

CODE OF
MEDICAL ETHICS
OF THE
American Medical Association.

*ORIGINALLY ADOPTED AT THE ADJOURNED
MEETING OF THE NATIONAL MEDICAL
CONVENTION IN PHILADELPHIA,
MAY, 1847.*

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American Medical Association
Original Code of Medical Ethics

1847

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D & E.

Report of the Committee appointed under the 6th Resolution, adopted by the National Medical Convention which assembled in New York, in May, 1846.

6th. Resolved,-That it is expedient that the Medical Profession in the United States should be governed by the same code of Medical Ethics, and that a committee of seven be appointed to report a code for that purpose, at a meeting, to be held at Philadelphia, on the first Wednesday of May, 1847.

Committee.-Drs. - J. Bell, I. Hays, and G. Emerson, Philadelphia: W. W. Morris, Dover, Del.; T. C. Dunn, Newport, R. I.; A. Clark, N. Y.; and R. D. Arnold, Savannah, Ga.

D.

Introduction to the Code of Medical Ethics.

MEDICAL ethics, as a branch of general ethics, must rest on the basis of religion and morality. They comprise not only the duties, but, also, the rights of a physician: and, in this sense, they are identical with Medical Deontology - a term introduced by a late writer, who has taken the most comprehensive view of the subject.

In framing a code on this basis, we have the inestimable advantage of deducing its rules from the conduct of the many eminent physicians who have adorned the profession by their learning and their piety. From the age of Hippocrates to the present time, the annals of every civilized people contain abundant evidences of the devotedness of medical men to the relief of their fellow-creatures from pain and disease, regardless of the privation and danger, and not seldom obloquy, encountered in return; a sense of ethical obligations rising superior, in their minds, to considerations of personal advancement. Well and truly was it said by one of the most learned men of the last century: that the duties of a physician were never more beautifully exemplified than in the conduct of Hippocrates, nor more eloquently described than in his writings.

We may here remark, that, if a state of probation be intended for moral discipline, there is, assuredly, much in the daily life of a physician to impart this salutary training, and to insure continuance in a course of self-denial, and, at the same time, of zealous and methodical efforts for the relief of the suffering and unfortunate, irrespective of rank or fortune, or of fortuitous elevation of any kind.

A few considerations on the legitimate range of medical ethics will serve as an appropriate introduction to the requisite rules for our guidance in the complex relations of professional life. Every duty or obligation implies, both in equity and for its successful discharge, a corresponding right. As it is the duty of a physician to advise, so has he a right to be attentively and respectfully listened to. Being required to expose his health and life for the benefit of the community, he has a just claim, in return, on all its members, collectively and individually, for aid to carry out his measures, and for all possible tenderness and regard to prevent needlessly harassing calls on his services and unnecessary exhaustion of his benevolent sympathies.

His zeal, talents, attainments and skill are qualities which he holds in trust for the general good, and which cannot be prodigally spent, either through his own negligence or the inconsiderateness of others, without wrong and detriment both to himself and to them.

The greater the importance of the subject and the more deeply interested all are in the issue, the more necessary is it that the physician -he who performs the chief part, and in whose judgment and discretion under Providence, life is secured and death turned aside- should be allowed the free use of his faculties, undisturbed by a querulous manner, and desponding, angry, or passionate interjections, under the plea of fear, or grief, or disappointment of cherished hopes, by the sick and their friends.

All persons privileged to enter the sick room, and the number ought to be very limited, are under equal obligations of reciprocal courtesy, kindness and respect; and, if any exception be admissible, it cannot be at the expense of the physician. His position, purposes and proper efforts eminently entitle him to, at least, the same respectful and considerate attentions that are paid, as a matter of course and apparently without constraint, to the clergyman, who is admitted to administer spiritual consolation, and to the lawyer, who comes to make the last will and testament. Although professional duty requires of a physician, that he should have such a control over himself as not to betray strong emotion in

the presence of his patient, nor to be thrown off his guard by the querulousness or even rudeness of the latter, or of his friends at the bedside, yet and the fact ought to be generally known, many medical men, possessed of abundant attainments and resources, are so constitutionally timid and readily abashed as to lose much of their self possession and usefulness at the critical moment, if opposition be abruptly interposed to any part of the plan which they are about devising for the benefit of their patients

Medical ethics cannot be so divided as that one part shall obtain the full and proper force of moral obligations on physicians universally, and, at the same time, the other be construed in such a way as to free society from all restrictions in its conduct to them; leaving it to the caprice of the hour to determine whether the truly learned shall be overlooked in favour of ignorant pretenders - persons destitute alike of original talent and acquired fitness.

The choice is not indifferent, in an ethical point of view, besides its important bearing on the fate of the sick themselves, between the directness and sincerity of purpose, the honest zeal, the learning and impartial observations, accumulated from age to age for thousands of years, of the regularly initiated members of the medical profession, and the crooked devices and low arts, for evidently selfish ends, the unsupported promises and reckless trials of interloping empirics, whose very announcements of the means by which they profess to perform their wonders are, for the most part, misleading and false, and, so far, fraudulent.

In thus deducing the rights of a physician from his duties, it is not meant to insist on such a correlative obligation, that the withholding of the right exonerates from the discharge of the duty. Short of the formal abandonment of the practice of his profession, no medical man can withhold his services from the requisition either of an individual or of the community, unless under circumstances, of rare occurrence, in which his compliance would be not only unjust but degrading to himself, or to a professional brother, and so far diminish his future usefulness.

