

## Original Article

# Development of the First Guideline for Professional Conduct in Medical Practice in Iran

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## Abstract

**Introduction:** Professional behavior is first learned at the university. One of the necessary considerations in maintaining the professional environment of the university is establishing a set of codes for the behavior of physicians and medical students. This paper describes the process of developing the professional code of conduct in Tehran University of Medical Sciences, Tehran, Iran.

**Methods:** A review of Iranian and international literature was performed to develop the first draft of the guideline. In sessions of group discussion by the authors, the articles of the draft were evaluated for relevancy, clarity, and lack of repetition. The draft was sent for evaluation to all participants, including the medical faculty members, residents, and medical students, four times and necessary corrections were made according to the comments received.

**Results:** The final guideline included 76 behavior codes in 6 categories, including altruism, honor and integrity, responsibility, respect, justice, and excellence. The codes of the guideline cover the physicians' commitments in the physician-patient, physician-colleague, and instructor-student relationships in order to improve the quality of the services.

**Conclusion:** The Islamic and Iranian culture were taken into consideration in developing the guideline. Accordance with the administrative and educational conditions of the universities was ensured in developing the guideline and its acceptance was ensured through extensive surveys. Thus, it is expected that this guideline will be very effective in enhancing professional commitment in medical universities.

**Keywords:** Guideline, Iran, medical professionalism, professional behavior, Tehran university of medical sciences

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## Introduction

Medicine has always had a distinct and unique position among people and the members of this profession have enjoyed people's trust.<sup>1,2</sup> To maintain this trust, physicians are obliged to respect and observe professional values to show that they prioritize the best interest of the patients over their own when making all professional decisions.<sup>3</sup> Many professional medical societies, such as the American Medical Association and Medical Council of New Zealand, have developed laws and regulations at national and international levels to maintain and enhance professionalism among their members.<sup>4-14</sup> Moreover, most medical schools, such as those at the John Hopkins University, George Washington University, University of

Mississippi, University of Colorado, and University of Massachusetts, have established a professional code for their students.<sup>15-19</sup> Medical oaths are the oldest existing ethical codes and the Code of Hammurabi dates back to 2250 BCE.<sup>20</sup> The Declaration of Geneva was the first international treaty to declare the ethical duties of the physicians toward patients and has been modified five times according to the emerging conditions.<sup>21</sup>

Due to the changes in the structure of health services provision and the existence of third parties in the patient-physician relationship, it is necessary to develop a comprehensive guideline to help physicians identify and choose the course of action suitable to each situation. In recent years, medical societies all around the world have developed different guidelines for professional conduct in medicine.<sup>22-26</sup> Although these guidelines are very similar in many respects, each institute and society has presented a different list of examples of professional conduct and behavior according to their culture, as well as the professional problems and challenges in their health system.

Since professional behavior, in medicine, is taught and learned at the university and medical students gradually become familiar with their professional role in the clinical setting, most medical schools have also prepared their own code of conduct.<sup>14-25</sup>

In Iran, medical ethics has a long history in medical education. Before modern medical education, physicians usually learned jurisprudence, ethics, logic, and philosophy along with medicine and part of medical texts was allocated to ethical consideration of the physician-patient relationship.<sup>26</sup>

Considering the important role of the university in creating

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professional insight and behavior in physicians, Tehran University of Medical Sciences officials decided to develop a code of conduct for physicians and medical students in clinical and academic environments. This paper could be of interest for international readers since it shows that even in the absence of a professional code of conduct, where the National Medical Council would rather not have a professional code, professionals in an institute may aspire to adopt an institutional code of ethics in order to improve professional development of succeeding generations of professionals.

## Materials and Methods

This study was performed by a central committee consisting of 10 experts [7 clinicians and 3 ethicists (authors)]. The project was completed in 8 stages from September 2010 to March 2013 (Figure 1).

In the first stage, the first draft of the guideline was prepared using available domestic and foreign literature. A library and internet search was conducted using relevant keywords, papers, reports, and guidelines for professional behavior or ethical guidelines published by different domestic and foreign universities on the topic of professionalism. In this phase, Iranian and Islamic historical literature on physicians' manner and behavior were reviewed. Then, an inclusive set of regulations were prepared on the patient-physician, instructor-student, and physician-colleague and other healthcare workers' relationships, in the area of patient care and education and research.

