

The three ethical codes : the code of ethics of the American Medical Association, its constitution and by-laws : the code of ethics of the American Institute of Homoeopathy : the code of ethics of the National Eclectic Medical Society.

Contributors

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Publication/Creation

Detroit, Mich. : Illustrated Medical Journal Co., [1888?]

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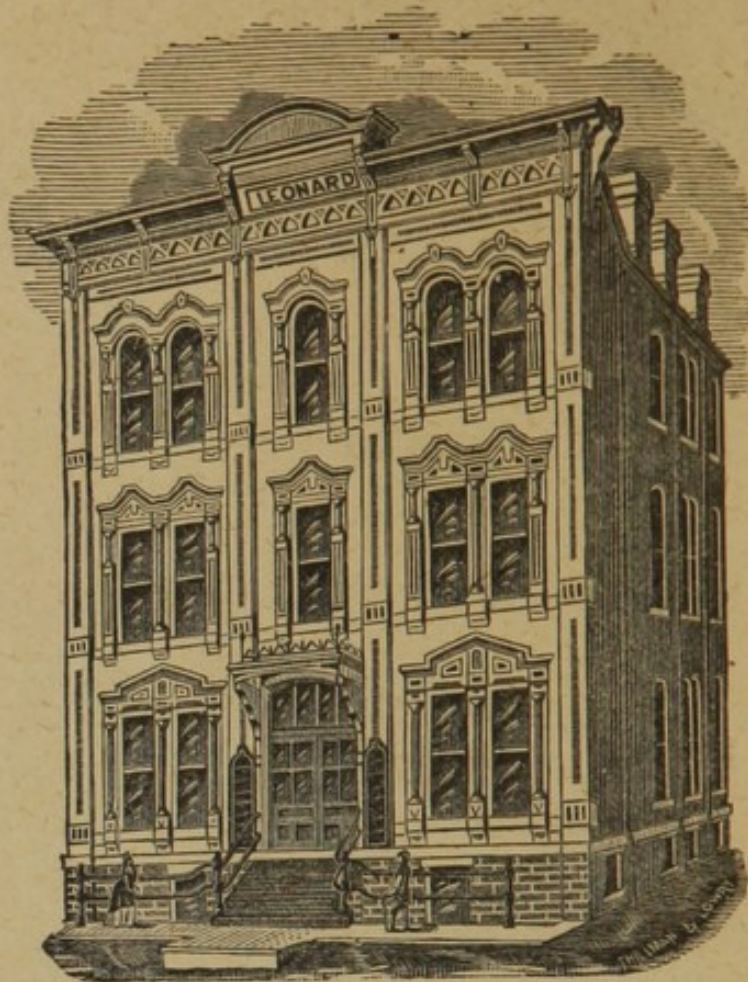
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OF THE

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ITS CONSTITUTION AND BY-LAWS.

THE CODE OF ETHICS

OF THE

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THE CODE OF ETHICS

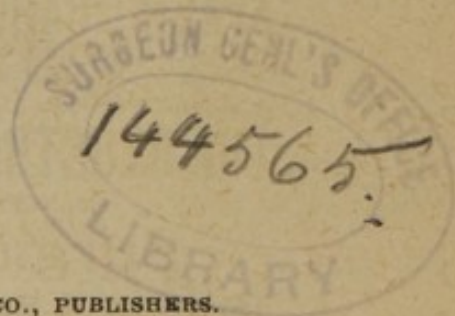
OF THE

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CONSTITUTION, BY-LAWS
AND
ORDINANCES
OF THE
AMERICAN MEDICAL ASSOCIATION.

PLAN OF ORGANIZATION.

WHEREAS, The Medical Convention, held in the city of New York, in May, 1846, have declared it expedient "for the medical profession of the United States to institute a National Medical Association;" and,

Inasmuch as an institution so conducted as to give frequent, united and emphatic expression to the views and aims of the medical profession in this country, must at all times have a beneficial influence, and supply more efficient means than have hitherto been available here for cultivating and advancing medical knowledge; for elevating the standard of medical education; for promoting the usefulness, honor and interests of the medical profession; for enlightening and directing public opinion in regard to the duties, responsibilities, and requirements of medical men; for exciting and encouraging emulation and concert of action in the profession, and for facilitating and fostering friendly intercourse between those who are engaged in it; therefore,

Be it resolved, In behalf of the medical profession of the United States, that the members of the Medical Convention held in Philadelphia in May, 1847, and all others who, in pursuit of the objects above mentioned, are to unite with or succeed them, constitute a National Medical Association, and that for the organization and management of the same, they adopt the following *Regulations*:

I.—TITLE OF THE ASSOCIATION.

