



**CFM RESOLUTION #1931, DATED SEPTEMBER 17, 2009**

Federal Official Gazette; The Executive; Brasília, DF, Sept. 24, 2009. Section I, p.90-92  
Federal Official Gazette; The Executive, Brasília, DF, Oct. 13, 2009. Section I, p.173 -  
RECTIFICATION

**EFFECTIVE AS OF Apr-13- 2010**

**REVOKES CFM RESOLUTION # 1.246, DATED Jan-08- 1988**

**AMENDED BY CFM RESOLUTION # 1.997, DATED Aug-10- 2012**

Approves the Medical Ethics Code.

THE FEDERAL BOARD OF MEDICINE, exercising the powers granted by **Law # 3.268, dated September 30, 1957**, governed by **Decree # 44.045, dated July 19, 1958**, amended by **Decree # 6.821, dated April 14, 2009** and by **Law # 11.000, dated December 15, 2004**, and, consubstantiated in **Law # 6.828, of October 29, 1980** and **Law # 9.784 of January 29, 1999**; and

WHEREAS the Medicine Boards are at the same time judges and disciplinarians of the medical class, being responsible for caring and working for the perfect ethical execution of the Medicine, through any means, and for the prestige and good name of the profession and of all those that exercise it legally;

WHEREAS the rules of the Medical Ethics Code must be subjected to the applicable constitutional devices;

WHEREAS the search for a better relationship with the patient and the assurance of greater autonomy to their will;

WHEREAS the proposals formulated throughout 2008 and 2009 by the Regional Boards of Medicine, by the Medical Entities, by doctors and scientific and university institutions for the review of the current Medical Ethics Code;

WHEREAS the decisions of the IV National Medical Ethics Conference that developed, with the participation of the Medical Delegates in the entire country, a new reviewed Medical Ethics Code.

WHEREAS the decision made by the National Board that met on August 29, 2009;

WHEREAS, finally, the decision made in the plenary session of September 17, 2009.

DOES HEREBY RESOLVE:

Article 1. To approve the Medical Ethics Code, attached hereto, after its review and update.

Article 2. The Federal Board of Medicine, whenever required, must issue Resolutions that complement this Medical Ethics Code and enable its application.

Article 3. The Code attached hereto is effective one hundred and eighty days after its issue and from then on, the **Medical Ethics Code** approved by **CFM Resolution # 1.246 is revoked**, as published in the Federal Official Gazette on January 26, 1988, Section I, pages 1574-1579, as well as any other contrary provision.

EDSON DE OLIVEIRA ANDRADE  
Chairman

LÍVIA BARROS GARÇÃO  
General Secretary

## **MEDICAL ETHICS CODE**

### **PREAMBLE**

I - This Medical Ethics Code bears the rules that must be followed by doctors when exercising their profession, including the exercise of activities related to the teaching, research, and management of healthcare services, as well as the exercise of any other activities that make use of the knowledge acquired through Medicine.

II - Medical service provision organizations are subjected to the rules herein.

III - In order to exercise Medicine, enrollment with the Regional Board of the applicable State, Territory, or the Federal District is mandatory. (**SEE RECTIFICATION ACCORDING TO THE FEDERAL OFFICIAL GAZETTE (DOU) OF 10-13-2009**)

IV - In order to ensure the observation and due execution hereof, the physician shall notify the Regional Board of Medicine, as discretely and grounded as possible, about any event that comes to their knowledge and that characterize potential violation of this Code and the other rules that govern the exercise of the Medicine.

V - The Medicine Boards, the ethics committees, and the physicians themselves are responsible for verifying the compliance with the rules set forth herein.

VI - This Medical Ethics Code consists of 25 ground rules to exercise Medicine, 10 legal rules, 118 deontological rules, and four miscellaneous provisions. Violation of deontological rules shall subject the violators to the disciplinary penalties provided for in the law. (**SEE RECTIFICATION ACCORDING TO THE FEDERAL OFFICIAL GAZETTE (DOU) OF 10-13-2009**)

### **Chapter 1** **BASIC RULES**

I - Medicine is a healthcare profession intended to the human being and the society and shall be exercised without prejudice of any kind.

II - The purpose of the physician's attention is the subject's health, the benefit of which must be reached as carefully as possible and at the full extent of their professional capability.

III - To exercise Medicine with honor and dignity, the physician requires good work conditions and fair remuneration.

IV - The physician is responsible for caring and working for the ethical execution of the Medicine, as well as for the prestige and good name of the profession.

