose any possible conflict of interests and any economic connection existing between him and the commercial company whose product is the subject of the research.

d) Participation in a lecture financed by a commercial company

1. The physician shall be entitled to participate in a lecture financed by a commercial company if its main aim is the advancement of the professional knowledge of the physician.
2. A lecturing physician financed by a commercial company shall, at the beginning of his lecture, disclose the nature of the existing economic connections, if any, between him and the financing company or between him and any other company relevant to the subject of the lecture.
3. A lecturing physician financed by a commercial company shall take care to observe the professional truth and shall speak in an objective, balanced, fair, honest and complete manner.



4. A lecturing physician financed by a commercial company shall, in his lecture, use the generic name of the drug and not its commercial name, and shall also present in an objective, direct, and balanced manner all the other treatment options existing in the context of the subject of the lecture.
5. The physician shall be entitled to receive reasonable remuneration for his participation as a lecturer in a lecture financed by a pharmaceutical company, if he prepared and delivered a lecture having educational significance in a field in which he is already an authority. This does not include the delivery of a lecture prepared by a commercial company. Participation as a listener in a lecture cannot entitle the physician to any remuneration whatsoever.
6. The physician shall take care to observe these instructions with regard to a lecture recorded by him and sent by any digital means to viewers anywhere.

e) Participation in a consulting committee for a commercial company

1. The physician shall be entitled to serve as a paid consultant for a commercial company if his aim is to advance medical knowledge and the level of medicine.
2. The physician shall be entitled to receive proper financial remuneration for consulting, in accordance with his professional status and the scope of the work done by him.
3. The physician shall consider whether his paid work for a commercial company is liable to influence the quality and independence of his medical decisions. In the event of a conflict of interests, the physician shall decide in favor of his professional independence.

f) The prohibition to receive gifts from a commercial company

1. The physician shall not receive any gift or personal benefit from a commercial company, except gifts of marginal value only.
2. The physician shall be entitled to make use of a gift if it is not personal and is intended to improve the standard of the physicians and medicine in a department or clinic, or to improve the standard of the treatment and the service given to the patients, as long as receipt of the gift does not affect the professional independence of the physician and his colleagues in the department or clinic.

g) Prohibition of sales and publicity of commercial products

1. The physician shall not engage in any way in the sales or advertising of medical products in his clinic, if these are liable to create undue pressure on the patient to use a specific medical product.



2. The physician shall not engage in any way in the sales or advertising of commercial products and shall not provide his name, academic degree and professional status for the benefit of economic interests of any commercial entity whatsoever.

h) Prohibition of receiving benefits from companies that produces cannabis⁷⁷

Cannabis is a chemical preparation not defined as a medication, its dose and treatment effects are not fully known, and its usual use is known to be harmful to one's health. Cannabis is defined as a dangerous drug in Israel's Code of Laws.

1. A physician who recommends or approves to his patient to make use of cannabis as part of his medical treatment must hold a certificate confirming that he completed a course in treatment with cannabis.
2. The physician must be continually up to date in the field.
3. The physician shall not request or receive from these companies support for projects or medical conferences, since in the current reality in Israel the companies that produce and market cannabis are not defined as drug companies.

77 On this matter, see the position paper entitled "The use of cannabis in medical treatment"



6. The physician and the legal system

a) The physician as an expert witness⁷⁸

1. The physician shall aid the Court and the competent authorities to reach a just decision, in the event his opinion is required.
2. The physician shall serve as an expert witness only in a subject within his field of medical expertise, and only if he is well versed in the knowledge and relevant procedures customary in this field, including in the period relevant to the case in question.
3. The physician shall present himself, his professional qualifications and his academic status, with transparency and integrity, and shall indicate whether he has a conflict of interests with any of the litigants.
4. The physician shall present with objectivity, fairness and full truth, all the medical and scientific information related to the case in question.
5. The physician shall write his opinion and deliver his testimony in relevant, unpretentious, and restrained language, based only on the facts and on the medical and scientific knowledge.
6. The physician shall be entitled in his opinion to dispute another medical opinion. This shall be done in a proper and restrained manner, without personal criticism of other medical experts.
7. The physician shall be entitled to demand a proper fee for his work, in accordance with his professional status, and the time and effort invested in this work. The fee shall not be conditional on the results of the legal proceedings.