This institution shall be known and distinguished by the name and title of "The American Medical Association."

II.—MEMBERS.

The members of this institution shall collectively represent and have cognizance of the common interests of the medical profession in every part of the United States; and shall hold their appointment to membership either as delegates from local institutions, as members by invitation, as permanent members, or members by application.

The Delegates shall receive their appointment from permanently organized State medical societies, and such county and district medical societies as are recognized by representation in their respective State societies, and from the medical department of the Army and Navy of the United States, and the Marine Hospital Service of the United States.

Each delegate shall hold his appointment for one year, and until another is appointed to succeed him, and shall participate in all the business and affairs of the Association.

Each State, county and district medical society, entitled to representation, shall have the privilege of sending to the Association one delegate for every ten of its regular resident members, and one for every additional fraction of more than half that number.

Provided, however, that the number of delegates from any particular State, Territory, county, city, or town shall not exceed the ratio of one in ten of the resident physicians who may have signed the Code of Ethics of this Association.

The Medical Staffs of the Army and Navy shall be entitled to four delegates each. The Marine Hospital Service of the United States shall be entitled to one delegate.

No individual who shall be under sentence of expulsion or suspension from any State or local medical society of which he may have been a member, or whose name shall have been, for non-payment of dues, dropped from the rolls of the same, shall be received as a delegate to this Association, or be allowed any of the privileges of a member, until he

shall have been relieved from the said sentence or disability by such State or local society, or shall have paid up all arrears of membership; nor shall any person not a member and supporter of a local medical society, where such a one exists, be eligible to membership in the American Medical Association.

No one expelled from this Association shall at any time thereafter be received as a delegate or member, unless by a three-fourths vote of the members present at the meeting to which he is sent, or at which he is proposed.

Members by Invitation shall consist of practitioners of reputable standing from sections of the United States not otherwise represented at the meeting. They shall receive their appointment by invitation of the meeting, after an introduction from, and being vouched for by, at least three of the members present, or three of the absent permanent members. They shall hold their connection with the Association until the close of the annual session at which they are received; and shall be entitled to participate in all its affairs, as in the case of delegates, except the right to vote.

The Permanent Members shall consist of all those who have served in the capacity of delegates, and of such other members as may receive the appointment by unanimous vote, and shall continue such so long as they remain in good standing in the body from which they were sent as delegates, and comply with the requirements of the By-laws of the Association. Permanent members shall at all times be entitled to attend the meetings, and participate in the affairs of the Association, so long as they shall continue to conform to its regulations, but without the right of voting; and, when not in attendance, they shall be authorized to grant letters of introduction to reputable practitioners of medicine residing in their vicinity, who may wish to participate in the business of the meeting, as provided for members by invitation.

Members by Application shall consist of such members of State or county societies, certified to be in good standing by the president and secretary of said societies, as shall make

application for admission. They shall simply have the right to receive the *Journal* on the same terms as other members.

Every member-elect, prior to the permanent organization of the annual meeting, or before voting on any question after the meeting has been organized, must exhibit his credentials to the proper committee, and sign these regulations, inscribing his name and address in full, specifying in what capacity he attends, and, if a delegate, the title of the institution from which he has received his appointment.

III.—MEETINGS.

The regular meetings of the Association shall be held annually. The place of meeting shall be determined, with the time of meeting for each next successive year, by vote of the Association.

IV.—OFFICERS.

The officers of the Association shall be a President, four Vice-Presidents, one Permanent and one Assistant Secretary, a Treasurer, and Librarian. They shall be nominated by a special committee of one member from each State represented at the meeting, and shall be elected by vote on a general ticket.

Each officer, except the Permanent Secretary, shall hold his appointment for one year, and until another is elected to succeed him. The Permanent Secretary shall hold his appointment until removed by death, resignation, or a vote of two-thirds of the members present at a regular annual meeting.

The Presidents and Vice-Presidents shall assume the functions of their respective offices at the beginning of the annual meeting next succeeding their election; all other officers shall enter upon their duties immediately after their election.