V - The physician must continuously improve their knowledge and use the best available scientific tool to assist the patient.

VI - The physician shall be respectful of the human being and act always on their behalf. They shall never use their knowledge to cause physical or moral pain, to exterminate the human being, or to allow for and cover for any attempt against his/her dignity and integrity.

VII - The physician must exercise their profession with autonomy, which means they are never compelled to provide services that may be contrary to their conscience or to those they do not want to, unless when the other physician is not available, in the event of urgency or emergency, or when their refusal to act may impair a subject's life.

VIII - The physician cannot, under any circumstance or pretext, waive their professional freedom, nor allow any restrictions or impositions that may harm the efficiency and preciseness of their work.

IX - Medicine cannot, under any circumstance, be exercised as a form of commerce.

X - The physician's work cannot be explored by third parties in order to make profit or for political or religious purposes.

XI - The physician shall keep confidential any piece of information that comes to their knowledge due to the execution of their profession, unless otherwise provided for in the law.

XII - The physician shall make all efforts to better adjust their profession to the human being, to eliminate and control health risks inherent to their work activities. **(SEE RECTIFICATION ACCORDING TO THE FEDERAL OFFICIAL GAZETTE (DOU) OF 10-13-2009)**

XIII - The physician shall communicate the competent authorities about any form of deterioration of the ecosystem, harmful to the health and life.

XIV - The physician shall make all efforts to enhance the medical services standards and take upon themselves their share of responsibility for the public health, the sanitary education, and the health-related legislation.

XV - The physician must be supportive of professional dignity defense movements, whether for fair and deserving remuneration, or for work conditions compatible with the ethical-professional exercise of the Medicine and its technical-scientific improvement. **(SEE RECTIFICATION ACCORDING TO THE FEDERAL OFFICIAL GAZETTE (DOU) OF 10-13-2009)**

XVI - No statutory or regulatory provision of a hospital or other public or private institution shall limit the physician's choice of scientifically-acknowledged means to be used for the establishment of a diagnosis and execution of treatment, unless when on behalf of the patient.

XVII - The physician's relationship with other professionals must be based on mutual respect, the freedom, and independence of each one, always with the patient's well being in mind.

XVIII - The physician shall be respectful, thoughtful, and supportive of their colleagues, without evading the report of acts that are contrary to the ethical standards.

XIX - The physician shall be responsible, on a personal, and never assumed, level for their professional acts, resulting from a private and confidential relationship and executed with due diligence, competence, and responsibility.

XX - The extremely personal nature of the medical professional does not characterize a consumption relationship.

XXI - When making professional decisions, according to their dictate of conscience and the legal provisions, the physician shall accept the patient's choices regarding diagnostic and therapeutic procedures presented by them, as long as suitable to the case and scientifically acknowledged.

XXII - In the event of irreversible and terminal clinical situations, the physician must avoid performing unnecessary diagnostic and therapeutic procedures and shall enable their patients to make use of all appropriate palliative therapies.

XXIII - When involved in the production of scientific knowledge, the physician shall act with exemption and independence, always considering what is best for the patients and the society.

XXIV - Whenever participating in research involving human beings or any animal, the physician shall observe the national ethical rules, as well as shall protect the vulnerability of the research subjects.

XXV - When applying the knowledge gathered through new technologies, bearing in mind their repercussions in the current or future generations, the physician shall care for the total absence of discrimination linked to genetic heritage, protecting their dignity, identity, and integrity.

## **Chapter 2**

### **PHYSICIAN'S RIGHTS**

The physician is entitled to:

I - Exercise Medicine without being discriminated for their religion, ethnicity, gender, nationality, color, sexual orientation, age, social condition, political opinion, or for any other reason.

II - Prescribe the appropriate procedure to the patient, observing the scientifically-acknowledged practices and the applicable law.

III - Report failures in rules, contracts, and internal regulations of the institutions where they work when they contradict the respectable exercise of the professional or when harmful to themselves, the patient, or third parties; in this case they must address the applicable agencies and, obligatorily, the respective ethics committees and Regional Boards of Medicine.

IV - Refuse to exercise their profession in a public or private institution where the work conditions are not suitable or may be harmful to their own health or the patient's health, as well as other professionals' health. In this case, they shall immediately notify their decision to the ethics committee and the Regional Board of Medicine.

V - Withhold their activities, individually or collectively, when the public or private institution for which they work fails to offer appropriate conditions for the exercise of their profession or unfair and unworthy remuneration, except, however, in urgency and emergency situations, being their decision notified to the Regional Board of Medicine immediately.

