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KNMG Code of Conduct for Doctors

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Putting doctors and care first. The KNMG Medical Federation is committed to advancing the quality of our healthcare and facilitating the professional conduct of over 65,000 doctors and medical students to ensure that doctors can be available to all who need care.

The KNMG consists of the following members: the Association of Medical Students (De Geneeskundestudent, DG), the Dutch Association of Medical Specialists (Federatie Medisch Specialisten, FMS), the Association of Public Health Physicians (KAMG), the National Association of salaried Doctors (LAD), the National Association of General Practitioners (LHV), the Dutch Association for occupational Health (NVAB), the Dutch Association of Insurance Medicine (NVVG) and the Dutch Association for Elderly Care Physicians (Verenso).

[www.knmg.nl/code of conduct](http://www.knmg.nl/code-of-conduct)

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Table of contents

Introduction.....	5
KNMG Code of Conduct for Doctors.....	7
1. As a doctor, you put the health and well-being of the patient first and you will not cause unnecessary harm to the patient. You do this based on the principles of good practice of medicine.....	8
2. As a doctor, you contribute to the availability and accessibility of healthcare. You treat everyone equally in equal cases and unequally in unequal cases and you do not discriminate.	9
3. As a doctor, you respect the patient’s autonomy. You invite the patient to participate in shared decision-making and enable her or him to make an informed decision.....	11
4. As a doctor, you treat your patient with respect and observe professional boundaries. You refrain from inappropriate, transgressive and disruptive behaviour.	13
5. As a doctor, you safeguard and foster the relationship of trust with the patient. This means keeping anything you learn about the patient during the course of your work strictly confidential.	14
6. As a doctor, you take appropriate steps to maintain your own safety, health and well-being and seek help when necessary.	15
7. As a doctor, you provide proper care in accordance with professional standards, including quality standards.....	16
8. As a doctor, you operate within the limits of your own knowledge and ability and refrain from any actions or statements that lie beyond that scope.....	17
9. As a doctor, you are responsible for your actions. This means having an open and teachable attitude and being open to feedback.	18
10. As a doctor, you treat your colleagues with respect. You advise, supervise and support them, as well as collaborate with them. You refrain from any inappropriate, transgressive, or disruptive behaviour.....	19
11. As a doctor, if you are unable to meet the needs of the patient due to a matter of conscience, you inform her or him of this and put her or him in contact with a colleague. Appealing to your conscience must not lead to any serious disadvantage to the patient.....	20
12. As a doctor, you avoid any conflicts of interest that could harm the patient or could damage the patient’s trust in the healthcare system. You should be transparent with regard to any ancillary interests.....	21
13. As a doctor, you occupy a position of civic and social responsibility. This involves recognising and identifying the impact of social factors on health and well-being and thereby contributing to improving public health.....	22
14. As a doctor, you are aware of the relationship between health, the climate and the environment. This means being committed to a sustainable healthcare sector and a healthy (social) environment...	23
15. As a doctor, you contribute to advancing medicine and healthcare as a whole to the best of your ability.	24

Introduction

What do we stand for as doctors? What do we feel are the key tenets of our professional demeanour and conduct? And what can patients, partners and society expect from us? All of this is outlined in the KNMG Code of Conduct for Doctors. This Code of Conduct will replace the KNMG Rules of Conduct for Doctors of 2013. The Code of Conduct was approved by the Federation Board of the KNMG Medical Federation on 24 February 2022.

The KNMG Code of Conduct for Doctors is the result of a project led by a multidisciplinary federated working group of the KNMG, which has drawn up a draft Code of Conduct based on current medical practice, current legislation, guidelines and insights. In addition, numerous doctors, experts and other stakeholders expressed their views on the text during various consultation evenings, doctors' panels and an internet consultation. All this led to fifteen core rules that apply to every doctor registered in the BIG (Professions in Individual Health Care) register (Beroepen Individuele Gezondheidszorg). As a result, the Code of Conduct, which previously consisted of no fewer than 67 rules, has become a handy document that is in line with the times.

The document lists all fifteen rules, and each rule is accompanied by explanatory notes. In the introduction, we will be discussing the purpose, the target audience and the structure of the Code of Conduct as well as its relationship to the laws and regulations in force and other KNMG publications.

Why establish a Code of Conduct for doctors?

As a profession, we doctors have a vital responsibility to ensure that every patient should be able to count on proper care. This requires clear standards and values that every physician can and wishes to uphold and abide by. These standards and values are in line with our practice and provide a concrete practical interpretation of our Medical Oath. The KNMG Code of Conduct for Doctors meets this need. It sets out what we, as doctors, consider to be important with regard to our patients, colleagues, society and ourselves. As such, the Code, provides guidance for our professional conduct.

The rules set out in this Code of Conduct are frequently very self-evident, but no less relevant, as they reflect our daily practice. The rules reflect the issues that we, as a profession, consider to be important - even in cases where the law falls silent. The rules are normative and provide a guiding framework and express what we stand for as doctors. Medical practitioners can use the Code of Conduct as a resource to anchor their own conduct. The Code is also there to fall back on in cases where doctors may be asked to act in a manner not befitting the professional conduct of a doctor.

Although the Code of Conduct is aimed at individual doctors, in practice, we generally do not work alone, as we may deal with employers or clients, colleagues or partners and may be partly dependent on our work environment, such as the facilities available. Nevertheless, as doctors, we are always responsible for our own actions and may be held accountable for our conduct at an individual level. For that reason, this Code of Conduct will take precedence and can be used a source of support to help practitioners discharge their responsibilities as doctors, including when working alongside others.

To whom does the Code of Conduct apply?