b) A physician shall not act against his patient^{79,80}

1. The physician shall not act against anyone who is or was his patient, and shall not make use of the medical information held by him to the detriment of the patient.
2. The physician shall avoid giving a medical opinion against a person who was a patient of his, unless this was done in accordance with a court order.
3. A physician who stands in opposition to his patient, as a result of legal or other proceedings, shall transfer the treatment of the patient to another physician.
4. The physician shall request the involvement of the court in appropriate cases, when a demand arises to revoke medical confidentiality for his or her patient, and

78 On this matter, see the position paper entitled "The physician as an expert witness".

79 On this matter, see the position paper entitled "A physician shall not act against anyone in his care".

80 On this matter, see the position paper entitled "Medical confidentiality and medical records privilege regarding psychiatric treatment for victims of violence and sexual assault."



will strive to conduct the discussion in camera so as to better explain to the judge the risk to the patient.

c) Forensic medicine⁸¹

1. The forensic physician shall be strictly objective, make impartial judgments, and preserve his independence. The physician is permitted not to perform a medical procedure requested of him, if the request violates his professionalism, conscience, or faith.

d) Recording the examination of a medical expert⁸²

1. The physician is not obligated to allow the medical examination to be recorded or filmed against his will, or if this would, in his opinion, prevent proper execution of the examination.

81 On this matter, see the position paper entitled "Forensic medicine."

82 On this matter, see the position paper entitled "The recording of medical expert examinations by the opposing side is forbidden"



7. The physician and the media

a) Furnishing medical information to the general public

1. In a medical article intended for the general public, the physician shall take care to furnish reliable medical and scientific information existing on the date of the publication.
2. In a medical article intended for the general public, the physician shall take care to provide a balanced and considered picture regarding other possibilities of diagnosis or treatment existing for the illness in question.
3. In a medical article intended for the general public, the physician shall take care to use the generic name and not the commercial names of the drug.
4. In a medical article intended for the general public, the physician shall take care to avoid giving a sweeping recommendation for a specific drug or method of diagnosis that serves the economic interests of a commercial entity.
5. In a medical publication intended for the general public, the physician shall take care to properly disclose any possible conflict of interest he has, including any association or economic connection existing between him and the commercial company related to the publication.
6. The physician bears responsibility for words appearing in his name in a medical publication intended for the general public. Consequently, the physician shall check, as much as possible, the words attributed to him before their publication.
7. The physician shall make careful use of methods to expose discoveries and new techniques to the public via non-medical channels.
8. A physician who presents in the media or before a large gathering an opinion that is different or opposed to the medical community as a whole, shall note in his remarks the accepted medical position at the time.
9. The physician shall consider whether his remarks contain anything harmful, such as intimidation or harm to the health of the public hearing him. And shall act with professional responsibility, particularly at times of health crises.⁸³

b) Privacy in the media^{84,85}

1. The physician shall preserve the privacy of the patient, including during terrorist attacks or mass disasters that are of interest to the media or the public.
2. The physician shall not cooperate with the media if this infringes upon the patient's

83 On this matter, see the position paper entitled "The physician who swims against the current"

84 On this matter, see the position paper entitled "Privacy in the media".

85 On this matter, see the position paper entitled "Digital communication and social media"



privacy, unless the patient's consent has been received in advance. If the patient is incapable of giving such consent, his privacy shall not be infringed in any way whatsoever.