VI - Admit and assist their patients in private and public hospitals on a philanthropist basis or not, even if not part of their clinical group, observing the technical rules approved by the Regional Board of Medicine of the applicable jurisdiction.

VII - Requires public redress to the Regional Board of Medicine when offended in the exercise of the profession.

VIII - Decide, under any circumstance, taking into consideration their experience and professional capacity, the time to be devoted to the patient in order to prevent the accumulation of tasks or appointments from injuring the patient.

IX - Refuse to perform medical acts that, although provided for in the law, are contrary to the dictates of their conscience.

X - Establish their fees in a fair and deserving way.

### **Chapter 3**

#### **PROFESSIONAL RESPONSIBILITY**

The physician is not entitled to:

Article 1. Harm the patient, due to any action or omission that can be characterized as malpractice, imprudence, or negligence.

Sole Paragraph. The medical responsibility is always personal and cannot be assumed.

Article 2. Delegate to other professionals acts or responsibilities exclusive of the medical profession.

Article 3. Not take responsibility for medical procedure personally appointed by them or in which has participated even when several other physicians have assisted the patient.

Article 4. Not take responsibility for any professional act that has exercised or appointed, even if requested or consented by the patient or their legal representative.

Article 5. Take responsibility for medical act that failed to exercise or in which has not participated.

Article 6. Assign their failures to third parties and occasional circumstances, except when this can be duly confirmed.

Article 7. Fail to provide urgency and emergency services when part of their obligations, exposing the patients to life-threatening situations, even if supported by majority decision of the class.

Article 8. Step away from their professional activities, even if temporarily, without leaving another physician in charge of assisting hospitalized patients or those in serious conditions.

Article 9. Fail to respond when on call or leave the post without assigning a replacement, unless in the event of due impediment.

Sole Paragraph. Upon absence of the replacement physician on call, the technical direction of the healthcare establishment must assign another physician.

Article 10. Associate with those practicing Medicine illegally or with medical professionals or institutions in which illegal acts are performed.

Article 11. Prescribe, attest, or issue secret or illegible reports without the due identification of their Regional Board of Medicine enrollment number, as well as sign blank prescription pads, reports, or any other medical document.

Article 12. Fail to explain a worker that their labor conditions may jeopardize their health, also notifying the applicable employer.

Sole Paragraph. If it persists, the physician shall notify the competent authorities and the Regional Board of Medicine.

Article 13. Fail to explain to the patient the social, environmental, or professional causes of their condition.

Article 14. Practice or prescribe unnecessary or forbidden medical acts according to the applicable law in the country.

Article 15. Fail to comply with the applicable law in the event of organ or tissue donation, sterilization, artificial fertilization, abortion, genetic manipulation or therapy.

First Paragraph. In the event of clinically-assisted procreation, fertilization shall not systematically conduct to an excessive number of embryos.

Second Paragraph. The physician shall not clinically assist any fertilization process with the purpose to:

I - create genetically-modified human beings;

II - create embryos for investigative purposes;

III - create embryos in order to choose the gender, eugenics, or to originate hybrids or chimeras.

Third Paragraph. To conduct clinically-assisted procreation procedure without the full agreement of those involved and only after they have received all due explanations.

Article 16. Intervene in the human genome with the purposes of modifying it, except in genics therapy, excluding any action in germinated cells that may result in genetic modification of the offspring.

Article 17. Fail to comply, unless justified, with the rules issued by the Federal and Regional Boards of Medicine and observe their administrative requests, citations, or notifications within the applicable period.

Article 18. Fail to comply with the rules and resolutions issued by the Federal and Regional Boards of Medicine or disrespect them.

Article 19. Fail to assure, when in a director's position, the physicians' rights and other appropriate conditions for the ethical-professional exercise of Medicine.

Article 20. Allow that financial, political, religious, or any other interests from their employer or hierarchical superior or from a public or private sponsor interfere with the choice of the best means of prevention, diagnostic, or treatment available and scientifically acknowledged on behalf of the patient or the society.

Article 21. Fail to cooperate with sanitary authorities or break the applicable law.

#### **Chapter 4**

#### **HUMAN RIGHTS**

The physician is not entitled to:

Article 22. Fail to obtain the patient's or their legal representative's consent after explaining about the procedure to be performed, unless upon life-threatening situations.

Article 23. Treat the human being in a rude manner or disrespect their dignity or discriminate it in any way or under any pretext.

Article 24. Fail to assure the patient that they are entitled to make decisions regarding their person or well being, as well as to exercise their authority to limit it.