This Code of Conduct applies to all BIG-registered doctors, regardless of in what country they practice their profession and regardless of whether they work in care, cure or prevention. The rules set out in the Code of Conduct apply to all duties and responsibilities carried out by doctors: from treatment to medical assessments and consultations. The rules also apply to all roles that a doctor may perform, be it that of a physician, an interpreter and partner or even a guide or an innovator.¹ In addition, the Code of Conduct is relevant to medical students, providing them with a solid foundation for their conduct during their studies, including

¹ De rollen van de arts in 2040. Kernwaarden en verhouding tot de samenleving. (The roles of a doctor in 2040. Core values and relationship to society.) KNMG: 2021 (available at: www.arts2040.nl)

during any apprenticeships or internships. Furthermore, this Code of Conduct offers guidance to patients, employers, healthcare providers and society as a whole. For these groups, the Code of Conduct sets out what they can expect from a doctor and how they can offer support in this regard.

How does the KNMG Code of Conduct relate to the law?

The KNMG Code of Conduct was drafted by the medical profession. From a legal perspective, the Code of Conduct is therefore a form of self-regulation. Self-regulation entails a specific group – being doctors in this case – establishing rules for itself. By establishing these rules, the members of the group set out what standards they wish to adhere to, both within the group and in their interactions with others (such as patients and society). Self-regulation is common in healthcare and takes the form inter alia of (quality) standards, guidelines and protocols.

Self-regulation does not have the same legal status as legislation or case law: the (disciplinary) court is not required to apply the standards established under self-regulation. However, when assessing the professional conduct of a doctor, the courts, and the disciplinary court in particular, will often make reference to these standards, for example, to further define (legal) terms such as ‘proper care’ or ‘good practice of medicine’. This means that the KNMG Code of Conduct does have legal value, the Code being part of the professional standards of the medical profession.

Adequate alignment with (inter)national laws and regulations was sought when drafting the KNMG Code of Conduct. Should it nevertheless be the case in certain circumstances that one of the rules of conduct conflicts with a statutory rule, then that statutory rule shall generally take precedence. In addition, it may be that a specific subject is not regulated by the Code of Conduct, but is regulated by law.

Definition of ‘colleagues’ and ‘patients’

This Code of Conduct frequently refers to doctors’ ‘colleagues’. By this we mean colleagues in the broadest sense of the word. This includes fellow doctors, but also, for instance, nurses, office staff or facilities service providers, cleaners or caterers at the institution where you work as a doctor.

In addition, this Code of Conduct also frequently uses the word ‘patient’, which may also be understood to mean ‘client’.

How does the KNMG Code of Conduct relate to other KNMG publications?

The KNMG Code of Conduct is not an isolated set of rules: the KNMG has published numerous documents (guidelines, manuals and position papers) that touch on the subjects covered by this Code. Some of these publications are binding in nature, whereas others should be viewed as guidance. However, each of these publications almost always delve into some aspect or topic treated in this Code of Conduct in greater depth. The KNMG Code of Conduct is the foundation for these documents, which is why it is crucial that the rules in the Code of Conduct be read in conjunction with the relevant publications. In the Dutch version of the text a number of relevant references have been included alongside each rule.

What if you are unable to adhere to a rule laid down in the KNMG Code of Conduct?

As a profession, we stand by this Code of Conduct and the rules set out therein will therefore always guide our professional conduct. Nevertheless, there may be circumstances in which practitioners are unable to adhere to a rule of conduct, for example, because one rule conflicts with another or because following a rule of conduct in a specific situation would not be appropriate at that time in relation to care provided according to the principle of good practice of medicine. In such cases, it is recommended that practitioners consult with a colleague regarding the best course of action. In cases where practitioners decide to deviate from a rule of conduct, it is crucial that they properly substantiate their decisions.

Structure of the Code of Conduct

The Code of Conduct contains fifteen general rules for doctors. The rules in the Code of Conduct are not set

out in a hierarchical order: they are all equally important. Each rule is accompanied by a brief set of explanatory notes, which clarify why the rule is important and what it means for your daily practice.

How to use the KNMG Code of Conduct

The rules set out in the Code of Conduct are neither static nor absolute: they must always be considered within the existing and specific context. This requires insight and reflection from you as a doctor. It is therefore recommended that practitioners regularly engage with one another regarding the application of the Code of Conduct in everyday practice. The KNMG Ethics Toolkit can be used as a set of guidelines in relation to ethical dilemmas that you might face on a daily basis. This toolkit is an online reference work in the field of medical ethics and is available on www.ethischetoolkit.nl (in Dutch).

If you have any questions about the KNMG Code of Conduct or enquiries regarding any legal or medical-ethical dilemmas, please contact the KNMG Information line for doctors on +31 (0)88 - 440 42 42 or by email at artseninfo@fed.knmg.nl.

Relevant publications from federation partners

- ▶ [Please click here for relevant documents from DG](#)
- ▶ [Please click here for relevant documents from the Federatie Medisch Specialisten](#)
- ▶ [Please click here for relevant documents from the KAMG](#)
- ▶ [Please click here for relevant documents from the LAD](#)
- ▶ [Please click here for relevant documents from the LHV](#)
- ▶ [Please click here for relevant documents from the NVAB](#)
- ▶ [Please click here for relevant documents from the NVVG](#)
- ▶ [Please click here for relevant documents from Verenso](#)