3. A physician treating a minor shall not permit his exposure to the media, unless both parents have consented to this.
4. The physician shall permit the exposure of a patient to the media with the consent of the patient, provided that his medical treatment and that of others is not harmed and that the privacy of other patients is not harmed.
5. The physician shall not demand, receive, or give incentives of any kind whatsoever in order to permit exposure of the patient to the media.
6. The physician shall ensure that medical education and/or medical publicity for the public by filming or recording patients shall be done while preserving the privacy of the patient and with his consent only.

c) Telemedicine⁸⁶

1. The physician shall be entitled to maintain remote contact with a patient, by means of the internet or some other suitable means of telecommunications.
2. The physician shall be professionally responsible for treatment given remotely.
3. The physician shall maintain remote professional contact with the patient while ensuring the privacy of the patient and the confidentiality of the medical information.
4. The physician shall avoid giving remote treatment to a patient he does not know, and shall, in these circumstances, limit the treatment to giving general advice only.
5. The physician shall avoid giving remote treatment in all cases in which a physical examination of the patient or a direct impression of his mental condition is required.
6. The physician shall be entitled to give remote medical treatment to a patient he knows, provided that the giving of the remote treatment is reasonable under the circumstances.

d) Physician publicity and advertising^{87,88}

1. The physician shall be entitled to publicize his name and degree, his medical qualifications (including recognized specialties), his fields of occupation, his positions, place of employment, reception times, and the means of contacting him.

86 On this matter, see the position paper entitled "Telemedicine".

87 On this matter, see the position paper entitled "Advertising and publicity".

88 On this matter, see the position paper entitled "The prohibition of advertising on the radio or television".



2. The physician bears responsibility for all publicity issued by him or that was done in his name or for him, even if done by someone else, and shall make every effort to avoid improper publicity.

e) Prohibition of misleading the patient

1. The physician shall verify that the information published by him is correct and verifiable, and shall avoid publication of erroneous or partial information that misleads the public, or furnishing advertising information that purports to be objective.⁸⁹
2. The physician shall avoid indicating rates of success of the treatment given by him and shall not publicize a commitment to expected results or cures.
3. The physician shall avoid publicity that praises his skills, knowledge, or qualifications.
4. The physician shall not publicize the advantages of a specific medical treatment without listing its corresponding risks and disadvantages.
5. The physician shall not make use of images of famous and well known persons or of persons regarded as being famous, whether patients or physicians.

f) Prohibition of using a misleading title in publicity and advertising

1. The physician shall avoid using the term "specialist" or "specialization" regarding fields that are not recognized in Israel by the Scientific Council as fields of specialization.
2. A physician who makes use of a non-medical degree shall expressly indicate the other field after his degree in medicine, in such a way that would not lead a reasonable person to assume that this is a medical degree.
3. A physician who makes use of a medical degree granted abroad, that is not recognized in Israel, shall state expressly the place and time when the degree was given, so as not to lead a reasonable person to assume that the degree was given or is recognized in Israel.

g) Prohibition of harming the public through publicity and advertising

1. The physician shall avoid any publicity liable to harm patients.
2. The physician shall not encourage the use of medical treatment not in accordance with medical indication.
3. The physician shall not persuade a patient to receive medical treatment by means of scare tactics or intimidation.
4. The physician shall not make use of private parts of the body for the purpose of self advertising.

89 On this matter, see the position paper entitled "Marketing disguised as academia".



5. The physician shall not make the giving of medical treatment dependent on the purchase or receipt of some other medical treatment.
6. The physician shall not make any use of patients, including publicity, even with their consent, including their names, appearances, voices, recommendations, or parts of their bodies.

h) Prohibition of harming the honor of the profession

1. The physician shall avoid any publicity liable to harm the honor of the profession.
2. The physician shall avoid the publication of tariffs for medical treatments and shall avoid publication of discounts, special offers, or any other benefit in consideration for receiving the medical treatment.
3. The physician shall avoid publicity or participation in advertising for commercial products, whether medical or non-medical.
4. The physician shall be entitled to participate in publicity for the advancement of public health, provided that the information has a scientific basis, and that no use was made of the commercial name of a product or technology of a specific company.
5. The physician shall avoid publicity that praises or encourages the receipt of private medical treatment over public medical treatment.
6. The physician shall avoid publicity that expresses contempt, slander, or denial of the capability of another physician.
7. The physician shall avoid publicity that emphasizes exclusivity or uniqueness of a skill or method of treatment.
8. The physician shall not advertise himself or permit others to advertise him by means of the distribution of leaflets, telemarketing, billboards, agents, or PR persons.
9. The physician shall avoid self-advertising on radio or television.

i) The physician and social media⁹⁰

1. The physician shall carefully consider whether he wishes to include in his social network people under his medical care.
2. The physician shall take care to distinguish on social media between his personal and professional identity.
3. The physician shall be stringent about the textual and visual content that appears on his social network and shall work to maintain both his own professional status and the status of medicine in general.