Article 25. Fail to report torture or degrading, inhuman, or cruel procedures, practice them or cooperate with those performing such acts or provide means, tools, substances, or knowledge to enable them.

Article 26. Disrespect a person's will, if deemed physically and mentally capable, on hunger strike or feed them compulsorily; the physician must explain to this person the complications arising from long-term fasting and, in the event of a life-threatening situation, treat them.

Article 27. Disrespect the patient's physical and mental integrity or use any means that may change their personality or level of consciousness in a police investigation or under any other circumstance.

Article 28. Disrespect the patient's interest and integrity in any institution where they are staying, regardless their own will.

Sole Paragraph. In the event of situations harmful to the personality and physical and mental health of the patients trusted to a given physician, they will be obliged to report the event of an applicable agency and the Regional Board of Medicine.

Article 29. Directly or indirectly participate in a death penalty execution.

Article 30. Use the profession to subvert the customs, to commit or favor a crime.

## **Chapter 5**

### **REGARDING PATIENTS AND THEIR FAMILIES**

The physician is not entitled to:

Article 31. Disrespect a patient's or their legal representative's rights of freely deciding about the diagnostic or therapeutic practices, unless in a life-threatening situations.

Article 32. Fail to use all means available for diagnosis and treatment, scientifically acknowledged and at their reach on behalf of the patient.

Article 33. Fail to provide services to a patient seeking medical care in the event of urgency or emergency, when no other physician or medical service is available.

Article 34. Fail to inform the patient about the diagnosis, prognosis, risks and objectives of the treatment, unless when the direct communication may lead to injury; in this case, their legal representative must be notified. **(SEE RECTIFICATION ACCORDING TO THE FEDERAL OFFICIAL GAZETTE (DOU) OF 10-13-2009)**

Article 35. Exaggerate the severity of the diagnosis or prognosis, complicate the therapeutics, or exceed the number of visits, appointments, or any other medical procedures.

Article 36. Abandon any patient under their care.

First Paragraph. If anything happens that, at their discretion, might jeopardize the good relationship with the patient or their professional performance, the physician is entitled to deny service, as long as previously notified to the patient or its legal representative, assuring the continuity of the care and providing the information required to the following physician.

Second Paragraph. Unless justified, notified to the patient or their family members, the physician shall not abandon the patient because they have a chronic or incurable illness and shall continue assisting them even if with palliative care.

Article 37. Prescribe treatment or other procedures with no direct examination of the patient, unless in the event of urgency or emergency and supported impossibility of doing so, in that case, do so immediately after the impediment ceases. **(SEE RECTIFICATION ACCORDING TO THE FEDERAL OFFICIAL GAZETTE (DOU) OF 10-13-2009)**

Sole Paragraph. Distant medical service, as in telemedicine or other method, shall be governed by the Federal Board of Medicine. **(SEE RECTIFICATION ACCORDING TO THE FEDERAL OFFICIAL GAZETTE (DOU) OF 10-13-2009)**

Article 38. Disrespect the modesty of any person under their care.

Article 39. Oppose to the constitution of a medical board or second opinion requested by the patient or their legal representative.

Article 40. Take advantage of situations arising from the doctor-patient relationship to obtain physical, emotional, or financial benefit, among others.

Article 41. To shorten a patient's life, even if requested by the patient or their legal representative.

Sole Paragraph. In the event of incurable and terminal disease, the physician must provide all palliative treatments available without making use of useless or tenacious therapeutics, always taking into account the patient's express will or, if not possible, their legal representative's.



Article 42. Disrespect the patient's right to freely decide which contraceptive method to use, always explaining the indication, safety, reversibility, and risk of each method.

## **Chapter 6**

### **ORGAN AND TISSUE DONATION AND TRANSPLANT**

The physician is not entitled to:

Article 43. Participate in the death diagnosis process or the decision of withholding artificial means to prolong a potential donor's life when part of a transplant team.

Article 44. Fail to explain to the donor, receiver, or their legal representatives the risks arising from exams, surgical interventions, and other procedures in the event of organ transplant.

Article 45. Remove a living donor's organ when they are legally incapable, even if authorized by the legal representative, except if allowed or as provided for in the law.

Article 46. Directly or indirectly participate in the commerce of human organs or tissues.

## **Chapter 7**

### **RELATIONSHIP AMONG PHYSICIANS**

The physician is not entitled to:

Article 47. Use their hierarchical position to prevent, due to religious belief, philosophical conviction, political, economic or any other interest, other than technical-scientific or ethical interest, the premises and other institutional resources under their direction from being used by other physicians exercising their profession, particularly if they are the only ones in site.