In the discharge of their duties to Society, physicians must be ever ready and prompt to administer professional aid to all applicants, without prior stipulation of personal advantages to themselves.

On them devolves, in a peculiar manner, the task of noting all the circumstances affecting the public health, and of displaying skill and ingenuity in devising the best means for its protection.

With them rests, also, the solemn duty of furnishing accurate medi-

cal testimony in all cases of criminal accusation of violence, by which health is endangered and life destroyed, and in those other numerous ones involving the question of mental sanity and of moral and legal responsibility. On these subjects-Public Hygiene and Medical Jurisprudence- every medical man must be supposed to have prepared himself by study, observation, and the exercise of a sound judgment. They cannot be regarded in the light of accomplishments merely: they are an integral part of the science and practice of medicine. It is a delicate and noble task, by the judicious application of Public Hygiene, to prevent disease and to prolong life; and thus to increase the productive industry, and, without assuming the office of moral and religious teaching, to add to the civilization of an entire people.

In the performance of this part of their duty, physicians are enabled to exhibit the close connection between hygiene and morals; since all the causes contributing to the former are nearly equally auxiliary to the latter. Physicians, as conservators of the public health, are bound to bear emphatic testimony against quackery in all its forms; whether it appears with its usual effrontery, or masks itself under the garb of philanthropy and sometimes of religion itself.

By an anomaly in legislation and penal enactments, the laws, so stringent for the repression and punishment of fraud in general, and against attempts to sell poisonous substances for food, are silent, and of course inoperative, in the cases of both fraud and poisoning so extensively carried on by the host of quacks who infest the land.

The newspaper press, powerful in the correction of many abuses, is too ready for the sake of lucre to aid and abet the enormities of quackery. Honourable exceptions to the once general practice in this respect are becoming, happily, more numerous, and they might be more rapidly increased, if physicians, when themselves free from all taint, were to direct the intention of the editors and proprietors of newspapers, and of periodical works in general to the moral bearings of the subject.

To those who, like physicians, can best see the extent of the evil, it is still more mortifying than in the instances already mentioned, to find members of other professions, and especially ministers of the Gospel, so prone to give their countenance, and, at times, direct patronage to medical empirics, both by their use of nostrums, and by their certificates in favour of the absurd pretensions of these impostors.

The credulous, on these occasions, place themselves in the dilemma of bearing testimony either to a miracle or to an imposture: to a miracle, if one particular agent, and it often of known inertness or slight power, can cure all diseases, or even any one disease in all its stages; to an imposture, if the alleged cures are not made, as experience shows that they are not.

But by no class are quack medicines and nostrums so largely sold and distributed as by apothecaries, whose position towards physicians, although it may not amount to actual affinity, is such that it ought, at least, to prevent them from entering into an actual, if not formally recognized, alliance with empirics of every grade and degree of pretention.

Too frequently we meet with physicians who deem it a venial error, in ethics, to permit, and even to recommend, the use of a quack medicine or secret compound by their patients and friends. They forget that their toleration implies sanction of a recourse by the people generally to unknown, doubtful and conjectural fashions of medication; and that the credulous in this way soon become the victims of an endless succession of empirics. It must have been generally noticed, also, that they, whose faith is strongest in the most absurd pretensions of quackery, entertain the greatest skepticism towards regular and philosophic medicine.

Adverse alike to ethical propriety and to medical logic, are the various popular delusions which, like so many epidemics, have, in successive ages, excited the imagination with extravagant expectations of the cure of all diseases and the prolongation of life beyond its customary limits, by means of a single substance. Although it is not in the power of physicians to prevent, or always to arrest, these delusions in their progress, yet it is incumbent on them, from their superior knowledge and better opportunities, as well as from their elevated vocation, steadily to refuse to extend to them the slightest countenance, still less support.

These delusions are sometimes manifested in the guise of a new and infallible system of medical practice, - the faith in which, among the excited believers, is usually in the inverse ratio of the amount of common sense evidence in its favour. Among the volunteer missionaries for its dissemination, it is painful to see members of the sacred profession, who, above all others, ought to keep aloof from vagaries of any description, and especially of those medical ones which are allied to empirical imposture.

The plea of good intention is not an adequate reason for the as-

sumption of so grave a responsibility as the propagation of a theory and practice of medicine, of the real foundation and nature of which the mere medical amateur must necessarily, from his want of opportunities for study, observation, and careful comparison, be profoundly ignorant.

In their relations with the sick, physicians are bound, by every consideration of duty, to exercise the greatest kindness with the greatest circumspection; so that, whilst they make every allowance for impatience, irritation, and inconsistencies of manner and speech of the sufferers, and do their utmost to sooth and tranquilize, they shall, at the same time, elicit from them, and the persons in their confidence, a revelation of all the circumstances connected with the probable origin of the diseases which they are called upon to treat.

Owing either to the confusion and, at times, obliquity of mind produced by the disease, or to considerations of false delicacy and shame, the truth is not always directly reached on these occasions; and hence the necessity, on the part of the physician, of a careful and minute investigation into both the physical and moral state of his patient.

