



The Antigua and Barbuda Medical Council

Code of Ethics in the Practice of Medicine

The Four Principles of Biomedical Ethics

- Autonomy – a medical practitioner should respect the patient’s capacity to make decisions about their care.
- Beneficence – a medical practitioner should “do good” by making decisions that serve the best interests of the patient.
- Non-maleficence – a medical practitioner should “first do no harm.”
- Justice – a medical practitioner should ensure fairness of care given to a patient and by extension, the distribution of health resources.

The Declaration of Geneva “The Pledge of Physicians”

The Physician's Pledge (*The Declaration of Geneva*)

This oath outlines the moral code of conduct of any physician and is the basis of ethical medical practice.

"I solemnly pledge to consecrate my life to the service of humanity;

I will give to my teachers the respect and gratitude that is their due;

I will practice my profession with conscience and dignity;

The health of my patient will be my first consideration;

I will respect the secrets that are confided in me, even after the patient has died;

I will maintain by all the means in my power, the honour and the noble traditions of the medical profession;

My colleagues will be my sisters and brothers;

I will not permit considerations of age, disease or disability, creed, ethnic origin, gender, nationality, political affiliation, race, sexual orientation, social standing or any other factor to intervene between my duty and my patient; I will maintain the utmost respect for human life;

I will not use my medical knowledge to violate human rights and civil liberties, even under threat;

I make these promises solemnly, freely and upon my honour.

Background

Professionals belonging to a group are guided by specific standards of practice that govern their behaviour. These standards are traditionally termed the 'code of ethics'. There have been many changes in how health professionals communicate and interact with their patients and in light of this, the Code of Ethics prepared by the Antigua and Barbuda Medical Council for medical practitioners makes the Code relevant to the ethical practice of medicine in the 21st century. Underpinning this guidance are the four principles of biomedical ethics, which include autonomy, beneficence, non-maleficence and justice.

The Scope of Bioethical Principles

Autonomy

The principle of autonomy upholds the patient's right to self-determination. An autonomous person has the capacity to think, decide and reason for himself or herself and is able to act on those thoughts. As medical practitioners we have a duty to respect a patient's autonomy. This principle is central to the concept of informed consent and confidentiality.

Informed Consent

It is the responsibility of medical practitioners to ensure that patients are adequately informed about their medical condition and management plan. This requires that the practitioner give the patient all relevant information (risks, potential benefits, and alternative treatment) in a manner that the patient understands.

In the case of the emancipated minor the consent of the parent(s) is not required.

In emergency situations, where the probability of harm from lack of treatment outweighs the probability of harm from treatment itself and the patient is not able to give informed consent, the attending medical practitioner may perform the necessary treatment without the prior consent of the patient, once this action is in the best interest of the patient.

In situations where consent is not obtained for procedures such as examination, investigations or treatment, the medical practitioner is at risk of prosecution for battery by a court of law (criminal law) or a civil lawsuit for the tort of battery

Capacity and Competence

Capacity is a term used to denote the ability to make decisions. It requires understanding the information related to the decision; being able to appreciate the significance of the decision; retain and evaluate the information and communicate the decision. **Competence** is a legal construct, and capacity is a test of competence.

Diminished Autonomy

Special precautions should be put in place to protect patients with impaired capacity or diminished autonomy. At all times however, the principle of respect for

personhood requires that the person's views be taken into account.

Patients with diminished autonomy include:

- Persons who cannot give informed consent because of lack of cognitive maturity.
- Persons who have diminished decision-making capacity.

Where a person has diminished autonomy, a surrogate decision maker (guardian/judicial) is needed.

Confidentiality

A medical practitioner has a duty to keep his patient's information confidential. This duty continues until after death, however in certain circumstances, the duty is overridden by considerations of the public interest.

These include:

- If a patient because of his medical condition is considered to be a danger to themselves or another (e.g. highly infectious or communicable disease), then the medical practitioner has a duty to warn the at-risk person(s).
- If a patient's medical information has to be shared with health care providers in order to facilitate that patient's care.
- If there is a statutory requirement to notify (e.g. Occupational Health, gunshot wounds).