KNMG Code of Conduct for Doctors

1. As a doctor, you put the health and well-being of the patient first and you will not cause unnecessary harm to the patient. You do this based on the principles of good practice of medicine.
2. As a doctor, you contribute to the availability and accessibility of healthcare. You treat everyone equally in equal cases and unequally in unequal cases and you do not discriminate.
3. As a doctor, you respect the patient's autonomy. You invite the patient to participate in shared decision-making and enable her or him to make an informed decision.
4. As a doctor, you treat your patient with respect and observe professional boundaries. You refrain from inappropriate, transgressive and disruptive behaviour.
5. As a doctor, you safeguard and foster the relationship of trust with the patient. This means keeping anything you learn about the patient during the course of your work strictly confidential.
6. As a doctor, you take appropriate steps to maintain your own safety, health and well-being and seek help when necessary.
7. As a doctor, you provide proper care in accordance with professional standards, including quality standards.
8. As a doctor, you operate within the limits of your own knowledge and ability and refrain from any actions or statements that lie beyond that scope.
9. As a doctor, you are responsible for your actions. This means having an open and teachable attitude and being open to feedback.
10. As a doctor, you treat your colleagues with respect. You advise, supervise and support them, as well as collaborate with them. You refrain from any inappropriate, transgressive, or disruptive behaviour.
11. As a doctor, if you are unable to meet the needs of the patient due to a matter of conscience, you inform her or him of this and put her or him in contact with a colleague. Appealing to your conscience must not lead to any serious disadvantage to the patient.
12. As a doctor, you avoid any conflicts of interest that could harm the patient or could damage the patient's trust in the healthcare system. You should be transparent with regard to any ancillary interests.
13. As a doctor, you occupy a position of civic and social responsibility. This involves recognising and identifying the impact of social factors on health and well-being and thereby contributing to improving public health.
14. As a doctor, you are aware of the relationship between health, the climate and the environment. This means being committed to a sustainable healthcare sector and a healthy (social) environment.
15. As a doctor, you contribute to advancing medicine and healthcare as a whole to the best of your ability.

1

As a doctor, you put the health and well-being of the patient first and you will not cause unnecessary harm to the patient. You do this based on the principles of good practice of medicine.

Explanatory notes

The health and well-being of patients are central to the healthcare profession and to the medical conduct of any doctor. As a doctor, you therefore put the patient's health and well-being first without causing unnecessary harm to her or him. Doing good (beneficence) and not causing harm (non-maleficence) are the guiding principles in the considerations you make in this regard.

Putting health and well-being first

Doing good means that you put the health and well-being of the patient first as well as actively promote her or his health and well-being. This is a broad concept. Doing good not only means that you promote someone's health or prolong someone's life. It also relates to the question of how you can best help a patient in her or his specific circumstances. This, for example, also means that you consider someone's quality of life, how someone functions and participates in society, how someone functions in relation to others, and that person's well-being. Both by providing treatment or by consciously not providing treatment, you can contribute to the patient's well-being. However, it may also be necessary to provide the patient with guidance in relation to existential questions that an illness can raise, to provide end-of-life care or offer comfort.

Do not cause unnecessary harm

As a doctor, you do not cause a patient unnecessary harm. This part of the tenet of not causing harm, which centres on the principle that as a doctor, you do not cause unnecessary harm and that you prevent, or minimise, any harm to the patient. As a doctor, you therefore consider the broad range of harm that could be caused as a result of your actions. This goes beyond physical harm alone, as harm may equally be psychological, emotional or social in nature – as well as relate to harm caused to certain interests. Harm may arise in a variety of ways, for example, as a result of physical actions, but equally as a result of giving someone false hope, or when you provide incorrect or incomplete information regarding a type of treatment or by treating a patient unfairly. Harm may also arise in cases where there is insufficient coordination with other care providers, where treatment is not started (in time) or where treatment is not halted (in time). You may also harm a patient by starting treatment that serves no medical purpose.

Balance

As a doctor, you therefore always seek out the balance between doing good and not causing harm, guided by the principle of good practice of medicine. This continuous search for balance presupposes a continual trade-off between action and refraining from action, in which the health and well-being of the patient are paramount. You do this by working with the patient to achieve the right care based on the patient's needs.

2

As a doctor, you contribute to the availability and accessibility of healthcare. You treat everyone equally in equal cases and unequally in unequal cases and you do not discriminate.

Explanatory notes

It is crucial that everyone who needs care receives that care and that this care is distributed fairly. As a doctor, you have a responsibility in this regard too. You foster a fair healthcare system by contributing to the availability and accessibility of care. It is essential in this regard that you treat everyone equally in equal cases and unequally in unequal cases and therefore do not discriminate.

Availability and accessibility

As a doctor, you are committed to each and every individual patient and you have a responsibility to society. Healthcare ought to be available and accessible to all those who need it – not only at present, but in the future. It is, first and foremost, the responsibility of the government to ensure the accessibility and availability of healthcare. As a doctor you contribute, where possible, to this in various ways. This starts with the fact that as a doctor you cannot make any unjustified distinctions, but equally that you should, for example, have a commitment to providing accessible and effective care.

Principle of equality and non-discrimination

As a doctor, you are bound by the principle of equality and the principle of non-discrimination. This means that you treat equal cases equally and unequal cases unequally – and that discrimination is not permitted. This inter alia follows from Article 1 of the Constitution. Discrimination means that you unfairly distinguish between (a certain group of) people in the way you treat them, for example on the basis of religion, socio-economic status, ethnicity, sex or gender. This is prohibited, also in healthcare.

Justified distinctions

This does not mean that you are not allowed to make any distinctions at all when providing care. After all, there are (medically) relevant differences that justify making a distinction between people, without this resulting in discrimination. Certain factors play a different role in healthcare than in other social sectors, such as age or sex. These factors may, after all, be relevant in determining what type of care is most suitable and responsible from a medical perspective, which means it is sometimes necessary to make distinctions between (groups of) people. In such cases, making distinctions would be justified. In addition, making distinctions may occasionally be essential in order to be able to guarantee proper care, for example, when patients have different care needs or requirements. These are likewise cases in which making distinctions will be justified. However, discrimination is never acceptable, also not in healthcare. The very minimum that society may expect of you as a doctor is for you to respect the principle of equality and non-discrimination, in order to guarantee parity of access to healthcare for every patient.