A physician in attendance on a case should avoid expensive complications and tedious ceremonials, as being beneath the dignity of true science and embarrassing to the patient and his family, whose troubles are already great.

In their intercourse with each other, physicians will best consult and secure their own self-respect and consideration from society in general, by a uniform courtesy and high-minded conduct towards their professional brethren. The confidence in his intellectual and moral worth, which each member of the profession is ambitious of obtaining for himself among his associates, ought to make him willing to place the same confidence in the worth of others.

Veracity, so requisite in all the relations of life, is a jewel of inestimable value in medical description and narrative, the lustre of which ought never to be tainted for a moment, by even the breath of suspicion. Physicians are peculiarly enjoined, by every consideration of honour and of conscientious regard for the health and lives of their fellow beings, not to advance any statement unsupported by positive facts, nor to hazard an opinion or hypothesis that is not the result of deliberate inquiry into all the data and bearings of which the subject is capable.

Hasty generalization, paradox and fanciful conjectures, repudiated at all times by sound logic, are open to the severest reprehension on

the still higher grounds of humanity and morals. Their tendency and practical operation cannot fail to be eminently mischievous.

Among medical men associated together for the performance of professional duties in public institutions, such as Medical Colleges, Hospitals and Dispensaries, there ought to exist, not only harmonious intercourse, but also a general harmony in doctrine and practice; so that neither students nor patients shall be perplexed, nor the medical community mortified by contradictory views of the theory of disease, if not of the means of curing it.

The right of free inquiry, common to all, does not imply the utterance of crude hypotheses, the use of figurative language, a straining after novelty for novelty's sake, and the involution of old truths, for temporary effect and popularity, by medical writers and teachers. If, therefore, they who are engaged in a common cause, and for the furtherance of a common object, could make an offering of the extreme, the doubtful, and the redundant, at the shrine of philosophical truth, the general harmony in medical teaching, now desired, would be of easy attainment.

It is not enough, however, that the members of the medical profession be zealous, well informed and self-denying, unless the social principle be cultivated by their seeking frequent intercourse with each other, and cultivating, reciprocally, friendly habits of acting in common.

By union alone can medical men hope to sustain the dignity and extend the usefulness of their profession. Among the chief means to bring about this desirable end, are frequent social meetings and regularly organized Societies; a part of whose beneficial operation would be an agreement on a suitable standard of medical education, and a code of medical ethics.

Greatly increased influence, for the entire body of the profession, will be acquired by a union for the purposes of common benefit and the general good; while to its members, individually, will be insured a more pleasant and harmonious intercourse, one with another, and an avoidance of many heartburnings and jealousies, which originate in misconception, through misrepresentation on the part of individuals in general society, of each other's disposition, motives, and conduct.

In vain will physicians appeal to the intelligence and elevated feelings of the members of other professions, and of the better part of society in general, unless they be true to themselves, by a close adherence to their duties, and by firmly yet mildly insisting on their rights;

and this not with a glimmering perception and faint avowal, but, rather with a full understanding and firm conviction.

Impressed with the nobleness of their vocation, as trustees of science and almoners of benevolence and charity, physicians should use unceasing vigilance to prevent the introduction into their body of those who have not been prepared by a suitably preparatory moral and intellectual training.

No youth ought to be allowed to study medicine, whose capacity, good conduct, and elementary knowledge are not equal, at least, to the common standard of academical requirements.

Human life and human happiness must not be endangered by the incompetency of presumptuous pretenders. The greater the inherent difficulties of medicine, as a science, and the more numerous the complications that embarrass in its practice, the more necessary is it that there should be minds of a high order and thorough cultivation, to unravel its mysteries and to deduce scientific order from apparently empirical confusion.

We are under the strongest ethical obligations to preserve the character which has been awarded, by the most learned men and best judges of human nature, to the members of the medical profession, for general and extensive knowledge, great liberality and dignity of sentiment, and prompt effusions of beneficence.

In order that we may continue to merit these praises, every physician within the circle of his acquaintance, should impress both fathers and sons with the range and variety of medical study, and with the necessity of those who desire to engage in it, possessing, not only good preliminary knowledge, but, likewise, some habits of regular and systematic thinking.

If able teachers and writers, and profound inquirers, be still called for to expound medical science, and to extend its domain of practical application and usefulness, they cannot be procured by intuitive effort on their own part, nor by the exercise of the elective suffrage on the part of others. They must be the product of a regular and comprehensive system, -members of a large class, from the great body of which they only differ by the force of fortuitous circumstances, that gives them temporary vantage ground for the display of qualities and attainments common to their brethren.

JOHN BELL, M. D.

E

CODE OF MEDICAL ETHICS.

CHAPTER I.-Of the duties of physicians to their patients, and of the obligations of patients to their physicians.

ART. I. - Of the duties of physicians to their patients.

ART. II. - Of the obligations of patients to their physicians.

CHAPTER II. - Of the duties of physicians to each other, and to the profession at large.

ART. I. - Of the duties of physicians for the support of professional character.

ART. II. - Of the duties of physicians in reward to professional services to each other.

ART. III. - Of duties of physicians in regard to vicarious offices.

ART. IV. - Of the duties of physicians in consultations.

ART. V. - Of the duties of physicians in cases of interference with one another.

ART. VI. - Of the duties of physicians when differences occur between them.

