

This summary of the Code of Conduct for Physicians (Royal Dutch Medical Association [KNMG], 2002) deals with the general rules of conduct and the physician-patient relationship. The remaining sections (relationship with colleagues and other care providers, scientific research, publicity, the business sector and society) can be found in the full Dutch-language version of this code of conduct.

I. General

I.1 The physician is guided in his¹ professional practice by the promotion of health and well-being in humans; the quality of care; respect for the patient's right of self-determination and the interests of public health.

I.2 The physician provides any person who seeks his professional assistance with the necessary treatment, supervision, advice and assessments in accordance with any requirements imposed on him by virtue of his profession and expertise.

I.3 The assistance provided by the physician must be of good quality. Relevant aspects in this regard are: expertise; effectiveness and efficiency, a focus on the patient, due care and patient safety.

The physician maintains his medical knowledge and skills in the field of medicine that he practices, and contributes towards the development of this field where possible. Continuing education and further training are an essential part of this process.

I.4 Regardless of whether he works as an independent professional, as an employee or in any other organisational context, the physician is at all times unrestricted in, and personally responsible for, the assistance he provides.

I.5 The physician observes the limits of his professional practice. He refrains from actions and statements that exceed the scope of his own knowledge and abilities.

I.6 The physician is prepared to account for and verify his actions. The guiding principle of this verification is the criterion of 'common practice among professional colleagues', as has been or needs to be brought into operation by the recognised scientific association.

I.7 The physician is not permitted to apply treatments that involve disregarding diagnostic and treatment methods which are generally accepted in the medical world.

I.8 The physician makes notes of his medical actions in so far as this is necessary to comply with his duty of proper care.

¹ All references to the masculine gender should be taken to include the feminine.

I.9 The physician does not accept any instruction that contravenes generally accepted medical and ethical views.

II. The physician in relation to the patient

II.1 The main objective of the physician-patient relationship is the provision of effective care. The physician must never abuse this relationship.

II.2 The physician will treat patients equally in similar situations. Discrimination on the basis of religion, personal beliefs, race, gender or any other grounds is not permitted. The physician takes the personal beliefs and cultural practices of his patients into account, as well as any language barriers.

II.3 The physician tailors the care to the patient's actual individual needs.

II.4 The physician strives to provide each patient, or ensure that each patient is provided, with the most appropriate care, in accordance with common practice among his professional colleagues. In doing so, the physician also observes the limitations set out in this code of conduct.

II.5 The physician is responsible for ensuring continuing care and proper availability, without prejudice to his employing institution's responsibilities in this regard.

II.6 In the event of emergency situations, the physician provides emergency care at all times and wherever possible.

II.7 The physician has a duty to respect the patient's rights according to the law, case law and the guidelines of the professional association.

II.8 The physician provides the patient with clear information about his or her health situation and the care that is being proposed. In this context, the physician should pay attention to the nature, scope and purpose of the investigation, treatment, supervision or examination, any consequences and risks for the patient and the possible alternatives.

II.9 The physician actively involves the patient in the decision-making process. He does not take any action until the patient or his or her representative, after receiving sufficient information, has granted specific consent.

II.10 A physician who in any way suspects that a child is being abused must take or initiate the necessary steps to determine whether his suspicion is correct. Where child abuse is identified, the physician must take or initiate steps to stop the abuse as soon as possible.

II.11 The physician does not intrude into the patient's private life more than is necessary in the context of providing care. The physician refrains from contact of a sexual nature within the provision of care. Verbal or physical intimacy is not permitted.

II.12 The physician respects the patient's right to choose a medical practitioner. There may be reasons for a physician not to enter into or to terminate a treatment contract, such as institution-related commitments, the geographical situation, the size of the practice, the physician's lack of expertise in a specific treatment or examination and/or the absence of a relationship of trust between the patient and the physician.

II.13 The physician files information relevant to the provision of care in a medical record. He retains this record - except where provided otherwise by law - for a period of ten years from the date on which the records are produced, or longer if reasonably necessary to meet his duty of proper care.

II.14 Upon request, the physician will inform the patient about the options for submitting a complaint.

II.15 The physician has a duty to maintain the confidentiality of all information of which he becomes aware in the context of treatment. He is released from this duty if the patient grants consent, in the event of a legal duty to provide information, during consultations with care providers who form part of the treatment unit and in the case of conflicting obligations. The physician is responsible for making his support staff aware of the derived professional duty of confidentiality and for ensuring that they comply with this duty.

II.16 The physician may make his personal beliefs known, provided that doing so is not an impediment to the patient and the physician's personal beliefs do not prevent him from providing each patient with the care to which the patient is entitled.

II.17 In the event that a physician cannot in good conscience meet a treatment demand, he will inform the patient in a timely manner and will help to place the patient in contact with a colleague.

II.18 The physician will in principle agree to the presence of a person designated by the patient, unless that person's presence is medically contraindicated. In this case, the physician will make his reasons known to the patient.

II.19 The physician will honour a request for a referral for the purpose of a second opinion, unless he has serious cause to refuse such a request, which must be made known and supported by reasons.

II.20 The physician will duly itemise his invoices and provide additional information at the request of the patient or the patient's insurer.

II.21 The physician will not accept any inheritance from the patient, if the patient's will is drawn up during an illness in which the physician assisted the patient. During the lifetime of his patient, the physician will not accept any gifts that are disproportionate to the usual payment.

II.22 A physician who is handing over his practice will inform his patients in a timely manner about this change. Wherever possible, patients will be given the opportunity to select the physician of their choice. The patients will be informed that their medical data will be passed on to the successor or to a physician of their choice, unless they object to this course of action in any way.