In maintaining medical practitioner-patient confidentiality, special attention should be given to securing patients records against any third party.

The patient's consent should be sought prior to sharing medical information.

Equity, Respect and Non-discrimination

- Medical Practitioners should not discriminate against patients on the basis of age, colour, culture, disability, ethnic or national origin, gender, lifestyle, marital or parental status, race, religion or beliefs, sex, sexual orientation, or social or economic status.

- Where a medical practitioner's personal values (religious or moral beliefs) influences their practice of medicine, for example, the medical practitioner is not able to advise the patient appropriately or carry out a procedure that the patient needs or wants, then the practitioner should disclose this information to their patient and advise them of their right to see another medical practitioner. If necessary the practitioner should arrange for the transfer of care to another suitably qualified medical practitioner.

Physician's Code of Conduct

Medical practitioners are placed in a position of privilege when entrusted with the care of patients. This document addresses the responsibility of practitioners towards their patients, society, colleagues, and their professional and personal conduct. The General Medical Council (GMC) of Great Britain has outlined 'The Duties of a Doctor' in their publication 'Good Medical Practice'. The Antigua and Barbuda Medical Council acknowledges and accepts the 'Duties of a Doctor' as a guide in arriving at the medical practitioner's code of conduct.

To justify the trust of the patient, a medical practitioner must fulfill certain responsibilities:

- Act with care and compassion, treating every patient politely and considerately.
- Be the patient's advocate and put their best interests first.
- Respect the patients' dignity and right to privacy.
- Listen to patients and respect their views. Patients have a right to accept or refuse treatment.
- Act to inform their patient in a manner that enhances their right to self-determination.
- Give patients information in a way they can understand.
- Involve patients in making decisions about their own care.
- Be honest and truthful with patients in the care of their illness.
- Share information with the public in a professional manner using appropriate professional communication channels.
- Use health care resources wisely and do not allow personal gain to influence treatment of your patient.
- Keep their professional knowledge and skills up-to-date to ensure that the standard of care delivered to their patient is maintained at the highest level.
- Promote and maintain patient's physical and mental health.

- Recognize and acknowledge their own limitations and refer patients to another medical practitioner or allied health professional when necessary.
- Advise patients when representing a third party in the conduct of their affairs
- Make sure that personal beliefs do not prejudice patient's care.
- Respect patient's confidentiality and share only the necessary information with colleagues who also participate in caring for the patient.
- Show respect to your colleagues and work with colleagues to best serve the patient's interests.
- Act quickly to protect patients from risk if there is good reason to believe that they or a colleague may not be fit to practice.
- Maintain a professional relationship with patients and their relatives and avoid using their position in the medical practitioner-patient relationship to exercise undue influence on the patient.

Medical Practitioners and Patients

Duty of Care to Patient

If a medical practitioner establishes a professional relationship with a patient then that practitioner has a duty of care towards the patient. The medical practitioner is obliged to do what is necessary to ensure continuity of care is maintained.

Medical Record Keeping

- The process of record keeping is a continuous one. Information held in a medical practitioner's records is governed by the same code of ethics as with a face to face interaction.
- Medical records need to be maintained to a standard that ensures clarity and permits audit of care.
- Ownership of records is held by the provider of health services. Patients however have a right of access to their records unless the information held in the records reports on an identifiable third party who has not given consent to disclosure

Medical Certificates:

- Medical certificates are statements written by a medical practitioner to indicate the patient's state of health. They include a 'sick leave', death certificate and vaccination certificate.

- All medical certificates are legal documents. They may be used by patients to receive health benefits, or to signify that the patient will be better served by absence from work.
- To authenticate a medical certificate, the document should be legible, include the practitioner's name in block letters as well as his stamp. Information on a medical certificate should be based on the practitioner's own observation and respect the patient's right to confidentiality.
- The issuance of a false medical certificate is liable to the charge of serious professional misconduct.