ART. VII. - Of the duties of physicians in regard to pecuniary acknowledgements.

CHAPTER III. - Of the duties of the profession to the public, and of the obligations of the public to the profession.

ART. I. - Of the duties of the profession to the public.

ART. II. - Of the obligations of the public to physicians.

THE COMMITTEE appointed under the sixth resolution adopted by the Convention which assembled in New York, in May last, to prepare a Code of Medical Ethics for the government of the medical profession, of the United States, respectfully submit the following Code.

JOHN BELL,
 ISAAC HAYS,
 G. EMERSON,
 W. W. MORRIS, Committee
 T. C. DUNN
 A. CLARK,
 R. D. ARNOLD,

Philadelphia, June 5th, 1847.

NOTE. - Dr. Hays, on presenting this report, stated that justice required some explanatory remarks should accompany it. The members of the Convention, he observed, would not fail to recognize in parts of it, expressions with which they were familiar. On examining a great number of codes of ethics adopted by different societies in the United States, it was found that they were all based on that by Dr. Percival, and that the phrases of this writer were preserved, to a considerable extent, in all of them. Believing that language which had been so often examined and adopted, must possess the greatest of merits for such a document as the present, clearness and precision, and having no ambition for the honours of authorship, the Committee which prepared this code have followed a similar course, and have carefully preserved the words of Percival wherever they convey the precepts it is wished to inculcate. A few of the sections are in the words of the late Dr. Rush, and one or two sentences are from other writers. But in all cases, wherever it was thought that the language could be made more explicit by changing a word, or even a part of a sentence, this has been unhesitatingly done; and thus there are but few sections which have not undergone some modification; while, for the language of many, and for the arrangement of the whole, the Committee must be held exclusively responsible.

CHAPTER 1.

OF THE DUTIES OF PHYSICIANS TO THEIR PATIENTS AND OF THE OBLIGATIONS OF PATIENTS TO THEIR PHYSICIANS.

Art. I.-*Duties of Physicians to their Patients.*

§ 1. A Physician should not only be ever ready to obey the calls of the sick, but his mind ought also to be imbued with the greatness of his mission, and the responsibility he habitually incurs in its discharge. Those obligations are the more deep and enduring, because there is no tribunal other than his own conscience, to adjudge penalties for carelessness or neglect. Physicians should, therefore, minister to the sick with due impressions of the importance of their office; reflecting that the ease, the health, and the lives of those committed to their charge, depend on their skill, attention and fidelity. They should study, also, in their deportment, so to unite *tenderness* with *firmness*, and *condescension* with *authority*, as to inspire the minds of their patients with gratitude, respect and confidence.

§2. Every case committed to the charge of a physician should be treated with attention, steadiness and humanity. Reasonable indulgence should be granted to the mental imbecility and caprices of the sick. Secrecy and delicacy, when required by peculiar circumstances, should be strictly observed; and the familiar and confidential intercourse to which physicians are admitted in their professional visits, should be used with discretion, and with the most scrupulous regard to fidelity and honor. The obligation of secrecy extends beyond the period of professional services; - none of the privacies of personal and domestic life, no infirmity of disposition or flaw of character observed during professional attendance, should ever be divulged by him except when he is imperatively required to do so. The force and necessity of this obligation are indeed so great, that professional men have, under certain circumstances, been protected in their observance of secrecy, by courts of justice.

§ 3. Frequent visits to the sick are in general requisite, since they enable the physician to arrive at a more perfect knowledge of the disease, -to meet promptly every change which may occur, and also tend to preserve the confidence of the patient. But unnecessary visits are to be avoided, as they give useless anxiety to the patient, tend to diminish the authority of the physician, and render him liable to be suspected of interested motives.

§ 4. A physician should not be forward to make gloomy prognostications because they savour of empiricism, by magnifying the importance of his services in the treatment or cure of the disease. But he should not fail, on proper occasions, to give to the friends of the patient timely notice of danger, when it really occurs; and even to the patient himself, if absolutely necessary. This office, however, is so peculiarly alarming when executed by him, that it ought to be declined whenever it can be assigned to any other person of sufficient judgment and delicacy. For, the physician should be the minister of hope and comfort to the sick; that, by such cordials to the drooping spirit, he may smooth the bed of death, revive expiring life, and counteract the depressing influence of those maladies which often disturb the tranquillity of the most resigned, in their last moments. The life of a sick person can be shortened not only by the acts, but also by the words or the manner of a physician. It is, therefore, a sacred duty to guard himself carefully in this respect, and to avoid all things which have a tendency to discourage the patient and to depress his spirits.

§ 5. A physician ought not to abandon a patient because the case is deemed incurable; for his attendance may continue to be highly useful to the patient, and comforting to the relatives around him, even in the last period of a fatal malady, by alleviating pain and other symptoms, and by soothing mental anguish. To decline attendance, under such circumstances, would be sacrificing to fanciful delicacy and mistaken liberality, that moral duty, which is independent of, and far superior to all pecuniary consideration.

§ 6. Consultations should be promoted in difficult or protracted cases, as they give rise to confidence, energy, and more enlarged views in practice.