Removing barriers

As a doctor, your contribution to ensuring the availability and accessibility of care does not stop at the above. For example, it is vital to ensure that healthcare is accessible to everyone who requires care. The fact that a provision may technically and theoretically be accessible does not necessarily mean that this is the case in practice. Nor does it mean that every patient will perceive that provision as being accessible. There are all

manner of factors that can create barriers to patients seeking and finding care, such as financial, geographical, cultural and social factors. As a doctor, you are committed to removing such barriers so that patients who are looking for care are able to find and receive that care from you. This can be achieved, for example, by gaining more knowledge about individual care needs or by providing personalised care or specific information.

Using scarce resources effectively

Finally, the options and resources available are scarce. This will affect the availability and accessibility of care. That is why, for example, it is crucial that, as a doctor, you collaborate on ensuring the effective use of treatments and other care. Your contribution to efficiency will allow as many patients as possible to receive assistance with the options and resources available. Your expertise as a doctor may, for example, be used to effectively make use of interventions in the case of expensive care or inappropriate care. This will allow you to contribute to finding solutions to the fair distribution of resources as well as contribute to ensuring that care is and will remain available and accessible to all.

3

As a doctor, you respect the patient's autonomy. You invite the patient to participate in shared decision-making and enable her or him to make an informed decision.

Explanatory notes

Respect for autonomy is a vital principle in healthcare. It means that as a doctor, you respect someone's opinions, choices and lifestyle. Respecting the principle of autonomy is crucial because people ought to be able to make decisions free from pressure or coercion from others regarding the care they do or do not want. In order to make a decision, a patient must be properly informed.

An informed decision

Competent patients have the right to decide for themselves whether they wish to undergo or refuse treatment or examination. This is the right to self-determination. As a doctor, you therefore may only act with the patient's consent. However, in order to be able to make a decision for themselves, patients must be well informed. This is referred to as informed consent. As a doctor, you inform the patient in as simple terms as possible and as accurately as possible, keeping in mind the patient's experience, cultural patterns, level of knowledge and situation – as well as any language barriers. The patient must be invited to take part in shared decision making. This is accomplished by engaging in a dialogue about what the patient needs to make a decision and adapting the information you provide accordingly. This will enable the patient to make an informed decision.

Shared decision making

Respecting the patient's autonomy does not mean that a patient should have to make all relevant decisions on her or his own and not be allowed to receive any assistance, support or advice from others. Naturally the patient may consult with you as a doctor or with her or his next of kin. Consulting with others may be highly beneficial to allowing the patient to develop her or his own vision and for her or him to make decisions. As a doctor, you play a crucial role in this regard, and you exercise this role by inviting the patient to engage in shared decision making, in which the process of 'samen beslissen' may be useful. Samen beslissen is a process by which the doctor and the patient jointly discuss what medical treatment would be most suitable for the patient. This involves discussing all the available options, advantages and disadvantages, patient preferences and circumstances. There are a number of key principles that underpin samen beslissen: both doctor and patient should become aware of the fact that they can make decisions regarding the right care together, at the right place and right time; the patient should receive clear information about all the options; as a doctor, you will listen and work alongside the patient to identify all the key considerations that may be relevant to that patient; the patient should make the most suitable decision in consultation with the doctor.

Nor does respect for autonomy mean doing whatever a patient asks. Autonomy is not a claim right belonging to the patient. As such, you always retain personal responsibility for your actions and do not carry out any procedures that go against your professional judgment simply because the patient wants you to. A patient or her or his representative, for example, cannot enforce the provision of treatment that serves no medical purpose.

Incapacitated patients

Patients who are mentally incompetent are unable to make decisions for themselves. In such cases, your point of contact will be her or his representative. As a doctor, you may presume consent in acute situations. Doctors and representatives will make decisions based on their assessment of what is best for the patient. Where possible, they will also consider what the patient would have wanted if she or he had been able to express her or himself and will take into account any living wills. As a doctor, you must abide by the decision of the representative – except where this conflicts with the care provided under the principle of good practice of medicine. You should endeavour to involve the mentally incapacitated person in the information and decision-making process to the best of your ability, even though you do not need her or his consent.

4

As a doctor, you treat your patient with respect and observe professional boundaries. You refrain from inappropriate, transgressive and disruptive behaviour.

Explanatory notes

Patients find themselves in a dependent position with regard to their doctor. As a result, it is all the more important for both parties that they establish a respectful doctor-patient relationship. Treating patients with respect means that, as a doctor, you respect and accept the patient as she or he is and take into account the patient's preferences and needs. It similarly means taking into account your patient's personal views, such as her or his religious or philosophical convictions.

A relationship based on respect

Within a doctor-patient relationship, the doctor and patient treat each other with respect. Respectful conduct means observing generally recognised standards of decency and manners as well as treating the patient with respect and dignity. In addition, as a doctor, it is vital that you maintain the balance between professional distance and professional proximity. As a doctor, you will always penetrate into the patient's private life, to a greater or lesser extent, whether that be her or his private life in a physical, psychosocial or emotional sense. Professional proximity can improve the patient's trust in the healthcare system, alleviate distress and improve the quality of care. At the same time, it is essential that you keep enough of a professional distance from the patient. You should not penetrate further into the patient's private life than is necessary to provide proper care.

Professional boundaries

As a doctor, you respect professional boundaries - not only with regard to the patient but also with regard to the patient's next of kin. This is vital to ensuring the balance between professional distance and professional proximity. This professional boundary, for example, means that in principle you should not treat yourself or friends and family members. This includes prescribing medication.

The professional boundary also means that you refrain from violence in all cases as well as refrain from any contact of a sexual nature and any other sexually oriented behaviour. Nor is any other inappropriate, transgressive and disruptive behaviour permissible under any circumstances within the doctor-patient relationship. A trusted and safe environment is essential to both the doctor and the patient. Entering into a relationship with your patient is incongruous with respectful conduct. As such, part of maintaining professional boundaries includes not entering into a relationship with the patient. In the unlikely event that this should occur, you must terminate the treatment relationship and transfer care of the patient to a colleague. You must subsequently observe a cooling-off period, the duration of which will depend on the nature of the treatment relationship. During this cooling-off period, you should distance yourself from the patient.