Article 48. Take over a job, title, or function, to succeed a physician dismissed or removed as retaliation for the defense positioning of legit manifestations of the class or application hereof.

Article 49. Behave in opposition to the legit prerogatives of the medical class in order to gain personal profit.

Article 50. Cover up any error or unethical behavior of another physician.

Article 51. Practice disloyal competition with other doctor.

Article 52. Disrespect the patient's prescription or treatment, provided by another physician, even when in a director's or auditor's position, unless in the event of unquestionable benefit of the patient, being the prescribing physician notified immediately. **(SEE RECTIFICATION ACCORDING TO THE FEDERAL OFFICIAL GAZETTE (DOU) OF 10-13-2009)**

Article 53. Fail to send a patient referred to them for specialized procedure back to their original physician and provide the applicable information during the time the patient was with them.

Article 54. Fail to provide another physician with information about a patient's clinical setting, as long as authorized by the patient or their legal representative.

Article 55. Fail to inform a replacement about a patient's clinical setting when replaced by another physician at the end of their shift.

Article 56. Use their hierarchical position to prevent their subordinates from acting according to the ethical principles.

Article 57. Fail to report acts that are contrary to the ethical principles to the ethics committee of the institution where they provide their services and, if applicable, to the Regional Board of Medicine.

## **Chapter 8**

### **PROFESSIONAL FEES**

The physician is not entitled to:

Article 58. Exercise Medicine as a commerce.

Article 59. Offer or accept fees or advantages for referring or accepting a given patient, as well as for services not provided.

Article 60. Allow the inclusion of professional names of those that did not participate in the medical act for the purposes of collecting fees. **(SEE RECTIFICATION ACCORDING TO THE FEDERAL OFFICIAL GAZETTE (DOU) OF 10-13-2009)**

Article 61. Fail to previously inform the patient about the estimated costs of the procedure.

Article 62. Link their fees to the treatment outcome or the patient's cure.

Article 63. Explore another physician's work, alone or as part of a team, as owner, partner, manager, or officer of companies or institutions that provide medical services.

Article 64. Represent, entice, or deviate, through any means, for a private clinic or institution of any kind, a patient of the public healthcare system or use it to execute medical procedures in their private clinic, in a way to obtain professional gain.

Article 65. Charge fees from a patient in an institution that provides public healthcare services or get paid by the patient as a complement or their salaries or fees.

Article 66. Double charge the patient for a medical act performed.

Sole Paragraph. Complementation of private service fees can be charged when provided for in an agreement.

Article 67. Fail to keep the integrity of the payment and allow discounts or retain fees, unless provided for in the law, when holding a position as director or chief.

Article 68. Exercise the profession interacting with or depending on the pharmacy, the pharmaceutical or optical industry or any other organization manufacturing, handling, promoting, or marketing medical prescription products of any kind.

Article 69. Simultaneously exercise Medicine and Pharmacy or obtain advantage for submitting procedures, for the marketing of drugs, orthoses, prosthetics, or implants of any kind the purchase of which arise from direct influence of their professional activity.

Article 70. Fail to separately submit their fees when other professionals are part of a patient's care.

Article 71. Offer their professional services as a prize of any kind.

Article 72. Create a bond of any kind with companies that announce or market financial plans, discount cards, or consortia for medical procedures.

## **Chapter 9 PROFESSIONAL SECRECY**

The physician is not entitled to:

Article 73. Disclose the fact that came to their knowledge when exercising the profession, unless if justified, legally obliged, or upon written consent by the patient.

Sole Paragraph. Said prohibition still remains:

- a) even if the information is of public domain or the patient has deceased;
- b) when testifying as a witness. In this case, the physician shall go before an authority and state their impediment;
- c) upon the investigation of a crime, the physician shall be impeded from disclosing a secret that may expose the patient to a criminal process.

Article 74. Disclose professional secrecy related to a minor patient, including their parents or legal representatives, as long as the minor is able to understand, unless when the non-disclosure may injure the patient.

Article 75. Make reference to identifiable clinical cases, display patients or their portraits in professional announcements or when disclosing medical issues in general means of communication even if authorized by the patient.

Article 76. Disclose confidential information obtained upon medical examination of workers, including if required by their employers, unless their silence expose the other employees or the community to risk.