§ 7. The opportunity which a physician not unfrequently enjoys of promoting and strengthening the good resolutions of his patients,

suffering under the consequences of vicious conduct, ought never to be neglected. His counsels, or even remonstrances, will give satisfaction, not offence, if they be proffered with politeness, and evince a genuine love of virtue, accompanied by a sincere interest in the welfare of the person to whom they are addressed.

ART. II. - Obligations of Patients to their Physicians.

§ 1. The members of the medical profession, upon whom are enjoined the performance of so many important and arduous duties towards the community, and who are required to make so many sacrifices of comfort, ease, and health, for the welfare of those who avail themselves of their services, certainly have a right to expect and require, that their patients should entertain a just sense of the duties which they owe to their medical attendants.

§ 2. The first duty of a patient is, to select as his medical adviser one who has received a regular professional education. In no trade or occupation, do mankind rely on the skill of an untaught artist; and in medicine, confessedly the most difficult and intricate of the sciences, the world ought not to suppose that knowledge is intuitive.

§ 3. Patients should prefer a physician, whose habits of life are regular, and who is not devoted to company, pleasure, or to any pursuit incompatible with his professional obligations. A patient should, also, confide the care of himself and family, as much as possible to one physician, for a medical man who has become acquainted with the peculiarities of constitution, habits, and predispositions, of those he attends, is more likely to be successful in his treatment, than one who does not possess that knowledge.

A patient who has thus selected his physician, should always apply for advice in what may appear to him trivial cases, for the most fatal results often supervene on the slightest accidents. It is of still more importance that he should apply for assistance in the forming stage of violent diseases; it is to a neglect of this precept that medicine owes much of the uncertainty and imperfection with which it has been reproached.

§ 4. Patients should, faithfully and unreservedly communicate to their physician the supposed cause of their disease. This is the more important, as many diseases of a mental origin simulate those depending on external causes, and yet are only to be cured by min-

istering to the mind diseased. A patient should never be afraid of thus making his physician his friend and adviser; he should always bear in mind that a medical man is under the strongest obligations of secrecy. Even the female sex should never allow feelings of shame or delicacy to prevent their disclosing the seat, symptoms and causes of complaints peculiar to them. However commendable a modest reserve may be in the common occurrences of life, its strict observance in medicine is often attended with the most serious consequences, and a patient may sink under a painful and loathsome disease, which might have been readily prevented had timely intimation been given to the physician.

§ 5. A patient should never weary his physician with a tedious detail of events or matters not appertaining to his disease. Even as relates to his actual symptoms, he will convey much more real information by giving clear answers to interrogatories, than by the most minute account of his own framing. Neither should he obtrude the details of his business nor the history of his family concerns.

§ 6. The obedience of a patient to the prescriptions of his physician should be prompt and implicit. He should never permit his own crude opinions as to their fitness, to influence his attention to them. A failure in one particular may render an otherwise judicious treatment dangerous, and even fatal. This remark is equally applicable to diet, drink, and exercise. As patients become convalescent they are very apt to suppose that the rules prescribed for them may be disregarded, and the consequence but too often, is a relapse. Patients should never allow themselves to be persuaded to take any medicine whatever, that may be recommended to them by the self-constituted doctors and doctresses, who are so frequently met with, and who pretend to possess infallible remedies for the cure of every disease. However simple some of their prescriptions may appear to be, it often happens that they are productive of much mischief, and in all cases they are injurious, by contravening the plan of treatment adopted by the physician.

§ 7. A patient should, if possible, avoid even the *friendly visits of a physician* who is not attending him,-and when he does receive them, he should never converse on the subject of his disease, as an observation may be made, without any intention of interference, which may destroy his confidence in the course he is pursuing, and induce him to neglect the directions prescribed to him. A patient should never send for a consulting physician without the express consent of his own medical attendant. It is of great importance that

physicians should act in concert; for, although their modes of treatment may be attended with equal success when employed singly, yet conjointly they are very likely to be productive of disastrous results.

§ 8. When a patient wishes to dismiss his physician, justice and common courtesy require that he should declare his reasons for so doing.

§ 9. Patients should always, when practicable, send for their physician in the morning, before his usual hour of going out; for, by being early aware of the visits he has to pay during the day, the physician is able to apportion his time in such a manner as to prevent an interference of engagements. Patients should also avoid calling on their medical adviser unnecessarily during the hours devoted to meals or sleep. They should always be in readiness to receive the visits of their physician, as the detention of a few minutes is often of serious inconvenience to him.

§ 10. A patient should, after his recovery, entertain a just and enduring sense of the value of the services rendered him by his physician; for these are of such a character, that no mere pecuniary acknowledgment can repay or cancel them.

CHAPTER II OF THE DUTIES OF PHYSICIANS TO EACH OTHER, AND TO THE PROFESSION AT LARGE.

Art. I. - Duties for the support of professional character.

§ 1. Every individual, on entering the profession, as he becomes thereby entitled to all its privileges and immunities, incurs an obligation to exert his best abilities to maintain its dignity and honour, to exalt its standing, and to extend the bounds of its usefulness. He should therefore observe strictly, such laws as are instituted for the government of its members;-should avoid all contumelious and sarcastic remarks relative to the faculty, as a body; and while, by unwearied diligence, he resorts to every honourable means of enriching the science, he should entertain a due respect for his seniors, who have,

by their labours, brought it to the elevated condition in which he finds it.