5

As a doctor, you safeguard and foster the relationship of trust with the patient. This means keeping anything you learn about the patient during the course of your work strictly confidential.

Explanatory notes

It is paramount that the patient has confidence and faith in you as a doctor and in the healthcare system as a whole and that she or he feels safe sharing information with you. This is crucial to being able to provide proper care and why, as a doctor, you establish a relationship of trust with your patients. This relationship must be safeguarded and nurtured.

Trust is essential

The relationship of trust between a doctor and a patient is the bedrock of proper care. There are many factors that can reinforce mutual trust. One crucial factor is that, as a doctor, you keep any information that you learn about the patient in the course of exercising your duties confidential. This is known as doctor-patient confidentiality. As a result of doctor-patient confidentiality, everyone can rest assured that all information that is shared with a doctor as a patient will remain confidential. This allows everyone to see a doctor with peace of mind. This includes instances where a patient may wish to talk about a row that got out of hand or about her or his desire to find help for serious psychological issues. Doctor-patient confidentiality ensures that the (digital) consultation room is a safe environment in which patients can freely share information with you as a doctor.

Doctor-patient confidentiality

Doctor-patient confidentiality consists of two parts: the duty of confidentiality and the right of non-disclosure – both of which are enshrined in law. The duty of confidentiality means that, as a doctor, you remain silent in respect of persons other than the patient with regard to any information you learned about a patient while exercising your duties, even after the patient has died.

However, the duty of confidentiality is not absolute: there are exceptional cases in which you may or must breach the duty of confidentiality. The principal grounds for breaching doctor-patient confidentiality are: the (presumed) consent of the patient; a duty to speak out or a statutory right to report; a conflict of duties; or sufficiently compelling interests. An example of a duty to speak out may be the notification of certain infectious diseases under the Public Health Act. An example of a right to report is reporting a suspicion of child abuse.

The right of non-disclosure means that, as a doctor, you may be excused in respect of courts, the Public Prosecution Service (criminal justice) and the police. In principle, this means you do not have to make a statement or answer questions if this would violate professional confidentiality.

6

As a doctor, you take appropriate steps to maintain your own safety, health and well-being and seek help when necessary.

Explanatory notes

In order to be able to provide proper care for others, it is vital that, as a doctor, you take good care of yourself. It is crucial that you take steps to maintain your own safety, health and well-being. This will enable you to properly exercise your professional duties and provide proper care. Ensuring your own safety, health and well-being therefore falls under your general responsibilities as a physician.

Taking care of yourself

It is vital to recognise in advance that there is no agreement about what constitutes a 'healthy doctor'. Interpretation of the concepts of safety, health and welfare is not without ambiguity and moreover depends on the situation. In order to be able to provide proper care as a doctor, it is crucial that prevent any instance in which you would no longer be able to carry out your work due to problems related to your own health, safety or well-being.

The key principle in any case is that you carry out your duties sober. This means that the use of alcohol and psychoactive substances is in principle prohibited when performing your duties as a doctor. Psychoactive substances are substances that are listed on List I and List II of the Opium Act and List III of New Psychoactive Substances. There are exceptions for doctors who use medication included in Lists I and II of the Opium Act on the prescription of an attending physician in the context of a treatment agreement.

As a doctor, you are also expected to guarantee your own safety, health and well-being at work, for example by protecting yourself by using personal protective equipment correctly. However, other aspects may equally affect your safety, health and well-being, such as workload, working conditions and the home environment. You must seek out help if you are experiencing problems that are so serious they may jeopardise the provision of proper care.

Take good care of each other

As a doctor, you are not solely responsible for your safety, health and well-being. Your colleagues as well as your employer or client equally bear a shared responsibility for this. It is crucial that colleagues take good care of each other and that your employer or client takes into account your safety, health and well-being. You should, for example, be given the opportunity to seek out help, as well as receive any help you require. Creating a healthy and safe working and learning environment is a shared responsibility.

7

As a doctor, you provide proper care in accordance with professional standards, including quality standards.

Explanatory notes

Anyone who comes to you as a doctor with a request for help is placing part of her or his well-being and health in your hands. This requires a great deal of trust in you as a doctor and the quality of care you provide as a physician. For that reason, the patient, and society as a whole, are entitled to expect you to provide proper care.

Proper care and the professional standard of care

Proper care is care that is of good quality and of a good standard, which is provided in a timely manner and has been coordinated with the patient. What exactly proper care entails in a specific case will partly be determined by what the professional standard is at that time. The professional standard of care in the health-care sector can be regarded as a set of professional medical standards that describe what 'proper conduct' is in a specific situation. The professional standards of care ensures that healthcare providers offer proper, safe and responsible care. The professional standard as such is not a rule, but rather is a starting point, which has been fleshed out in greater detail inter alia in laws, quality standards, decisions of the disciplinary court, guidelines, protocols, codes of conduct, behaviour rules, and manuals. The professional standard of care can therefore be regarded as a set of shared values and standards within the profession. On the one hand, the professional standard follows from legislation and case law, and from medical-scientific insights and the experiences of the profession, on the other. Quality standards are therefore similarly part of the professional standard of care.

Professional autonomy

The professional standard of care is a key starting point for you as a doctor, including due to the fact that your actions may be reviewed afterwards against what was the professional standard at the time the actions were carried out. You are therefore expected to be and remain aware of the applicable professional standard in your particular field. Providing proper care according to the professional standard also means that, as a doctor, you may deviate from established professional standards whilst citing appropriate reasons, e.g. deviating from a specific guideline with a statement of your reasons in the patient's file.