The President shall preside at the meetings, preserve order and decorum in debate, give a casting vote when necessary, and perform all the other duties that custom and parliamentary usage may require.

The Vice-Presidents, when called upon, shall assist the President in the performance of his duties, and during the absence, or at

the request of the President, one of them shall officiate in his place.

The Permanent Secretary shall record the minutes and authenticate the proceedings; give due notice of the time and place of each next ensuing annual meeting; notify all members of committees of their appointment, and of the duties assigned to them; hold correspondence with other permanently organized medical societies, both domestic and foreign; serve as a member of the Committee of Publication; and carefully preserve the archives and unpublished transactions of the Association.

The Assistant Secretary shall aid the Permanent Secretary in recording and authenticating the proceedings of the Association; serve as a member of the Committee of Arrangements, and perform all the duties of Permanent Secretary temporarily whenever that office shall be vacant, either by death, resignation, or removal.

The Treasurer shall have the immediate charge and management of the funds and property of the Association. He shall be a member of the Committee of Publication, to which committee he shall give bonds for the safe keeping and proper use and disposal of his trust. And through the same committee he shall present his accounts, duly authenticated, at every regular meeting.

The Librarian shall receive and preserve all the property in books, pamphlets, journals, and manuscripts presented to or acquired by the Association, record their titles in a book prepared for the purpose, acknowledge the receipt of the same, and he shall be a member of the Committee of Publication.

V.—STANDING COMMITTEES.

The following standing committees, each composed of seven members, shall be organized at every annual meeting, for preparing, arranging and expediting business for each next ensuing year, and for carrying into effect the orders of the Association not otherwise assigned, namely, a Committee of Arrangements and a Committee of Publication.

The Committee of Arrangements shall, if no sufficient reasons prevent, be mainly composed of seven members, of whom the Assistant Secretary shall be one, residing in the place at which the Association is to hold its next annual meeting; and shall be required to provide suitable accommodations for the meeting, to verify and report upon the credentials of membership, to receive and announce all essays and memoirs voluntarily communicated, either by members of the Association, or by others through them, and to determine the order in which such papers are to be read and considered.

The Committee of Publication, of which the Secretaries, Treasurer and Librarian must constitute a part, shall have charge of preparing for the press, and of publishing and distributing such of the proceedings, transactions, and memoirs of the Association as may be ordered to be published in such manner as the Association may direct. The six members of this Committee, who have not the immediate management of the funds, shall also, in their own names as agents of the Association, hold the bond of the Treasurer for the faithful execution of his office, and shall annually audit and authenticate his accounts, and present a statement of the same in the annual report of the Committee; which report shall specify the character and cost of the publications of the Association during the year, the number of copies still at the disposal of the meeting, the funds on hand for further operations, and the probable amount of the assessment to be laid on each member of the Association for covering its annual expenditures.

VI.—FUNDS AND APPROPRIATIONS.

Funds shall be raised by the Association for meeting its current expenses and awards from year to year, but never with the view of creating a permanent income from investments. Funds may be obtained by an equal assessment of not more than ten dollars annually, on each of the delegates and permanent members; by voluntary contributions for specific objects; and by the sale and dis-

posal of publications, or of works prepared for publication.

The funds may be appropriated for defraying the expenses of the annual meetings, including the necessary expenses of the Permanent Secretary in maintaining the necessary correspondence of the Association; for publication; for enabling the Standing Committees to fulfill their respective duties, conduct their correspondence, and procure the materials necessary for the completion of their stated annual reports; for the encouragement of scientific investigation by prizes and awards of merit; and for defraying the expenses incidental to specific investigations under the instructions of the Association, where such investigations have been accompanied with an order on the Treasurer to supply the funds necessary for carrying them into effect.

VII.—PROVISION FOR AMENDMENT.

No amendment or alteration shall be made in any of these articles, except at the annual meeting next subsequent to that at which such amendment or alteration may have been proposed; and then only by the voice of three-fourths of all the delegates in attendance.

Provided, however, that when an amendment is properly under consideration, and an amendment is offered thereto, germane to the subject, it shall be in order, and if adopted, shall have the same standing and force as if proposed at the preceding meeting of the Association.