Prescription and Administration of Drugs

- A medical practitioner should take care when writing a prescription to avoid medical errors. Prescriptions should include the patient's name, age and the practitioner's name and address, particularly if the dispensing pharmacist needs to contact the medical practitioner. It is the responsibility of the practitioner to ensure that the prescription is written in a legible manner.
- Drugs should only be prescribed by suitably qualified medical practitioners. Such practitioners have a duty to ensure that they have sufficient knowledge of the patient's health, the appropriateness of the drug to be prescribed, its safety and effectiveness.
- Where drugs are to be administered by medical practitioners in training, these trainees must be supervised by a suitably qualified medical practitioners.

Patient's Right to Complain

- Any patient who feels that the care provided to them was unsatisfactory has the right to complain to the Disciplinary Committee of the Antigua and Barbuda Medical Council about the medical practitioner involved.

Medical Practitioners and Society

Misuse of Trust

Chaperones:

Wherever possible, patients should be offered the right to have a chaperone present at the time of examination, especially examinations considered to be intimate, regardless of the gender of the patient and medical practitioner. Documentation of the presence or refusal of a chaperone during an examination, as well as the outcome of the examination and ensuing discussion should be made.

Inappropriate relationships:

The trust established during the patient-medical practitioner consultation relies on the dignity of that relationship being maintained. Boundaries limiting inappropriate behaviour are put in place to safeguard patients who, at a time of illness, may be particularly vulnerable to their health care provider.

Where a practitioner is unsure about the appropriateness of their relationship with a patient/patient's relative, counsel from a senior member of the profession should be sought.

Sexual relationships:

Sexual or improper emotional relationships with patients (current or former), betray the trust of the medical practitioner-patient relationship and constitute an abuse of the professional relationship

Treatment in Emergency Situations

Good Samaritan Acts

According to the Medical Protection Society (MPS), a medical defense union for medical practitioners:

'a good Samaritan act is one in which medical assistance is given, free of charge, in a bona fide medical emergency, upon which you may chance, in a personal as opposed to a professional capacity. Examples include roadside accidents and emergencies at public events you attend as a spectator'.

- In an emergency, wherever it arises, a medical practitioner must offer his assistance, taking account of his own safety, his competence and the availability of other options of care.
- A medical practitioner must, in emergencies, act within the limitations of his experience or qualifications.

- In many emergency situations stopping blood loss, administering pain relief or simply arranging for a transfer to hospital as soon as possible would be sufficient.
- Making a record is always a good option.

Information in the Public Domain

Advertising

Notices or signage indicating the location of a medical practitioner's practice should be of a size sufficient to allow identification of the practitioner. The sign may include the medical practitioner's name, qualifications, special area of practice, office hours and whether an appointment is necessary.

All claims about competence, experience, quality and outcome of service should be accurate and supportable by suitable certification or evidence of appropriate training.

The promotion of services should not include the offer of any incentives. Similarly advertisements should not include endorsements or testimonials about the practitioner, their capabilities or the service provided.

A medical practitioner is not permitted to use a pseudonym or alias. Registration with the Antigua and Barbuda Medical Council should be in the physician's proper name and advertising must occur using this name.

A medical practitioner should not use their name to promote a commercial organization.

If a medical practitioner is aligned to an organization [medical, pharmaceutical or biomedical] and wishes to speak publicly on an issue related to the organization, the practitioner is required to declare their alliance and indicate if the views expressed are their own or are representative of the organization.

Electronic Communication with Patients

The professional behaviour of medical practitioners, medical students and other health care professionals impact on the practitioner-patient relationship, whether the health care professional is in the process of exercising their duty or not. The use of discriminatory language, profanity, evidence of illicit substance use and breach of patient confidentiality in the public domain can lead to sanctions by The Antigua and Barbuda Medical Council. Medical Practitioners must bear this in mind when speaking to the public and using social media.

In communications with patients, either orally, written, e-mail or through a website or social media the medical practitioner should :

- conduct discussions in a polite, non-offensive manner, ensuring the dignity of the profession is maintained;
- refrain from the promotion of self, services and capabilities in a misleading manner, either directly or indirectly;
- exercise care if sent a social network friend request from a former or current patient as social networking inherently blurs the boundaries between formal and informal relationships . It is advised that the medical practitioner should politely refuse and explain the reasons for refusal to the patient.