In the second stage, the authors discussed each clause and article of the draft for relevance, clarity, and lack of repetition. Subsequently, an introduction and glossary were added to the guideline and articles were categorized into 6 chapters. The titles of chapters of the guideline were selected according to the 6 professional characteristics proposed by the Accreditation Council for Graduate Medical Education (ACGME). A survey was conducted on the second edition of the draft in three stages as follows:

In the first survey of the second edition of the draft, all stakeholders ( $n = 1500$ ), including medical faculty members, fellows, residents, interns, and staggers, received a survey form. The survey form was presented as a booklet in which they could inscribe their general comments ("I agree", "I disagree", "it needs correction", and "it is vague"). A part was also considered for their explicit views on each clause. The booklet was also sent to the Office of the Representative of the Supreme Leader in the Universities to receive their feedback. To facilitate the survey, in addition to the printed version, the survey was also performed electronically and was emailed to faculty members. The electronic survey form, in the same format as the booklet, was entered into the Electronic Survey System of the university and all medical faculty members were invited to participate. Moreover, the medical faculty members were allowed to download the second edition of the draft in Word document format and email it back to the authors after leaving their comments on different parts of the draft. Since the school of medicine did not have the email addresses of its students and residents, it was not possible to receive their comments electronically.

In the fourth stage, content analysis was performed on all received comments. In total, 400 participants provided general comments and 124 participants provided explicit comments. The results of the analysis of comments were presented in a session with the participation of the research team and necessary changes and modifications were made in the guideline to prepare the third

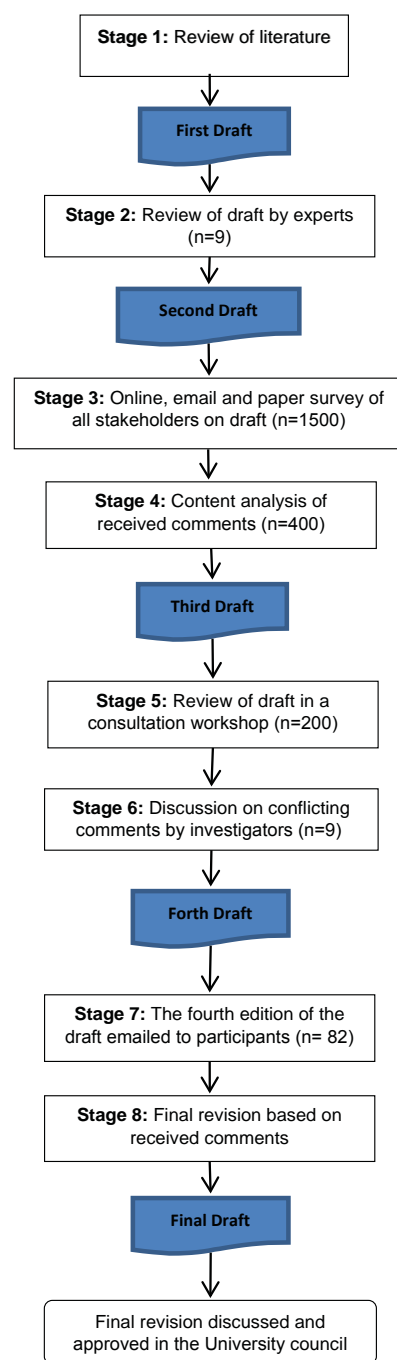


Figure 1. Steps taken in developing the guideline

edition of the draft.

In the fifth stage, approximately 200 faculty members, residents, and students were invited to a consultation workshop. Half of the invitees participated in the workshop. The participants were divided into 3 groups of faculty members and 3 groups of learners (students, interns, and residents). Each chapter of the guideline was discussed in both a work group of faculty members and a work group of learners. The results of the discussions were presented in the final session of the workshop to all participants.

In the sixth stage, the corrections made in the consultation workshop and the conflicting comments were reviewed in a session with the participation of the research team and appropriate decisions were made. Thus, the fourth edition of the draft was prepared.

In the seventh stage, the fourth edition of the draft was emailed

to the participants of the consultation workshop and was also made available on the university website for 20 days to receive the comments of all participants.

In the eighth stage, the received comments were once again evaluated and final corrections were made in the guideline. Then, the guideline was reviewed and discussed in the university council. Finally, the guideline was revised for appropriate grammatical structure (Figure 1).

## Results

The final product of this project was a set of professional behavior codes for all learners (students, interns, residents, etc.) and physicians of the medical university in 6 chapters.

The first chapter has 7 clauses and covers the concept of altruism, including the priority of the patient's interest, necessity of allocating enough time to the patient, attention to the patient's concerns and pain, and assisting colleagues with their professional problems. The second chapter addresses honor and integrity in 18 clauses. The cornerstone of this chapter is honest behavior and trust. According to this aspect of professional behavior, honesty and trust should be observed in the behaviors, statements, and orders of the physician. S/he should be accountable to the patient and authorities for possible medical errors and faults, should not present information to the patient outside of his scientific and practical competencies, and should seek help from colleagues if he lacks the necessary skills or experience in providing care for the patient. Moreover, the physician should manage his/her conflicts of interest for optimal patient care, and respect the status of the medical profession through appropriate attire and observation of the ethical codes in education, research on the patient, and appropriate use of health system facilities.