It is vital that society as a whole, but equally, for example, the government, insurance companies, financiers and the institution in which or for which you work enable you as well as give you the flexibility to provide proper care according to the professional standard of care. This means that you must be given the resources and opportunities to provide such care and likewise that the profession is given the flexibility to determine what proper care for the patient is based on its expertise. As a member of the profession, you too have an indirect impact on the maintenance and development of the professional standard of care.

8

As a doctor, you operate within the limits of your own knowledge and ability and refrain from any actions or statements that lie beyond that scope.

Explanatory notes

The safety and quality of the care you provide as a doctor are largely determined by your knowledge and skills. It is therefore crucial that you are familiar with and, above all, observe the limits of your expertise and skills or your 'competence and abilities'. This applies to both any actions you take and statements you make.

Procedures

As a doctor, the rule that you ought to operate within the limits of your own knowledge and skills applies first and foremost to your actions and conduct, both within the consultation room and without. You are only entitled to call yourself a doctor once you have successfully completed your medical training and you are registered in the BIG register. This presupposes that you have basic knowledge of medicine and that you can perform certain basic skills competently. However, we do not expect doctors to be competent in all areas of medicine. After all, as a doctor, you will usually specialise in one specific field. As such, you are deemed to be competent to operate within the field and to provide all types of treatment that fall under the basic skills of a doctor. If you consider yourself to be insufficiently competent to perform a certain procedure, you will generally not be authorised to perform that procedure. Certain procedures, i.e. the so-called reserved procedures, are explicitly laid down in the Individual Healthcare Professions Act (Wet op de beroepen in de individuele gezondheidszorg, Wet BIG). The authority whether or not to be able to perform a procedure may also follow from other laws or arise under the professional standard (such as a guideline or protocol).

The rule that only an authorised and competent doctor may perform a reserved procedure does not apply to emergency situations. As a doctor, you are in any case, and if possible, obliged to provide first aid in emergencies and in disaster situations. This responsibility similarly rests upon you outside of working hours or working life, such as abroad or on board an aeroplane.

You continually assess and maintain your own level of competence. This includes having the right knowledge, expertise, skills and professional attitude. As a doctor, you are expected to continue to build and maintain your own competences throughout your career.

Statements

Secondly, as a doctor, you remain within the limits of your knowledge and skills whenever you express yourself. This applies both to statements made within the consultation room and outside thereof, such as in the media or in the public debate, such as on social media, but equally through medical or scientific channels. As a doctor, in such situations you similarly remain within the confines of your expertise and refrain from making any statements that fall outside of the scope of your knowledge and skills. As a doctor, you would do well to realise that the title of 'doctor' cannot be shed or ignored - including when making statements in a personal capacity. The title of doctor simply carries a great deal of weight, which is why it is vital that, as a doctor, you handle any (personal) statements and the dissemination of information on (social) media and in the public arena with the utmost care. As a test, you may ask yourself whether you would likewise make a given statement towards a patient in the consultation room. In general, what is not suitable for the consultation room will not be appropriate outside thereof.

9

As a doctor, you are responsible for your actions. This means having an open and teachable attitude and being open to feedback.

Explanatory notes

Taking responsibility, including being accountable for your actions, is a crucial part of your professional conduct as a doctor. This is accomplished by having an open and teachable attitude, being open to feedback and by learning from the insights of others. In this way, taking responsibility for your own actions contributes to being able to provide proper care and to fostering people's trust in physicians and in healthcare in general.

Taking responsibility for your actions

As a doctor, you are expected to take responsibility for your own actions. First and foremost, this requires that, as a doctor, you ensure that you are aware of your responsibilities. Moreover, it is essential that you are able to shoulder those responsibilities. Your responsibility should therefore be balanced by your competence and skill. It is crucial that you take responsibility for your actions, including when working with others, for example, in relation to network care for the patient. You should be aware of your own responsibilities in that collaborative relationship, and you should be familiar with the responsibilities of others in that collaborative relationship. These responsibilities should be coordinated with one another in the interest of the provision of proper care.

Taking an open, teachable and reviewable attitude

As a doctor, taking an open, teachable attitude, as well as being open to review is key to taking responsibility for your own actions. This will enable you to learn, develop and improve continuously based on feedback. In order to take an open and teachable attitude and be open to review, it is crucial that you continually reflect on your own actions. If afterwards it should turn out that something did not go entirely well, it is not only vital to focus on the past and on the cause, but also to look to the future and how things could be improved. This reflection requires a proactive role. You should take the initiative and not adopt a wait-and-see attitude. Moreover, reflecting on your conduct is not something you do alone. It is vital that you include the patient and possibly her or his next of kin in this process. In addition, you should regularly evaluate your actions in collaboration with your colleagues and other parties involved. Having an open and teachable attitude and being open to review means you will not only contribute to developing your own conduct, but also to improving care, joint decision making and a healthy and safe working and learning environment.

Being accountable for your actions

In some cases, you will have to be accountable for your own actions afterwards, such as if someone has submitted a complaint or a claim or if proceedings are pending before the disciplinary court. Even in such cases, it is vital that you take an open and teachable attitude and be willing to undergo review. This, for example, starts with diligent and accurate record keeping in relation to patient files. In retrospect your actions will then be able to be determined in part based on the files. However, it also means taking cognisance of legal decisions and in particular those of the Healthcare Disciplinary Boards (Tuchtcolleges voor de Gezondheidszorg). The decisions of the (disciplinary) court can confirm or clarify how you, as a doctor, apply statutory rules and other standards. In this way, you will be contributing to safeguarding and improving the quality of healthcare.

10

As a doctor, you treat your colleagues with respect. You advise, supervise and support them, as well as collaborate with them. You refrain from any inappropriate, transgressive, or disruptive behaviour.

Explanatory notes

Treating your colleagues with respect contributes to engendering a healthy and safe climate in which to work and learn. This responsibility not only applies to fellow healthcare practitioners, but to any and all colleagues with whom you come into contact as a doctor at work, such as operational support staff at the institution where you work and other colleagues and volunteers in the network surrounding the patient. A healthy and safe working and learning environment is essential to the quality of care you provide and to the patient's faith in the healthcare system.