Giving Evidence

- If a medical practitioner is asked to give evidence or act as a witness in litigation or formal inquiries, he must be honest in all his spoken and written statements. He also must make clear the limits of his knowledge or competence.
- A medical practitioner must co-operate fully with any formal inquiry into the treatment of a patient and with any complaints procedure that applies to his work. He must disclose to anyone entitled to ask for it, any information relevant to an investigation into his own or colleague's conduct, performance or health. In doing so, he must follow the guidance on confidentiality.
- A medical practitioner must assist the coroner in an inquest or inquiry into a patient's death by responding to their enquiries and by offering all relevant information.

Conflict of Interest/Dual Loyalties

A medical practitioner's main obligation is that of their patient's best interest. There are certain situations however where there is a conflict of interest or dual loyalties exist.

These include:

- Loyalty to public health or society: in cases where conditions are deemed 'notifiable', personal information about the patient may be disclosed in order to safe guard the public interest.

- Loyalty to employer: when a medical practitioner is employed by a managed health care organization or insurance company, there is the potential that the practitioner may limit advising the patient on various investigations or treatments to minimize costs to the employer.
- Loyalty to pharmaceutical or biotechnology and equipment companies: where a medical practitioner receives financial incentives or is employed by an organization to promote a product, there is the potential that the practitioner may prescribe the product because of personal financial gain rather than it be in the patient's best interests. A similar conflict of interest arises when physicians receive sponsorship for education or research.

Where medical practitioners find themselves in situations of conflict of interest or dual loyalties then they should disclose this information to the patient in their care. Disclosure should be done before starting investigations, treatment or referring the patient.

Gifts

A medical practitioner should not ask for or accept gifts, hospitality or other inducements that may affect or be seen to affect their decision making about patients' treatment. A practitioner can however receive small, insubstantial gifts, which cannot be regarded as inducement.

Responsibilities to Colleagues

Respect for Colleague

Medical practitioners should demonstrate mutual respect and maintain clear lines of communication with colleagues, particularly those with whom they share the care of a patient.

Delegation, Referral and Handover

Medical practitioners should take care to ensure that the colleagues, to whom they delegate, refer or handover the care of their patient is suitably qualified and competent to provide the care necessary.

The medical practitioner should make available sufficient information to their colleague to facilitate uninterrupted appropriate care of the patient.

If a patient comes to a medical practitioner with/without a referral, the practitioner should ask permission to share their findings with the patient's primary care provider to ensure continuity of care. Similarly, any investigations, results, or treatment should be shared preferably in writing, with the medical practitioner.

All patients are entitled to care that meets their individual needs; therefore every patient has the right to ask for a second opinion, without fear of recrimination. If a third party (e.g. insurance company) seeks a second opinion on behalf of a patient, then the patient's permission must be sought prior to disclosure of information.

Group Practice and Teamwork

When a team of medical practitioners is charged with the care of a patient, each team member is individually accountable for that patient.

Effective communication within the team is essential to avoid error and poor management. Medical team members should therefore be able to identify errors, disclose and discuss them without fear of penalty; and engage in audit and peer review to improve the delivery of health care by the team.

The role of each team member must be defined and the team leader determines the function and responsibilities of the other members of the team. The patient must be made aware of the person who has overall accountability for organizing care.

Delegation of duties to junior team members does not excuse a senior doctor from the overall responsibility of care: The senior medical practitioner is still accountable for the decision to delegate and the overall management of the patient.

Support to Colleagues in Need

If a medical practitioner finds a colleague to be impaired, incompetent or unethical, the practitioner should approach the situation in the following three steps;

- advise the colleague that their behaviour is unsafe or unethical and discuss options regarding seeking help;
- if the colleague does not take any measures to resolve the problem then the practitioner should inform the colleague's supervisor or immediate senior who will take further action as necessary. If this action is unsuccessful or not feasible then the Antigua and Barbuda Medical Council should be informed. The likelihood of patients being harmed is of paramount importance and takes precedence over the approach used.
- If a patient is in immediate danger then the medical practitioner should also attempt to minimize the harm the patient may experience.