And, in acknowledgment of having adopted the foregoing propositions, and of our willingness to abide by them, and use our endeavors to carry into effect the objects of this Association as above set forth, we have hereunto affixed our names.

NAMES OF MEMBERS.	RESIDENCE.	INSTITUTION REPRESENTED.

BY-LAWS.

I.—ORDER OF BUSINESS.

The order of business at the annual meetings of the American Medical Association shall at all times be subject to the vote of three fourths of all the members in attendance; and, until permanently altered, except when for a time suspended, it shall be as follows, namely:

1st. The calling of the meeting to order by the President elected the preceding year, or, in his absence, by one of the Vice-Presidents.

2d. The report of the Committee of Arrangements on the credentials of members, after the latter have registered their names and addresses, and the titles of the institutions which they represent.

3d. The reception of members by invitation.

4th. The election of permanent members.

5th. The reading of notes from absentees.

6th. The hearing of the annual address of the President.

7th. The reception of the reports of all special committees and voluntary communications, and their reference to the appropriate Sections.

8th. The appointment of the committee of one from each State represented, to nominate officers of the Association, and to fill the standing committees.

9th. The reading and consideration of the reports of the Standing Committees, of Publication, on Prize Essays, and of Chairmen of Sections.

10th. Resolutions introducing new business, and instructions to the permanent committees.

11th. The selection of the next place of meeting.

12th. The report of the Nominating Committee, and the election of officers of the Association.

13th. Reports from the several Sections.

14th. Reading of the minutes by the Secretary.

15th. Unfinished and miscellaneous business.

16th. Adjournment.

II.—SECTIONS.

The general meetings of the Association shall be restricted to the morning sessions ; and the afternoon sessions, commencing at three o'clock, shall be devoted to the hearing of reports and papers and their consideration, in the following *Sections* :—

1. Practical Medicine, Materia Medica, and Physiology.
2. Obstetrics and Diseases of Women.
3. Surgery and Anatomy.
4. State Medicine.
5. Ophthalmology, Otology, Laryngology.
6. Diseases of Children.
7. Dental and Oral Surgery.

The chairman and secretary of the several Sections shall, like other officers of the Association, be nominated by the special committee of one member from each State represented at the meeting, and elected by a vote on a general ticket. They shall hold their office until the close of the proper business of the annual meeting next succeeding their election, and until their successors are appointed.

The Section on State Medicine shall be composed of one member from each State, one from the army and one from the navy of the United States, representing, as far as practicable, the State Boards of Health. The officers of this Section to be also designated by the Committee on Nominations.

The chairmen of the several Sections shall prepare and read in the general sessions of the Association, papers on the advances and discoveries of the past year in the branches of science included in their respective Sections ; the reading of such papers not to occupy longer than forty minutes for each.

It shall be the duty of every member of the Association who proposes to present a paper or report to any one of the Sections, to forward either the paper, or a *title* indicative of its contents, and its *length*, to the Chairman of the Committee of Arrangements at least one month before the annual meeting at which the paper or report is to be read. It shall also be the duty of the chairman and secretary of each Section to communicate the same information to the Chairman of the Committee of

Arrangements concerning such papers and reports as may come into their possession or knowledge, for their respective Sections, the same length of time before the annual meeting. And the Committee of Arrangements shall determine the order of reading or presentation of all such papers, and announce the same in the form of a programme for the use of all members attending the annual meeting. Such programme shall also contain the rules specified in the By Laws and Ordinances concerning the consideration and disposal of all papers in the Sections.

No paper shall be read before either of the Sections, the reading of which occupies more than twenty minutes. Such papers shall be referred by the Section to sub-committees especially appointed for their examination. The sub-committees shall be allowed thirty days for such examination; at the end of which time they shall forward the papers to the Committee of Publication, with such recommendation as they may deem proper. The author of such papers, however, may read abstracts before the Section within the allotted twenty minutes. No member shall address the Section more than once upon the same subject, nor speak longer than fifteen minutes without unanimous consent.

All papers presented directly to the Association, and other matters, may, at the discretion of the Association, be referred to the various Sections for their consideration and report.

Prize Essays.—There shall be four annual prizes of two hundred and fifty dollars each, which shall be awarded at the close of the second year after announcement, as hereinafter explained, for strictly original contributions to medical and surgical progress.