§ 2. There is no profession, from the members of which greater purity of character, and a higher standard of moral excellence are required than the medical; and to attain such eminence, is a duty every physician owes alike to his profession, and to his patients. It is due to the latter, as without it he cannot command their respect and confidence, and to both, because no scientific attainments can compensate for the want of correct moral principles. It is also incumbent upon the faculty to be temperate in all things, for the practice of physic requires the unremitting exercise of a clear and vigorous understanding; and, on emergencies for which no professional man should be unprepared, a steady hand, an acute eye, and an unclouded head may be essential to the well-being, and even to the life, of a fellow creature.

§ 3. It is derogatory to the dignity of the profession, to resort to public advertisements or private cards or handbills, inviting the attention of individuals affected with particular diseases -publicly offering advice and medicine to the poor gratis, or promising radical cures or to publish cases and operations in the daily prints or suffer such publications to be made ; -to invite, laymen to be present at operations,-to boast of cures and remedies,-to adduce certificates of skill and success, or to perform any other similar acts. These are the ordinary practices of empirics, and are highly reprehensible in a regular physician.

§ 4. Equally derogatory to professional character is it, for physician to hold a patent for any surgical instrument, or medicine; or to dispense a secret nostrum, whether it be the composition or exclusive property of himself, or of others. For, if such nostrum be of real efficacy, any concealment regarding it is inconsistent with beneficence and professional liberality; and, if mystery alone give it value and importance, such craft implies either disgraceful ignorance, or fraudulent avarice. It is also reprehensible for physicians to give certificates attesting the efficacy of patent or secret medicines, or in any way to promote the use of them.

ART. II- - *Professional services of physicians to each other.*

§ 1. All practitioners of medicine, their wives, and their children while under the paternal care, are entitled to the gratuitous services of any one or more of the faculty residing near them, whose assistance

may be desired. A physician afflicted with disease is usually an incompetent judge of his own case; and the natural anxiety and solicitude which he experiences at the sickness of a wife, a child, or any one who by the ties of consanguinity is rendered peculiarly dear to him, tend to obscure his judgment, and produce timidity and irresolution in his practice. Under such circumstances, medical men are peculiarly dependent upon each other, and kind offices and professional aid should always be cheerfully and gratuitously afforded. Visits ought not, however, to be obtruded officiously; as such unasked civility may give rise to embarrassment, or interfere with that choice, on which confidence depends. But, if a distant member of the faculty, whose circumstances are affluent, request attendance, and all honorarium be offered, it should not be declined; for no pecuniary obligation ought to be imposed, which the party receiving it would wish not to incur.

ART. III. -Of the duties of physicians as respects vicarious offices.

§ 1. The affairs of life, the pursuit of health, and the various accidents and contingencies to which a medical man is peculiarly exposed, sometimes require him temporarily to withdraw from his duties to his patients, and to request some of his professional brethren to officiate for him. Compliance with this request is an act of courtesy, which should always be performed with the utmost consideration for the interest and character of the family physician, and when exercised for a short period, all the pecuniary obligations for such service should be awarded to him. But if a member of the profession neglect his business in quest of pleasure and amusement, he cannot be considered as entitled to the advantages of the frequent and long-continued exercise of this fraternal courtesy, without awarding to the physician who officiates the fees arising from the discharge of his professional duties.

In obstetrical and important surgical cases, which give rise to unusual fatigue, anxiety and responsibility, it is just that the fees accruing therefrom should be awarded to the physician who officiates.

ART. IV.-Of the duties of physicians in regard to Consultations

§ 1. A regular medical education furnishes the only presumptive evidence of professional abilities and acquirements, and ought to be

the only acknowledged right of an individual to the exercise and honours of his profession. Nevertheless, as in consultations the good of the patient is the sole object in view, and this is often dependent on a personal confidence, no intelligent regular practitioner, who has license to practice from some medical board of known and acknowledged respectability, recognized by this association, and who is in, good moral and professional standing in the place in which he resides, should be fastidiously excluded from fellowship, or his aid refused in consultation when it is requested by the patient. But no one can be considered as a regular practitioner, or a fit associate in consultation, whose practice is based on an exclusive dogma, to the rejection of the accumulated experience of the profession, and of the aids actually furnished by anatomy, physiology, pathology, and organic chemistry.

§ 2. In consultations no rivalry or jealousy should be indulged; candour, probity, and all due respect should be exercised towards the physician having charge of the case.

§ 3. In consultations the attending physician should be the first to propose the necessary questions to the sick; after which the consulting physician should have the opportunity to make such farther inquiries of the patient as may be necessary to satisfy him of the character of the case. Both physicians should then retire to a private place for deliberation; and the one first in attendance should communicate the directions agreed upon to the patient or his friends, as well as any opinions which it may be thought proper to express. But no statement or discussion of it should take place before the patient or his friends, except in the presence of all the faculty attending, and by their common consent; and no *opinions or prognostications* should be delivered, which are not the result of previous deliberation and concurrence.

§ 4. In consultations, the physician in attendance should deliver his opinion first; and when there are several consulting, they should deliver their opinions in the order in which they have been called in. No decision, however, should restrain the attending physician from making such variations in the mode of treatment, as any subsequent unexpected change in the character of the case may demand. But such variation and the reasons for it ought to be carefully detailed at the next meeting in consultation. The same privilege belongs also to the consulting physician if he is sent for in an emergency, when the regular attendant is out of the way, and similar explanations must be made by him, at the next consultation.