If the Antigua and Barbuda Medical Council finds, after due enquiry, that a medical practitioner is suffering from a physical or mental condition that might constitute a danger to the public or patients if he continues to practise, the Council may suspend the member from practising until such time as in the opinion of the Council such member is able to resume practice.

Responsibilities to Profession

Fitness to Practise

If the safety of a patient is likely to be compromised by the practice of a medical practitioner with a serious communicable disease, then that practitioner should excuse him/herself from the care of patients.

Similarly, if a colleague is suspected of putting a patient's care at risk because of a serious communicable disease, then the colleague must be reported to the appropriate authority for investigation and action to be taken.

Truth Telling and Documentation

A medical practitioner must:

- be honest and trustworthy when completing reports, forms and other documents;
- be truthful about his experience, qualifications and position, particularly when applying for a job;
- take reasonable steps to verify information when signing reports and not deliberately leave out relevant information;
- complete reports, sign documents or provide evidence, in a timely manner.

Keep Up-To-Date and Maintain Competence

- It is a duty of care to the patient and a responsibility of the medical practitioner to their profession to provide an acceptable standard of care that is reasonably practical.
- Medical practitioners should ensure that they are knowledgeable with the current guidelines, procedures and laws that concern their practice of medicine and participate in activities that enhance their competence and performance.
- It is the view of the Antigua and Barbuda Medical Council that all medical practitioners practicing in Antigua and Barbuda should participate in Continuing Medical Education (CME). Such a programme should encompass a wide range of competencies including clinical, ethical, social and inter-personal skills.
- It is through such a programme that medical practitioners can keep their knowledge and skills relevant throughout their working lives.

- It is prudent to document participation in a CME programme as this demonstrates efforts to maintain a reasonable standard of care.

Teaching and Peer Assessment

It is the responsibility of medical practitioners to participate in teaching and mentoring of their juniors. They must hold themselves accountable and 'be honest and objective when appraising or assessing the performance of colleagues'.

Whistle Blowing

- Patients must be protected from a colleague whose conduct, competence or health is questionable. The concern raised should be dealt with expeditiously, and must override personal or professional loyalties.
- Where there is a suspicion that criminal activity has taken place, and in particular in cases of alleged sexual assault, a police report must be made.
- The Antigua and Barbuda Medical Council is not a legal entity and as such cannot determine guilt nor prosecute any medical practitioner accused of a criminal act.

Specific Ethical Concerns

Research Ethics

Following on the experiments done on humans during the second world war, the War Crimes Tribunal at Nuremberg developed the first international code of research ethics; the Nuremberg Code. There have been several guidelines developed since, that deal with research on human subjects. The Antigua and Barbuda Medical Council accepts the World Medical Association (WMA) guidelines on ethical research on human subjects.

- Medical Practitioners are obligated to show respect and act in the best interests of their patients. Similarly in research involving human subjects, it is essential that the researcher demonstrates honesty and develops a relationship with their participants that are one of mutual respect and trust.

The main reasons for the development of guidance in this area are to:

- Prevent the exploitation of participants of research;
- Protect persons who belong to vulnerable populations like young children, pregnant women and prisoners;
- Facilitate the generation of new knowledge that leads to a greater understanding of disease processes and improvement in the health status of the population.

Research ethics guiding principles

- To demonstrate respect for personhood the researcher should treat each participant as an autonomous person and in so doing obtain voluntary informed consent from the participant.
- The researcher should ensure that the risks of the study are minimal (non-maleficence) and the benefits outweigh the potential risks involved (beneficence). In addition, participants should be given an equal opportunity to take part in the research process (justice).
- The participant's agreement to take part in the research is an active continuous process, which needs to be reassessed at intervals throughout the study to ensure continued agreement.
- Participants should be allowed to make their decision to participate without the researcher exercising any undue influence to participate.
- The participant should be advised about what action to take if they experience any problems during the course of the research.
- Participants should not be discriminated against because of socioeconomic status, age, sex or culture.