It shall be the duty of the chairman of each of the following four Sections: 1. Practical Medicine, Materia Medica, and Physiology; 2. Obstetrics and Diseases of Women; 3. Surgery and Anatomy; 4. State Medicine, to appoint annually before the adjournment of the meeting of the Association three members of ability and good judgment, who shall constitute a Committee of Selection, and who shall, within thirty days thereafter, select and

publicly announce for competitive investigation and report, a subject belonging to one or other of the branches of medicine included in the title of the Section.

It shall also be the duty of the chairman of each of the Sections mentioned to appoint annually a Committee of Award, consisting of three experts, who shall carefully examine the essays offered for competition, and, if any one shall be found worthy of the prize as a substantial contribution to medical knowledge, to recommend the same to the Association.

All essays placed by their authors for competition shall be in the hands of the chairmen of the respective Committees of Award on or before the first day of January preceding the meeting of the Association at which the reports of the committees are required to be made.

All Prize Essays shall be considered as the property of the Association.

The names of the authors of the competing essays shall be kept secret from the committees by such means as the latter may provide.

Membership in either of the two committees shall not debar from membership in the other; nor shall membership in the Committee of Selection exclude a member from the privilege of offering a competing essay.

III.—STANDING COMMITTEES.

The following are the Standing Committees of the Association, to be filled by the Committee on Nominations, and to report at the next annual meeting subsequent to their appointment, namely, Committee of Arrangements, Committee of Publication, and Committee on American Medical Necrology.

The *Committee of Publication* shall append to each volume of the *Transactions* hereafter published, a copy of the Constitution, By-Laws and Code of Ethics of the Association. It shall print conspicuously, at the beginning of each volume of the *Transactions* the following disclaimer, namely, The American Medical Association, although formally accepting and publishing the reports of the various standing committees, holds itself wholly irresponsible for the opinions, theories or criticisms therein contained, except when otherwise decided by special resolution.

The *Committee on American Medical Necrology* shall consist of one member for each State and Territory represented in the Association, whose duty it shall be to procure memorials of the eminent and worthy dead among the distinguished physicians of their respective States and Territories, and transmit them to the chairman of this committee on or before the 1st of April of each and every year.

IV.—THE PUBLICATION OF PAPERS AND REPORTS

No report or other paper shall be entitled to publication in the volume for the year in which it shall be presented to the Association, unless it be placed in the hands of the Committee of Publication on or before the first day of July. It must also be so prepared as to require no material alteration or addition at the hands of its author.

Authors of papers are required to return their proofs within two weeks after their reception; otherwise they will be passed over and omitted from the volume.

Every paper received by this Association and ordered to be published, and all plates or other means of illustration, shall be considered the exclusive property of the Association, and shall be published and sold for the exclusive benefit of the Association.

The Committee of Publication shall have full discretionary power to omit from the published *Transactions*, in part or in whole, any paper that may be referred to it by the Association, or either of the Sections, unless specially instructed to the contrary by vote of the Association.

V.—ASSESSMENTS.

The sum of five dollars shall be assessed, annually, upon each delegate to the sessions of the Association, as well as upon each of its permanent members, whether attending or not, for the purpose of raising a fund to defray necessary expenses. The payment of this sum shall be required of the delegates and members in attendance upon the sessions of the Association previously to their taking their seats and participating in the business of the ses-

sions. Permanent members, not in attendance, shall transmit their dues to the Treasurer.

Any permanent member who shall fail to pay his annual dues for three successive years, unless absent from the country, shall be dropped from the roll of permanent members, after having been notified by the Secretary of the forfeiture of his membership.

VI.—DELEGATES FROM THE MEDICAL STAFFS OF THE ARMY AND NAVY.

Delegates representing the medical staffs of the United States Army and Navy, shall be appointed by the Chiefs of the Army and Navy Medical Bureaus. The number of delegates so appointed shall be four from the army medical officers, and an equal number from the navy medical officers.

VII.—DELEGATES TO FOREIGN MEDICAL SOCIETIES.

The President shall be authorized annually to appoint delegates to represent this Association at the meetings of the British Medical Association, the American Medical Society at Paris, and such other scientific bodies in Europe or other foreign countries as may be affiliated with us.

VIII.—DUTIES OF MEMBERS.

No one shall be permitted to address the Association, except he shall have first given his name and residence, which shall be distinctly announced from the chair, and the member may be required to go forward and speak from the stand, but not more than ten minutes at one time.