§ 5. The utmost punctuality should be observed in the visits of physicians when they are to hold consultation together, and this is generally practicable, for society has been considerate enough to allow the plea of a professional engagement to take precedence of all others, and to be an ample reason for the relinquishment of any present occupation. But as professional engagements may sometimes interfere, and delay one of the parties, the physician who first arrives should wait for his associate a reasonable period, after which the consultation should be considered as postponed to a new appointment. If it be the attending physician who is present, he will of course see the patient and prescribe; but if it be the consulting one, he should retire, except in case of emergency, or when he has been called from a considerable distance, in which latter case he may examine the patient, and give his opinion in writing and under seal, to be delivered to his associate.

§ 6. In consultations, theoretical discussions should be avoided, as occasioning perplexity and loss of time. For there may be much diversity of opinion concerning speculative points, with perfect agreement in those modes of practice which are founded, not on hypothesis, but on experience and observation.

§ 7. All discussions in consultation should be held as secret and confidential. Neither by words nor manner should any of the parties to a consultation assert or insinuate, that any part of the treatment pursued did not receive his assent. The responsibility must be equally divided between the medical attendants, - they must equally share the credit or success as well as the blame of failure.

§ 8. Should an irreconcilable diversity of opinion occur when several physicians are called upon to consult together, the opinion of the majority should be considered as decisive; but if the numbers be equal on each side, then the decision should rest with the attending physician. It may, moreover, sometimes happen, that two physicians cannot agree in their views of the nature of a case, and the treatment to be pursued. This is a circumstance much to be deplored, and should always be avoided, if possible, by mutual concessions, as far as they can be justified by a conscientious regard for the dictates of judgment. But in the event of its occurrence, a third physician should, if practicable, be called to act as umpire, and if circumstances prevent the adoption of this course, it must be left to the patient to select the physician in whom he is most willing to confide. But as every physician relies upon the rectitude of his judgment, he should, when left in the minority, politely and

consistently retire from any further deliberation in the consultation or participation in the management of the case.

§ 9. As circumstances sometimes occur to render a *special consultation* desirable, when the continued attendance of two physicians might be objectionable to the patient, the member of the faculty whose assistance is required in such cases, should sedulously guard against all future unsolicited attendance. As such consultations require an extraordinary portion both of time and attention, at least a double honorarium may be reasonably expected.

§ 10. A physician who is called upon to consult, should observe the most honorable and scrupulous regard for the character and standing of the practitioner in attendance: the practice of the latter, if necessary, should be justified as far as it can be, consistently with a conscientious regard for truth, and no hint or insinuation should be thrown out, which could impair the confidence reposed in him, or affect his reputation. The consulting physician should also carefully refrain from any of those extraordinary attentions or assiduities, which are too often practiced by the dishonest for the base purpose of gaining applause, or ingratiating themselves into the favour of families and individuals.

ART. V.-Duties of physicians in cases of interference.

§ 1. Medicine is a liberal profession, and those admitted into its ranks should found their expectations of practice upon the extent of their qualifications, not on intrigue or artifice.

§ 2. A physician, in his intercourse with a patient under the care of another practitioner, should observe the strictest caution and reserve. No meddling inquiries should be made; no disingenuous hints given relative to the nature and treatment of his disorder; nor any course of conduct pursued that may directly or indirectly tend to diminish the trust reposed in the physician employed.

§ 3. The same circumspection and reserve should be observed, when, from motives of business or friendship, a physician is prompted to visit an individual who is under the direction of another practitioner. Indeed, such visits should be avoided, except under peculiar circumstances, and when they are made, no particular inquiries should be instituted relative to the nature of the disease, or the remedies employed, but the topics of conversation should be as foreign to the case as circumstances will admit.

§ 4. A physician ought not to take charge of, or prescribe for a patient who has recently been under the care of another member of the faculty in the same illness, except in cases of sudden emergency, or in consultation with the physician previously in attendance, or when the latter has relinquished the case or been regularly notified that his services are no longer desired. Under such circumstances no unjust and illiberal insinuations should be thrown out in relation to the conduct or practice previously pursued, which should be justified as far as candour, and regard for truth and probity will permit; for it often happens, that patients become dissatisfied when they do not experience immediate relief, and, as many diseases are naturally protracted, the want of success, in the first stage of treatment, affords no evidence of a lack of professional knowledge and skill.

§ 5. When a physician is called to an urgent case, because the family attendant is not at hand, he ought, unless his assistance in consultation be desired, to resign the care of the patient to the latter immediately on his arrival.

§ 6. It often happens, in cases of sudden illness, or of recent accidents and injuries, owing to the alarm and anxiety of friends, that a number of physicians are simultaneously sent for. Under these circumstances courtesy should assign the patient to the first who arrives, who should select from those present, any additional assistance that he may deem necessary. In all such cases, however, the practitioner who officiates, should request the family physician, if there be one, to be called, and, unless his further attendance be requested, should resign the case to the latter on his arrival.

§ 7. When a physician is called to the patient of another practitioner, in consequence of the sickness or absence of the latter, he ought, on the return or recovery of the regular attendant, and with the consent of the patient to surrender the case.