- Researchers should refrain from offering compensation (gifts or tokens) that is disproportionate to the subject's level of participation. It is however, permissible to compensate the participant for time spent away from work and money spent travelling to and from the assessment site.
- The participant should also be advised on their right to withdraw from the study at any time without this action affecting ongoing care.
- Special protection must be put into place to ensure that certain vulnerable populations are not compromised or experience undue pressure to participate in research. The populations that are particularly at risk are persons with diminished autonomy, pregnant women and their foetus, prisoners and persons who are socially or educationally disadvantaged. In the case of pregnant women and their foetus, care has to be taken to ensure that involvement in research does not put the health of either or both at risk.

Medical Termination of Pregnancy

- Sections 56– 57, cap.300 of the Offences against the Person Act of 1873 prohibit the unlawful procuring of an abortion or assisting in procuring an abortion.
- The common law doctrine of necessity, however, recognizes that an abortion can be lawfully performed by a medical practitioner, in a medically appropriate setting, if the procedure is performed in good faith to preserve the life or health (including the mental health), of the mother.
- It is advisable for the medical practitioner performing the procedure to obtain agreement in writing from at least one senior colleague that the procedure is warranted.
- According to the best interpretation of the law in Antigua and Barbuda, rape, incest or severe foetal abnormality are not of themselves a good indication for an abortion unless they threaten the life or physical or mental health of the woman involved.

Human Reproductive Cloning

The Antigua and Barbuda Medical Council endorses the viewpoint of the international community which declared human reproductive cloning to be 'contrary to human dignity and not to be permitted' in 1997 at the United Nations Educational, Scientific and Cultural Organization (UNESCO) General Conference.

Refusal of Blood - Faith Based Decisions

If a competent patient refuses to receive a blood transfusion on the basis of religious belief then that patient's wishes must be respected. However if in the case of a pregnant woman, the unborn foetus' life is thought to be at risk then a court of law can determine that the wishes of the mother may be overridden. Similarly, in the case of a minor, under the doctrine of *parens patriae* the courts can overrule parent(s) refusal of blood products.

End of Life Care

Medical Futility

The determination of medical futility is a difficult one. If a treatment does not benefit a patient; causes unnecessary pain; and does not improve the patient's quality of life; then the treatment is considered futile. The assessment of futility however should involve discussions with the patient and/or surrogate decision makers and should reflect the patient's best interests. In many cases the medical practitioner's clinical discretion is important and therefore, such decisions should only be made by the most senior members of the medical care team guided by the ethos of 'do no harm'.

Even when families are adequately informed about a patient's prognosis, futility disputes are inevitable. Every effort should be made to communicate with the patient and family members from the beginning of a critical illness, to encourage realistic expectations and dispel subjective measures of quality of life determined by religious practices or cultural beliefs.

Medical futility should not be confused with rationing where end of life decisions are made on the basis of available resources (e.g. limited Intensive Care Unit bed space, lack of blood/blood products/medications etc.).

Where public policy does not exist to address this in the institution, medical practitioners are urged to involve hospital administration and the ethics committee to ensure a just resolution on a case-by-case basis.

Advance Directives

- An advanced directive is a legal document that specifies the kind of care a patient wants should they become unable to communicate their wishes to health care providers.

- A medical practitioner must take into account any advance directive given in writing by the *compos mentis* patient. The treatment decisions for patients with diminished autonomy and those who have not made an advanced directive however must be based on an assessment of the patient's best interest.
- Although the patient's views are important in the decision making process, other factors need to be considered when making an assessment. Where the patient's request for example, includes life prolonging treatment and this treatment is futile, treatment can be withheld. An advanced directive is also invalid if there are reasonable grounds to suggest that a patient's wishes written in the past has changed.

Withholding or withdrawing life sustaining interventions

Withholding or withdrawing life sustaining interventions are distinctly different from hastening the dying process or 'physician assisted suicide' which is illegal in Antigua and Barbuda.

Dying patients with little hope of recovery may choose to have medical interventions and resuscitation to sustain life, withheld.