Article 77. Provide information to insurance companies about a patient's death in addition to those provided in the death certificate, unless upon express consent by the legal representative. **(NEW WORDING PROVIDED BY CFM RESOLUTION # 1.997, DATED 08-10-2012)**

Article 78. Fail to instruct their assistants and students to observe the professional secrecy and ensure that they comply.

Article 79. Fail to keep professional secrecy when collecting fees judicially or extrajudicially.

## Chapter 10 MEDICAL DOCUMENTS

The physician is not entitled to:

Article 80. Issue medical documents without providing the medical service that justifies it, that is biased, or that is not true.

Article 81. Certifies as a way to gain advantages.

Article 82. Make use of public institution forms or attest facts checked in the private clinic.

Article 83. Sign a death certificate that has not been personally investigated by them or when they have not provided services to the patient, unless if on duty, as replacement physician, or in the event of autopsy, and medical-legal verification.

Article 84. Fail to sign a death certificate of a patient they cared for, except upon signs of violent death.

Article 85. Allow the handling and the knowledge of reports by those not bound to the professional secrecy when under their responsibility.

Article 86. Fail to provide a medical report to the patient or their legal representative when referred or transferred to continue treatment or in the event of discharge.

Article 87. Fail to develop a legible report for each patient.

First Paragraph. The report must bear clinical information required for the appropriate handling of the case, being completed at each evaluation, in a chronological order with date, hour, signature, and number of the medical registration with the Regional Board of Medicine.

Second Paragraph. The report shall be under responsibility of the physician or institution serving the patient.

Article 88. Deny the patient access to their records, fail to provide a copy when requested, as well as fail to provide explanation required for their understanding, unless when they may cause risks to the patient or third parties.

Article 89. Release copies of the records under their responsibility, unless authorized in writing, by the patient, to comply with a legal order or for their own defense.

First Paragraph. When legally requested, the record shall be made available by the medical expert appointed by the judge.

Second Paragraph. When the records are submitted for their own defense, the physician shall request the compliance with the professional secrecy.

Article 90. Fail to provide a copy of the medical records of their patient when requested by the Regional Boards of Medicine. **(SEE RECTIFICATION ACCORDING TO THE FEDERAL OFFICIAL GAZETTE (DOU) OF Oct-13-2009)**

Article 91. Fail to certify acts executed when practicing Medicine, when requested by the patient or their legal representative.

## **Chapter 11**

### **MEDICAL EXPERTISE AND AUDIT**

The physician is not entitled to:

Article 92. Sign expert, audit, or medical-legal verification reports when those exams were not personally executed by them. **(SEE RECTIFICATION ACCORDING TO THE FEDERAL OFFICIAL GAZETTE (DOU) OF Oct-13-2009)**

Article 93. Be expert or auditor of the patients themselves, a member of their family, or any other with which they have a relationship capable of interfering in their work or in the company where they act or have acted.

Article 94. Intervene, when acting as auditor, technical assistant, or expert in professional acts of another physician or make any comments before the patient, reserving their comments to the report.

Article 95. Perform forensic medical exams of *corpus delicti* in human beings inside buildings or police department premises, military sites, detention houses, and prisons.

Article 96. Get paid or receive remuneration for amounts linked to gloss or successful suits, when acting as expert or auditor.

Article 97. Authorize, veto, as well as modify when acting as auditor or expert, propaedeutic or therapeutic procedures unless, upon the latter, in urgency, emergency or life-threatening situations, notifying in writing, the fact to the attending physician.

Article 98. Fail to act fully exempted when assigned to act as expert or auditor, as well as exceed the limits of their obligations or their competence.

Sole Paragraph. The physician is entitled to fair remuneration for the execution of expert exams.

## **Chapter 12**

### **MEDICAL RESEARCH AND TEACHING**

**The physician is not entitled to:**

Article 99. Participate in any kind of experience involving human beings with warlike, political, ethnics, eugenics, or other purposes that may be considered an attempt to human dignity.

Article 100. Fail to obtain a human being research protocol approval, as per the applicable law.

Article 101. Fail to obtain from the patient or their legal representative the informed consent form for the execution of research involving human beings after all due explanations about the nature and consequence of the research.

Sole Paragraph. If the subject is a minor, in addition to the legal representative's consent, their informed consent is also required at the extent of their understanding.

Article 102. Fail to use the correct therapeutics, when its use is released in the Country.

Sole Paragraph. The use of experimental therapeutics is allowed when prescribed by the applicable agencies and upon consent by the patient or their legal representative, when duly informed about the situation and potential consequences.