A healthy and safe working and learning environment

In a healthy and safe working and learning environment, as a doctor, you take into account the abilities, expertise and boundaries of your colleagues, particularly in cases where there is an unequal balance of power between colleagues or junior colleagues. This requires collaboration in which colleagues are regarded as equal partners. By advising, guiding, supporting and working alongside colleagues in an interdisciplinary manner, you will safeguard and foster that environment. Healthcare providers bear a shared responsibility for ensuring a healthy and safe learning and working environment, in which it is equally key to take into account diversity and inclusiveness.

Inappropriate, transgressive and disruptive behaviour

Inappropriate, transgressive or disruptive behaviour undermines a healthy and safe learning and working environment. Such behaviour may be both unintentional or deliberate and may relate to behaviour that may cause offence to others or cause harm. Sexual misconduct, intimidation and threats are examples of this type of behaviour. This behaviour may equally manifest itself in language, inappropriate jokes or undermining colleagues in the presence of patients. As a doctor, you strive to foster a working and learning environment in which it is commonplace for you to discuss and change such behaviour together. If you observe or experience any inappropriate, transgressive or disruptive behaviour, you raise the issue with the colleague in question, if necessary after consulting with a confidential adviser. You will take further action if required - for example, submitting a report or complaint within or outside of the organisation. You equally do so if you observe the conduct of a colleague causing harm or risks to patients and in cases of systematic dysfunction (or suspicion thereof) on the part of a colleague. In cases where inappropriate, transgressive and disruptive behaviour on your part is brought to your attention, you take this seriously and take an open attitude. A safe and healthy learning and working environment is predicated on everyone taking an open and reflective attitude.

11

As a doctor, if you are unable to meet the needs of the patient due to a matter of conscience, you inform her or him of this and put her or him in contact with a colleague. Appealing to your conscience must not lead to any serious disadvantage to the patient.

Explanatory notes

As a doctor, you act in the interest of the health and well-being of your patients. For that reason, you should not unjustifiably withhold medical care from patients. Conversely, no one can force you to perform any actions that go against your conscience. In order to find a balance within this dilemma, it is crucial that patients are not seriously disadvantaged as a result.

Duty of care

As a doctor, you can object to performing a procedure that you are obliged to carry out by the medical profession either because you cannot allow yourself to perform this procedure because of reasons of conscience or because you will come into conflict with your inner convictions if you were to perform the procedure. These types of conscientious objections are of a principled or religious nature. No one is allowed to force you to cooperate in such procedures, as this would bring you into conflict with your freedom of religion and belief. However, if you refuse to perform these procedures that are in the patient's interest this will be at odds with your duty of care as a doctor. You may only refuse to provide medical care in highly exceptional situations. Therefore, if you cannot perform a procedure due to your conscience, this can only be permitted if the patient will not be seriously disadvantaged as a result. A conscientious objection may, for example, lead to serious harm to the patient if she or he does not receive necessary care in a timely manner. After all, good practice of medicine means that you should not cause unnecessary harm to a patient.

Accurate information and referral

If you have a conscientious objection as a doctor, you inform your patient in good time. In addition, you inform the patient that other doctors may wish to perform this procedure. You then put the patient in contact with a colleague who has conscientious objections to this procedure. You do not need to be sure that the colleague is willing to perform the procedure, however, you must know in advance that the colleague does not have any conscientious objections. You must keep accurate and diligent notes in the medical file, for example, the reason for refusing the procedure and referring your patient to a colleague. In addition, you will in principle continue to provide the other care, provided that is in accordance with the patient's wishes. Finally, it is crucial to discuss your conscientious objection with your colleagues within the relevant partnership or network.

12

As a doctor, you avoid any conflicts of interest that could harm the patient or could damage the patient's trust in the healthcare system. You should be transparent with regard to any ancillary interests.

Explanatory notes

The patient must be able to assume that she or he is dealing with a physician with integrity, who has her or his interests in mind and acts accordingly. As a doctor, you make treatment decisions based on medical-professional grounds. This involves avoiding any conflicts of interest that may be harmful to the patient or could harm the trust in the healthcare provided. It is vital to keep this in mind when working with external parties or carrying out ancillary activities, and to act accordingly.

Conflict of interest

As a doctor, you may be confronted with potentially conflicting interests throughout the course of your work. This may, for example, be the case if you conduct scientific research, publish the results, if you act as a medical expert or if you prescribe medicines. These interests are not limited to financial interests, for example, they also include scientific or personal interests. You are transparent about any such interests. In addition, you avoid any conflicts of interest that could harm the patient or that could harm her or his trust in healthcare. For example, as a doctor, you are not allowed to accept gifts that are disproportionate to what you would normally receive for your work (usual remuneration). Furthermore, you may not accept an inheritance from your patient if your patient drew up the will during an illness in which you assisted the patient. As a doctor, this also means avoiding any conflicts of interest such as actively recruiting among your patients during observations and likewise that you do not encourage these patients to transfer to your practice or institution.

Partnerships with commercial parties

If you work with pharmaceutical and medical devices companies in your capacity as a doctor, other interests may likewise play a key role, such as company interests, personal interests or financial interests. As a doctor, you are aware of this, as it may lead you to be influenced improperly, which is something you must avoid. It is vital to ensure that the patients' interests remain paramount within these types of partnerships. Specific rules on cooperation between doctors, pharmaceutical and medical devices companies have been developed for that reason.

Transparency

As a doctor, you avoid any conflict of interest that would harm the patient or harm the patient's trust in healthcare as a whole. It is therefore vital that you do not enter into any partnerships or perform any other activities that might lead to such a conflict of interest. In addition, as a doctor, you are transparent about the partnerships and activities that you do engage in. You are open about any actual and potential conflicts of interest. It is crucial that you are as open as possible about any interests that may be relevant and that you leave the interpretation of any possible entanglement to others.

