The “New” Code of Medical Ethics
A small step forward

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Introductory Notes

Starting from the title of this talk ‘a small step forward’, I would like to say that the law is undeniably a step forward because it has clarified several issues that were not detailed in the old law, and it has also regulated or elaborated others such as CME, clinical research, organ donation and transplantation, assisted reproductive technology, and stem cells, even though most of such issues do not normally have their place in a code of ethics, but rather in specific laws and regulations.

Such step forward seems to me small because, as you will see, several unnecessary and even unfortunate provisions have remained or have been added, and eighteen years after the enactment of the old law, the law’s revision was a golden opportunity to clarify and regulate essential issues such as the right to withdraw treatment as opposed to just withholding treatment in case of terminal illness, ranking of family members with respect to decisions taken for unconscious patients, competition restrictions between physicians, telemedicine, and establishing advanced directives. The opportunity to address such issues was missed.
In my review of the revised law, I have noted two prevailing trends: an increased importance of the patient’s freedom to decide, and reinforced powers of the Order of Physicians for instance with respect to media appearances, CME, access to medical records in case of complaints, election of the Medical Committee, and disputes between physicians.

Before I start presenting the amendments, I would like to underline three points:

1. First, I wish to highlight the relevance of French law. As you may know, Lebanese law is based on French law, and this also applies to the present code which follows to a large extent the form and substance of the French Code of Medical Ethics. Historically, our first Code of Medical Ethics dating back to 1969 followed the 1955 French law, and our ‘second’ 1994 Code of Medical Ethics followed the succeeding French laws. We are now discussing the third generation of the Lebanese Codes of Medical Ethics, also inspired by French law.

2. My second preliminary remark is that I have assumed that the audience has some knowledge of the old code of medical ethics, otherwise I would have to set out the rules contained in such law, which would require more time than is available today. For a couple of important points, I will quote the old provisions for the sake of comparison.

3. Third, I have outlined the changes that I have considered more relevant than others, and due to time constraints, my presentation leaves out a number of changes, such as the duty to inform the Order of Physicians of any illegal practice of medicine, using the Order’s stamped forms for reports issued by physicians, access to medical records by physicians and patients. In my presentation, new text is in bold and underlined.