Article 103. Conduct research in a community without previously informing it and explaining to it the nature of the investigation and fail to meet the purpose of public healthcare protection, observing the local characteristics and the applicable law.

Article 104. Fail to keep professional and scientific independence regarding medical research funders, meeting the commercial interest or obtaining personal gain.

Article 105. Conduct medical research in humans directly or indirectly dependent on or subordinated to the investigator.

Article 106. Keep abound of any kind with medical research involving human beings that use placebo in their experiments, when effective treatment for the disease is already available.

Article 107. Publish in their name scientific paper in which they have not participated; assign exclusive authorship in a work performed by their subordinates or other professionals, even when executed under their supervision, as well as omit from the scientific paper names of those who participated in it.

Article 108. Use data, information, or opinion not published without reference to their author or without written authorization.

Article 109. Fail to care for, when acting as college professor or author of scientific papers, the veracity, clarity, and impartiality of the information presented, as well as fail to state their relationship with the drug, orthoses, prosthetics, equipment, implant industry and any other that may be interpreted as conflict of interest, even if potential.

Article 110. Practice Medicine, when acting as college professor, without the patient's or the legal representative's authorization, with no care for their dignity or privacy, or discriminating against those who denied the requested consent.

### **Chapter 13**

#### **MEDICAL PUBLICITY**

The physician is not entitled to:

Article 111. Allow their participation in the disclosure of medical issues in any mass communication means fail to be characterized only as explanation for and education of the society. **(SEE RECTIFICATION ACCORDING TO THE FEDERAL OFFICIAL GAZETTE (DOU) OF Oct-13- 2009)**

Article 112. Disclose information about a medical subject in a sensationalist, promotional, or untrue way.

Article 113. Disclose, outside the scientific environment, treatment or breakthrough process the value of which is not entirely scientifically acknowledged by any applicable agency.

Article 114. Consult, diagnose, or prescribe through any mass communication media.

Article 115. Announce scientific titles that cannot be proved and specialty or acting field for which they are not qualified and registered with the Regional Board of Medicine.

Article 116. Participate in commercial business advertisements of any kind because of their profession.

Article 117. Present as original any idea, breakthrough, or illustration that are not original.

Article 118. Fail to include in professional announcements of any kind their enrollment number with the Regional Board of Medicine.

Sole Paragraph. In announcements of healthcare establishments, the name, and enrollment number with the Regional Board of Medicine of a technical director must be provided.

#### **Chapter 14 MISCELLANEOUS**

I - The physician experiencing any incapacitating disease that prevent them from exercising Medicine, assessed by the Regional Board of Medicine in an administrative proceedings with medical expertise, shall have their license put on hold for as long as their incapacity.

II - Physicians committing serious misconduct, as provided for herein, and the continuity of the professional exercise may impose risk irreparable damage to the patient or the society may have their license put on hold upon specific administrative proceedings.

III - The Federal Board of Medicine, after hearing the Regional Boards of Medicine and the medical class, shall promote the review and update of this Code whenever required.

IV - Omissions hereof shall be solved by the Federal Board of Medicine.

#### **FEDERAL BOARD OF MEDICINE**

**Federal Official Gazette; The Executive; Brasilia, DF, Oct. 13, 2009. Section I, p.173 - RECTIFICATION**

#### **RECTIFICATION**

In CFM Resolution # 1931 dated September 17, 2009, published in the DOU of September 24, 2009, Section 1, pages 90-92 in its annex:

#### **WHERE IT IS READ:**

PREAMBLE

III - In order to exercise Medicine, enrollment with the Regional Board of the applicable state, territory, or the Federal District is mandatory.

#### **IT SHALL NOW BE READ:**

PREAMBLE

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#### **WHERE IT IS READ:**

PREAMBLE

VI - This Medical Ethics Code consists of 25 ground rules to exercise Medicine, 10 legal rules, 118 deontological rules, and five miscellaneous provisions. Violation of deontological rules shall subject the violators to the disciplinary penalties provided for in the law.

#### **IT SHALL NOW BE READ:**

PREAMBLE

VI - This Medical Ethics Code consists of 25 ground rules to exercise Medicine, 10 legal rules, 118 deontological rules, and four miscellaneous provisions. Violation of deontological rules shall subject the violators to the disciplinary penalties provided for in the Law.

**WHERE IT IS READ:**

CHAPTER 1

BASIC RULES

XII - The physician shall make all efforts to better adjust their profession to the human being, to eliminate and to control health risks inherent to their work activities.