90 On this matter, see the position paper entitled "The physician and social media"



j) Physicians in the media – freedom of speech vs. the dignity of the profession⁹¹

1. The physician has the same right to freedom of expression as do all citizens of the country.
2. The physician shall weigh his words when speaking to the media, and when speaking in general, in the spirit of Avtalion's injunction, Sages, be careful with yours words... (Mishnah, Tractate Avot).
3. The physician shall behave responsibly, with consideration, respect and tolerance when speaking generally, and to the media in particular.
4. The physician shall speak with restraint in any circumstances involving his profession or place of employment.
5. The physician shall not take improper advantage of his status when presenting an opinion in reliance on his or her knowledge of medicine.

91 On this matter, see the position paper entitled "Physicians in the media—freedom of speech vs. professional dignity."



8. The physician and the medical institution

a) The salaried physician

1. A salaried physician employed by a medical institution or organization is not released from his medical obligations to the patient because of limitations imposed on him by the employer.
2. A salaried physician shall act for the good of the patient and shall give warning, to the best of his ability, if in his opinion, limitations imposed upon by him by the employer are liable to harm the patient's health.

b) The physician's workplace environment⁹²

1. The physician has the right to determine his working environment.
2. The physician has the right to refuse to be photographed, filmed or taped during his work in the operating room, examination room etc. if he feels that this will disturb him in his work.
3. The physician shall ask for clear written consent from the patient to film or tape a medical procedure in which the patient's privacy is likely to be compromised. As a rule, filming or taping in the patient's room, the examination room, the physician's office, operating rooms etc. are **prohibited** because of the infringement on the privacy and confidentiality of the patient.

c) Quality measurements for physicians⁹³

1. The physician shall observe clinical guidelines and quality criteria based on scientific evidence as accepted means for improvement of the level of medicine, provided that they are not used for purposes of enforcement or punishment against physicians.
2. The physician shall act through the relevant scientific associations and in cooperation with the employers, for the development of these means.
3. The physician shall be entitled to receive incentives, including financial remuneration, for clinical performance that complies with these quality criteria, provided that the criteria are implemented with prior agreement between the physician and the employer.
4. The physician shall not act contrary to clinical instructions or proper medical practice in order to receive any incentive whatsoever, including financial remuneration.

92 On this matter, see the position paper entitled "The use of cameras in patients' rooms, examination rooms and operating rooms"

93 On this matter, see the position paper entitled "Quality measures for physicians".



d) Responsibility of managers

1. The managing physician has an obligation to act for the good of the patients in the institution that he manages.
2. The managing physician shall take steps to ensure the assimilation of the ethical code amongst the workers subordinate to him.
3. The managing physician shall be responsible for the ethical and professional conduct of those subordinate to him, even if he is not directly involved in the medical treatment they provide.
4. The managing physician shall respect the ethical and professional autonomy of all the physicians acting under his authority.
5. The managing physician shall advance information and monitoring infrastructures, so as to permit him to be aware of and assume responsibility for what is done in the institution that he manages.
6. The managing physician shall strive to raise the professional standard of those subordinate to him and shall facilitate this in every possible way.

e) Whistleblowers⁹⁴

1. The physician shall act to expose corruption in the medical system brought to his knowledge.
2. The physician shall inform the direct manager heading the administration where the corruption occurred, and the Israeli Medical Association shall act to protect the whistleblower, if needed.
3. The physician shall consider whether to share with the patient the corruption he exposed, according to the circumstances.

94 On this matter, see the position paper entitled "Whistleblowing-exposing corruption in the healthcare system"