13

As a doctor, you occupy a position of civic and social responsibility. This involves recognising and identifying the impact of social factors on health and well-being and thereby contributing to improving public health.

Explanatory notes

As a doctor, you hold a unique position in our society. You are at the service of fellow people and of society, which brings you into the personal spheres of others more than most people. The position gives you the unique opportunity, and moreover requires you, to recognise and identify factors that may impact health and well-being. This requires social and civic engagement. After all, you not only have a responsibility towards individual patients, but hold a shared responsibility towards society as a whole. You nurture health and well-being both at the level of the individual and at that of the population.

Advancing public health: a shared responsibility

As a doctor, you are part of the healthcare system. Therefore, your responsibilities go beyond dealing with your duty of care to individual patients. You also bear a social responsibility for the health of groups of patients and society as a whole. Not only to treat disease but equally to prevent disease where possible. This is not a responsibility that you bear on your own - other actors within the public sector and social sector are equally responsible for this.

Societal factors that impact health and well-being

As a doctor, you are able to contribute to improving public health. This is accomplished by recognising and identifying social factors that impact health and well-being, both at an individual and at a collective level. There is a wide range of societal factors that impact health and well-being, such as social factors, lifestyle and environmental factors or working conditions. However, they may equally relate to major societal problems, such as increasing socio-economic inequality. All these factors may be causes of (poor) health. As such, they all contribute to a greater or lesser extent to the state of public health and individual well-being. Moreover, society is constantly changing, whereby the palette of causes of poor or good health changes by definition, with demographic shifts and an increase in life expectancy being key examples of this. These types of changes and associated trends will also lead to changes in disease patterns and care needs. As a doctor, it is vital that you recognise and identify these factors and trends and thereby contribute to improving public health.

14

As a doctor, you are aware of the relationship between health, the climate and the environment. This means being committed to a sustainable healthcare sector and a healthy (social) environment.

Explanatory notes

The climate, the environment and health are interlinked. Climate change and environmental pollution cause health problems - both now and in the future. The healthcare sector itself likewise causes pollution and is therefore part of the problem. Reducing the impact of healthcare on the climate and the environment is therefore vital to improving public health. This will relieve pressure on healthcare - both now and in the future. As a doctor, you therefore have a responsibility to be aware of these issues and to contribute towards fostering a sustainable healthcare sector and a healthy (social) environment.

A healthy environment

Climate change and environmental pollution are increasingly affecting the environment in which we live and people's health, resulting in the increase of the disease burden of the population, partly due to heat stress, air pollution and allergies. Climate change and environmental pollution, for example, also have an impact on drinking and bathing water, the food supply and food safety. Climate change and the loss of biodiversity can also increase the risk of the spread of infectious diseases and therefore affect health and the disease burden. This is not only an acute problem, it is also a threat to the health and well-being of future generations. As a doctor, you will have to face the impact thereof. That is why it is vital that you are aware of the impact of climate change and the environment on health. As a doctor, you are therefore committed to a healthy living environment (also known as planetary health) - now and in the future. This can be accomplished, for example, by identifying and advocating the link between climate change and the environment, thereby demonstrating the urgency of tackling climate change.

A sustainable healthcare sector

The healthcare sector itself likewise causes pollution and is therefore part of the problem. The environmental impact, for example, of medicines (and their residues) is considerable. In addition, the carbon emissions of the healthcare sector are high and the waste flow of the healthcare sector is often non-circular. All these issues pose a danger to the habitat, the environment, the ecosystem and to the climate, which is why it is crucial that the healthcare sector should be committed to sustainability. This is a responsibility shared by all actors within the healthcare sector and, as part of the healthcare system, you too should be aware of your own environmental impact within the healthcare system and contribute to a sustainable healthcare sector. This, for example, can be accomplished by consciously prescribing medicines and participating in the sustainable waste separation.

15

As a doctor, you contribute to advancing medicine and healthcare as a whole to the best of your ability.

Explanatory notes

Medicine and healthcare as a whole are constantly evolving. The core principle in this regard is that you and your colleagues should work to advance and improve healthcare as a whole, thus guaranteeing the provision of proper care both now and in the future. This can only be achieved if everyone who is part of the medical profession and the healthcare system contributes to achieving this aim. As a doctor, you are part of this endeavour and you therefore have a shared responsibility in contributing to achieving that aim to the best of your ability.

Contributing to medicine and healthcare as a whole

There are several key aspects that are crucial to being able to improve and advance medicine and healthcare as a whole. As a doctor, you will be able to contribute to this endeavour in various ways. Firstly, it is vital that as a doctor you maintain and refresh your knowledge and skills corresponding to the profession. Refresher training and continuous professional development are crucial throughout your entire career. It is subsequently critical that you pass on this knowledge, those skills and that expertise to others. Training future colleagues is therefore essential to advancing medicine and healthcare as a whole and allows you to contribute to the development of the medical profession to the best of your ability. Moreover, medical progress is predicated on scientific research and, as a doctor, you will contribute to this endeavour by conducting robust and thorough scientific research or collaborating in such research. As a doctor, it is likewise vital that you contribute to the professional network, decision-making positions and management duties. This will go towards advancing medicine and healthcare as a whole. Finally, it is vital to actively share knowledge, work together and keep learning from each other within the healthcare network.

Shared responsibility

As a doctor, it is vital that you contribute to these aspects. They are all, each in their own way, indispensable to advancing medicine and healthcare as a whole. This does not mean that every doctor should be responsible for contributing to all aspects outlined above or that you are not a good doctor if you do not contribute to each single aspect. However, it is essential that as a doctor you realise that you are part of the system and therefore have a shared responsibility to contribute to the advancement and improvement thereof where possible and to the best of your ability.