No one appointed on a special committee, who fails to report at the meeting next succeeding the one at which he is appointed, shall be continued on such committee, or appointed on any other, unless a satisfactory excuse is offered.

IX.—CONDITION EXCLUDING REPRESENTATION.

No State or Local Medical Society, or other organized institution, shall be entitled to representation in this Association that has not adopted its Code of Ethics; or that has inten-

tionally violated or disregarded any article or clause of the same.

X.—OF THE PREVIOUS QUESTION.

When the previous question is demanded, it shall take at least twenty members to second it; and when the main question is put under force of the previous question and negatived, the question shall remain under consideration the same as if the previous question had not been enforced.

XI.—JUDICIAL COUNCIL.

A council, consisting of twenty-one members, shall be appointed by the Nominating Committee, whose duty it shall be to take cognizance of, and decide, all questions of an ethical or judicial character that may arise in connection with the Association. Of the twenty-one members of the council first appointed the seven first named on the list shall hold office one year, and the second seven named shall hold office two years.

With these exceptions the term of office of members of the council shall be three years, seven being appointed by the Nominating Committee annually.

The said council shall organize by choosing a president and secretary, and shall keep a permanent record of its proceedings. The decisions of said council on all matters referred to it by the Association shall be final, and shall be reported to the Association at the earliest practical moment.

All questions of a personal character, including complaints and protests, and all questions on credentials, shall be referred at once, after the report of the Committee of Arrangements or other presentation, to the *Judicial Council*, and without discussion.

XII.—NEW BUSINESS.

No new business, resolutions by members, etc., shall be introduced at the general session of the Association except on the first and fourth days of meetings.

XIII.—OFFICERS AND COMMITTEES.

In the election of officers and appointment of committees by this Association and its President, they shall be confined to members and delegates present at the meeting, except in the Committee of Arrangements.

ORDINANCES.

Resolved, That the several Sections of this Association be requested, in the future, to refer no papers or reports to the Committee of Publication, except such as can be fairly classed under one of the three following heads, namely : 1. Such as may contain and establish *positively* new facts, modes of practice, or principles of real value. 2. Such as may contain the results of well devised original experimental researches. 3. Such as present so complete a review of the facts on any particular subject as to enable the writer to deduce therefrom legitimate conclusions of importance.

Resolved, That the several sections be requested, in the future, to refer all such papers as may be presented to them for examination by this Association, that contain matter of more or less value, and yet cannot be fairly ranked under either of the heads mentioned in the foregoing resolution, back to their authors with the recommendation that they be published in such regular medical periodicals as said authors may select, with the privilege of placing at the head of such papers, "Read to the Section of the American Medical Association on the day of 18 ." (Vide *Transactions*, vol. xvi. p. 40.)

Resolved, That, instead of yearly reprinting the list of members of the American Medical Association, the Committee of Publication be instructed to prepare and print in the *Transactions* an alphabetical catalogue triennially, containing a complete list of the Permanent Members, with their names in full, designat-

ing their residences, the year of their admission, the offices they may have held in the Association, and, in case of death or rejection, the date thereof. (Vide *Transactions*, vol. xvii. p. 33.)

Resolved, That no report or other paper shall be presented to this Association unless it be so prepared that it can be put at once into the hands of the Permanent Secretary, to be transmitted to the Committee of Publication. (Vide *Transactions*, vol. xvii. p. 27.)

Resolved, That the Permanent Secretary hereafter and from this date be authorized to draw a warrant upon the Treasurer for the expenses incurred in his attendance upon each session of the Association, and that the Treasurer is hereby instructed to pay the same. (Vide *Transactions*, vol. xviii. p. 42.)

Resolved, That the faculties of the several medical colleges of the United States be recommended to announce explicitly in their annual announcements, circulars and advertisements that they will not receive certificates of time of study from irregular practitioners, and that they will not confer the degree upon any one who may acknowledge his intention to practice in accordance with any exclusive system. (Vide *Transactions*, vol. xix. p. 31.)

Resolved, That those gentlemen who desire to report on special subjects, and will pledge themselves to report at the next meeting, be requested to send their names, and the subjects on which they desire to report, to the Permanent Secretary. (Vide *Transactions*, vol. xix. p. 42.)