§ 8. A physician, when visiting a sick person in the country, may be desired to see a neighbouring patient who is under the regular direction of another physician, in consequence of some sudden change or aggravation of symptoms. The conduct to be pursued on such an occasion is to give advice adapted to present circumstances; to interfere no farther than is absolutely necessary with the general plan of treatment; to assume no future direction, unless it be expressly desired; and, in this last case, to request an immediate consultation with the practitioner previously employed.

§ 9. A wealthy physician should not give advice *gratis* to the affluent; because his doing so is an injury to his professional brethren. The office of a physician can never be supported as an exclusively beneficent one; and it is defrauding, in some degree, the common funds for its support, when fees are dispensed with, which might justly be claimed.

§ 10. When a physician who has been engaged to attend a case of midwifery is absent, and another is sent for, if delivery is accomplished during the attendance of the latter, he is entitled to the fee, but should resign the patient to the practitioner first engaged.

ART . VI.- *Of differences between Physicians.*

§ 1. Diversity of opinion, and opposition of interest, may, in the medical, as in other professions, sometimes occasion controversy and even contention. Whenever such cases unfortunately occur, and cannot be immediately terminated, they should be referred to the arbitration of a sufficient number of physicians, or a *court-medical*.

As peculiar reserve must be maintained by physicians towards the public, in regard to professional matters, and as there exist numerous points in medical ethics and etiquette through which the feelings of medical men may be painfully assailed in their intercourse with each other, and which cannot be understood or appreciated by general society, neither the subject matter of such differences nor the adjudication of the arbitrators should be made public, as publicity in a case of this nature may be personally injurious to the individuals concerned, and can hardly fail to bring discredit on the faculty.

ART. VII.-*Of Pecuniary Acknowledgements.*

§ 1. Some general rules should be adopted by the faculty, in every town or district, relative to *pecuniary acknowledgements* from their patients; and it should be deemed a point of honour to adhere to these rules with as much uniformity as varying circumstances will admit.

CHAPTER- 111.

OF THE DUTIES OF THE PROFESSION TO THE PUBLIC, AND OF THE
OBLIGATIONS OF THE PUBLIC TO THE. PROFESSION.*ART. I.-Duties of the profession to the public.*

§ 1. As good citizens, it is the duty of physicians to be ever vigilant for the welfare of the community, and to bear their part in sustaining its institutions and burdens: they should also be ever ready to give counsel to the public in relation to matters especially appertaining to their profession, as on subjects of medical police, public hygiene, and legal medicine. It is their province to enlighten the public in regard to quarantine regulations,-the location, arrangement, and dietaries of hospitals, asylums, schools, prisons, and similar institutions, - in relation to the medical police of towns, as drainage, ventilation, &c., - and in regard to measures for the prevention of epidemic and contagious diseases; and when pestilence prevails, it is their duty to face the danger, and to continue their labours for the alleviation of the suffering, even at the jeopardy of their own lives.

§ 2. Medical men should also be always ready, when called on by the legally constituted authorities, to enlighten coroners' inquests and courts of justice, on subjects strictly medical,-such as involve questions relating to sanity, legitimacy, murder by poisons or other violent means, and in regard to the various other subjects embraced in the science of Medical Jurisprudence. But in these cases, and especially where they are required to make a post-mortem examination, it is just, in consequence of the time, labour and skill required, and the responsibility and risk they incur, that the public should award them a proper honorarium.

§ 3. There is no profession, by the members of which, eleemosynary services are more liberally dispensed, than the medical, but justice requires that some limits should be placed to the performance of such good offices. Poverty, professional brotherhood, and certain public duties referred to in section I of this chapter, should always be recognized as presenting valid claims

for gratuitous services; but neither institutions endowed by the public or by rich individuals, societies for mutual benefit, for the insurance of lives or for analogous purposes, nor any profession or occupation, can be admitted to possess such privilege. Nor can it be justly expected of physicians to furnish certificates of inability to serve on juries, to perform militia duty, or to testify to the state of health of persons wishing to insure their lives, obtain pensions, or the like, without a pecuniary acknowledgment. But to individuals in indigent circumstances, such professional services should always be cheerfully and freely accorded.

§ 4. It is the duty of physicians, who are frequent witnesses of the enormities committed by quackery, and the injury to health and even destruction of life caused by the use of quack medicines, to enlighten the public on these subjects, to expose the injuries sustained by the unwary from the devices and pretensions of artful empirics and impostors. Physicians ought to use all the influence which they may possess, as professors in Colleges of Pharmacy, and by exercising their option in regard to the shops to which, their prescriptions shall be sent, to discourage druggists and apothecaries from vending quack or secret medicines, or from being in any way engaged in their manufacture and sale.

ART. II.-Obligations of the public to physicians.

§ 1. The benefits accruing to the public directly and indirectly from the active and unwearied beneficence of the profession, are so numerous and important, that physicians are justly entitled to the utmost consideration and respect from the community. The public ought likewise to entertain a just appreciation of medical qualifications; -to make a proper discrimination between true science and the assumptions of ignorance and empiricism, -to afford every encouragement and facility for the acquisition of medical education, -and no longer to allow the statute books to exhibit the anomaly of exacting knowledge from physicians, under liability to heavy penalties, and of making them obnoxious to punishment for resorting to the only means of obtaining it.