Another chapter of the guideline discusses justice, including no discrimination and attention to the rights of patients of low economic status, in four clauses. Chapter 4 of the guideline addresses respect and covers important aspects, such as respecting the patient's right to choose and the importance of informed consent, privacy, and secrecy, respecting the patient's beliefs and opinions, and respecting colleagues. Professional responsibility is discussed in another chapter of the guideline under the same title in which the necessity of observing religious and academic rules and regulations is highlighted. It also emphasizes the physicians' obligation to act according to their authorities and duties, perform their duties on time, and report their errors and faults honestly to the designated party. Moreover, this chapter dealt with the physician's approach to their colleagues' professional misconduct, error, and addiction.

Chapter 6 addresses excellence in 10 clauses. According to chapter 6, the physician should improve and update his/her knowledge and skills, demand her/his colleague's feedback to enhance her/his performance and function, and provide instructive feedback to his/her colleagues and organization.

To avoid misinterpretations, the definitions of words that might cause controversy or ambiguity were added to a glossary at the end of the introduction.

The final guideline has been approved by the University Council as the institutional medical professional code and formally announced to all professionals of the university.

The final guideline has been published and is available at: URL: <http://medicine.tums.ac.ir/uploads/portals/575/SharedFiles/rafr.pdf>.

## Discussion

The aim of this study was to develop a guideline for professional behavior of physicians in academic and clinical environments. For this reason, in the first step, all participants, including faculty members and medical students of different levels, had to appreciate its importance and develop a mutual understanding of medical professional commitments.

Since professional commitment is a broad concept, in order to understand this fundamental concept and reach a consensus, we decided to clarify it through presenting its instances in form of codes to the participants for discussion. Moreover, repeated surveys on this guideline helped to propagate the discourse of professional commitment and behavior among physicians and medical students resulting in better acceptance of the guideline.

This guideline has many items in common with other countries' medical code of ethics. In fact, almost all of the world's medical codes contain the same points.<sup>4-10,12-19</sup> Their differences are in their classifications and some specific considerations. For example, the professional code of the Canadian Medical Association has been categorized in 4 fundamental responsibilities; responsibilities to the patient, society, profession, and to oneself. In the Canadian medical professional code, the responsibilities of physicians to their profession have been highlighted.<sup>9</sup> However, the national code of conduct for doctors in Australia emphasizes good relations with other health care providers.<sup>10</sup> Our guideline consisted of codes of all these responsibilities, with emphasis on the responsibilities toward patients in treatment, research, and educational settings, categorized in 6 chapters.

Based on our religious culture, we included some items on respecting religious obligations. For example, in the honor and integrity chapter, religious obligations and values in medical practice are enumerated as a professional obligation for physicians. Furthermore, according to our guideline, intimate examinations have to be performed by same sex physician if possible or in the presence of a chaperone if the patient agrees.

A common professional obligation in other professional guidelines is caring for friends and family and providing them with medical consultation.<sup>9,10,12</sup> We omitted this item from our guideline due to our cultural expectations. We believe physicians should be recommended to refuse to care for their family members, especially in providing elective high risk procedures, but it is not practical to force physicians not to care for their family members.

In preparing this guideline, the physician's professional behavior in Islamic documents was studied. Islamic recommendations for physicians place emphasis on treating patients for the sake of God and giving priority to the patients' interests.<sup>27-34</sup> The Islamic literature describes a physician as a responsible, humble, and patient individual and forbids them from greed and desire for power.<sup>35-39</sup>

The principles of fair decision-making were employed in developing this guideline. According to these principles, to obtain the trust of all involved parties, it is important that decision makers try to involve the representatives of participants in decision-making and observe the rights of all parties, especially the minorities, and win their maximum trust in the fair nature of the process. We tried to involve all medical learners (students, interns, residents, and fellows), faculty members, and physicians in the process and use their comments in preparing this guideline to reach maximum consensus on its content and create a sense of trust among its users. We tried to limit the content of the guideline to the minimum essential codes in order to acquire maximum



agreement on following the guideline by all participants.

In conclusion, through this guideline, the expectations of professional behavior are clearly defined, and therefore, medical learners do not receive contradictory feedback on their behavior. The guideline can be used by physicians and medical learners for self-assessment of their practice and in striving for excellence. Moreover, this guideline has paved the way for designing a tool for evaluation of professional behavior. However, education has priority over evaluation. It is recommended that discussion on the content of this guideline should be included in the educational curriculum of medical learners to transfer the attitude and insight of professional commitment to them.

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