If the patient is incapacitated, this decision should be undertaken by their next of kin or surrogate/care-giver. It is incumbent on the medical practitioner to reassure the caregiver that the decision to withhold/withdraw treatment will not result in the death of the dying patient - thereby diminishing feelings of culpability - but that the underlying medical condition is the ultimate cause of death.

To enable a medical practitioner to respect a patient's choice, the practitioner must recognize the ethnic, religious and cultural background of the individual (as versus the next of kin/surrogate) and should endeavour to maintain the patient's autonomy where possible.

Do Not Resuscitate (DNR) Orders

- A DNR order avoids resuscitation in the event of cardiopulmonary arrest. The order disallows advanced cardiac life support including endotracheal intubation or manual ventilation, defibrillation, chest compressions and inotropes/vasopressors (etc.)
- This is a decision that should be taken ideally after discussions with the patient particularly as the consequences of end of life decisions are greatest for the patient. The "negative right to be left alone, should rest with the patient."

Durable Power of Attorney

A Durable Power of Attorney for **Health Care** (DPAHC) identifies a person specifically designated by the patient who is legally empowered to act on their behalf in making health care decisions when capacity is lost.

Transplant Medical Ethics

The purpose of guidance on transplant medical ethics is to protect the rights of both the donor and the recipient. The Antigua and Barbuda Medical Council endorses the WHO Guiding Principles on Human Cell, Tissue and Organ Transplantation and recommends the following:

1. Cells, tissues and organs may be removed after cardiac death has been proclaimed once explicit (e.g. on a donor card) or presumed permission has been obtained from the patient. If such consent is not available, permission should be sought from a legally specified surrogate.

2. The care of the donor and recipient should be conducted by two independent medical practitioners. This would preclude any conflict of interest. The Council acknowledges that, especially with situations of emergent organ harvesting, this may not always be possible, but at least one senior medical practitioner, not directly involved in the care of the recipient, should be consulted by the medical team before harvesting occurs.

3. In the case of 'living donors' they should be "genetically, legally or emotionally related to their recipients" and informed and voluntary consent must be obtained and documented.
4. Organ donation from minors or legally incompetent persons is prohibited except in specific situations:
 - a. Familial donation of regenerative cells; and
 - b. Kidney transplants between identical twins.

Special precautions must be taken to ensure that minors and legally incompetent persons' are protected. An independent authority should be an advocate for the donor in this case and any objection to donation should override permission provided by parent(s) or legal guardian.

5. Purchasing of human cells, tissues or organs for transplantation is not permitted.

The Antigua and Barbuda Medical Council concurs with the findings of the WHO Sixty-third World Health Assembly meeting and the Declaration of Istanbul and condemn the buying of human body parts for organ

trafficking as this violates the principles of equity, justice and respect for human dignity and agree that transplant tourism should be prohibited.

6. Altruistic donation of human cells, tissues and organs for transplantation should be encouraged.
7. Medical practitioners are obliged to ensure that donors have not been paid, coerced or exploited, particularly in situations where live donors are not emotionally related. This should be documented on the consent form prior to donation.
8. Medical practitioners and health care facilities should not profit from the recovery of cells, organs or tissues or implantation of transplants. Fees for these services should be justifiable.
Ideally, these procedures should come under the purview of a National Health programme where cells, organs and tissues are considered a national resource.
9. To ensure fairness, allocation of organs, cells and tissues should be guided by clinical criteria and ethical norms which are "equitable, externally justified, and transparent".
10. Quality systems should be put in place that ensure ongoing monitoring and evaluation of transplant programmes. These should include reporting of adverse events; outcomes for donors and recipients, nationally and for exported human products. The development of registries would support accountability and provide information concerning system capacity and demands for organs and tissues.
11. The administration and management of all transplantation activities should be transparent with respect to safety and accountability. The privacy and confidentiality of donors and their recipients however must be preserved.

Treatment of other Medical Practitioners or Family members

Given the emotional involvement and potential bias and lack of objectivity that results from dealing with those with whom you have a close personal relationship, it

is generally accepted that practitioners should not treat either themselves or family members, except :

- For minor conditions
- In emergency situations
- When another qualified professional is not available