**IT SHALL NOW BE READ:**

CHAPTER 1

BASIC RULES

XII - The physician shall make all efforts to better adjust their profession to the human being, to eliminate and control health risks inherent to their work activities.

**WHERE IT IS READ:**

CHAPTER 1

BASIC RULES

XV - The physician must be supportive of professional dignity defense movements, whether for fair and deserving remuneration, or for work conditions compatible with the ethical professional exercise of the Medicine and its technical-scientific improvement.

**IT SHALL NOW BE READ:**

CHAPTER 1

BASIC RULES

XV - The physician must be supportive of professional dignity defense movements, whether for fair and deserving remuneration, or for work conditions compatible with the ethical-professional exercise of the Medicine and its technical-scientific improvement.

**WHERE IT IS READ:**

Chapter 3

PROFESSIONAL RESPONSIBILITY

Article 34. Fail to inform the patient about the diagnosis, prognosis, risks and objectives of the treatment, unless when the direct communication may lead them to injury; in this case, their legal representative must be notified.

**IT SHALL NOW BE READ:**

Chapter 3

PROFESSIONAL RESPONSIBILITY

Article 34. Fail to inform the patient about the diagnosis, prognosis, risks and objectives of the treatment, unless when the direct communication may lead to injury; in this case, their legal representative must be notified.

**WHERE IT IS READ:**

Chapter 5

REGARDING PATIENTS AND THEIR FAMILIES

Article 37. Prescribe treatment or other procedures with no direct examination of the patient, unless in the event of urgency or emergency and supported impossibility of doing so, in that case, do so immediately after the impediment ceases.

Sole Paragraph. Distant medical service, as in telemedicine or any other method, shall be governed by the Federal Board of Medicine.

**IT SHALL NOW BE READ:**

Chapter 5

REGARDING PATIENTS AND THEIR FAMILIES



Article 37. Prescribe treatment or other procedures with no direct examination of the patient, unless in the event of urgency or emergency and supported impossibility of doing so, in that case, do so immediately after the impediment ceases.

Sole Paragraph. Distant medical service, as in telemedicine or other method, shall be governed by the Federal Board of Medicine.

**WHERE IT IS READ:**

Chapter 7

RELATIONSHIP AMONG PHYSICIANS

Article 52. Disrespect the patient's prescription or treatment, provide by another physician, even when in a director's or auditor's position, unless in the event of unquestionable benefit of the patient, being the prescribing physician notified immediately.

**IT SHALL NOW BE READ:**

Chapter 7

RELATIONSHIP AMONG PHYSICIANS

Article 52. Disrespect the patient's prescription or treatment, provided by another physician, even when in a director's or auditor's position, unless in the event of unquestionable benefit of the patient, being the prescribing physician notified immediately.

**WHERE IT IS READ:**

Chapter 7

RELATIONSHIP AMONG PHYSICIANS

Article 60. Allow the inclusion of professional names of those that did not participate in the medical act for the purposes of collecting fees.

**IT SHALL NOW BE READ:**

Chapter 7

RELATIONSHIP AMONG PHYSICIANS

Article 60. Allow the inclusion of professional names of those that did not participate in the medical act for the purposes of collecting fees.

**WHERE IT IS READ:**

Chapter 7

RELATIONSHIP AMONG PHYSICIANS

Article 90. Fail to provide a copy of the medical records of their patient upon request by the Regional Boards of Medicine.

**IT SHALL NOW BE READ:**

Chapter 7

RELATIONSHIP AMONG PHYSICIANS

Article 90. Fail to provide a copy of the medical records of their patient when requested by the Regional Boards of Medicine.

**WHERE IT IS READ:**

Chapter 11

MEDICAL EXPERTISE AND AUDIT

The physician is not entitled to:

Article 92. Sign expert, audit, or medical-legal verification reports, when those exams were not personally executed by them.

**IT SHALL NOW BE READ:**

Chapter 11

MEDICAL EXPERTISE AND AUDIT

The physician is not entitled to:

Article 92. Sign expert, audit, or medical-legal verification reports when those exams were not personally executed by them.

**WHERE IT IS READ:**

Chapter 13

MEDICAL PUBLICITY

Article 111. Allow their participation in the disclosure of medical issues in any mass communication means, fail to be characterized only as explanation for and education of the society.

**IT SHALL NOW BE READ:**

Chapter 13

MEDICAL PUBLICITY

The physician is not entitled to:

Article 111. Allow their participation in the disclosure of medical issues in any mass communication means, fail to be characterized only as explanation for and education of the society.