Resolved, That hereafter the necessary expenses for rent of hall for general meetings and rooms for sections to accommodate the annual meetings, and the necessary expenses for cards of membership, be paid out of the treasury of the Association. (Vide *Transactions*, vol. xix. p. 42.)

Resolved, That each State Medical Society be requested to prepare an annual register of all the regular practitioners of medicine in their

respective States, giving the names of the college in which they may have graduated, and date of diploma or license. (*Vide Transactions*, vol. xx. p. 20.)

Resolved, That this Association recognizes specialties as proper and legitimate fields of labor.

Resolved, That specialists shall be governed by the same rules of professional etiquette as have been laid down for general practitioners.

Resolved, That it shall not be proper for specialists publicly to advertise themselves such, or to assume any title not specially granted by a regularly chartered college.

Resolved, That private handbills addressed to members of the medical profession, or by cards in medical journals, calling the attention of professional brethren to themselves as specialists, be declared in violation of the Code of Ethics of the American Medical Association. (*Vide Transactions*, vol. xx. p. 28.)

Resolved, That a Committee of one be appointed, residing at Washington, to render the Librarian of Congress such assistance as the interests of the Association may require. (*Vide Transactions*, vol. xx. p. 29.)

Whereas, The proper construction of Art. IV., Sec. 1, Code of Ethics, A. M. A., having been called for, relative to consultation with irregular practitioners who are graduates of regular schools.

Resolved, That said Art. IV., Sec. 1, Code of Ethics, excludes all such practitioners from recognition by the regular profession. (*Vide Transactions*, vol. xx. p. 30.)

Resolved, That if any member fail to reply for more than one year to the circular sent to him by the Committee of Publication he shall forfeit his right to the volume, and it shall revert to the Association, to be sold to any applicant at the current rates. (*Vide Transactions*, vol. xxi. p. 30.)

Resolved, That the Committee of Arrangements for the next ensuing meeting of this Association, and for all meetings thereafter,

be directed to prepare a list of members present on a separate roll, for convenience and accuracy in calling the ayes and nays when the same shall be demanded. (*Vide Transactions*, vol. xxi. p. 60.)

Resolved, That each year, until otherwise ordered, the President-elect and the Permanent Secretary be directed to appeal in the name of the Association, to the authorities of each State where no State Board of Health exists, urging them to establish such boards. (*Vide Transactions*, vol. xxvi. p. 50.)

Resolved, That the Permanent Secretary is hereby directed annually to report the names of States where boards of health exist, and also of those which decline to establish them; said report to form a part of the annual proceedings of the Association. (*Vide Transactions*, vol. xxvi. p. 50.)

Resolved, That members of the medical profession who in any way aid or abet the graduation of medical students in irregular or exclusive systems of medicine, are deemed thereby to violate the spirit of the ethics of the American Medical Association. (*Vide Transactions*, vol. xxvii. p. 48.)

Resolved, 1. That the American Medical Association adopts the International Metric System, and will use it in its Transactions. (*Vide Transactions*, vol. xxx. p. 44.)

2. Requests that those who present papers at its future meetings employ this system in their communications, or reprints thereof. (*Vide Transactions*, vol. xxx. p. 44.)

3. Requests the medical boards of the hospitals and dispensaries to adopt the Metric System in prescribing and recording cases; and that the Faculties of the medical and pharmaceutic schools adopt it in their didactic, clinical, or dispensing departments. (*Vide Transactions*, vol. xxx. p. 44.)

Resolved, That the President and Secretary of this Association are directed to annually petition Congress to enact a law which

shall permit every person engaged in a scientific pursuit to import for his own use, free of duty, any one book or instrument appertaining to his special pursuit. (*Vide Transactions*, vol. xxx. p. 45.)

Resolved, That the above-named officers are further directed to urge the State Medical Societies and their auxiliary branches to aid this Association in accomplishing this purpose, by petitions to Congress, and by otherwise influencing Congressmen. (*Vide Transactions*, vol. xxx. p. 45.)

Decision by Judicial Council: A gentleman who is not in affiliation with a County, District, or State Medical Society, where such organizations exist, is *not* entitled to be registered as a permanent member upon the claim of having been a delegate from a body not now entitled to representation in this body. (*Vide Transactions*, vol. xxx. p. 57.)

Resolved: I. That a committee of five be appointed by the President of the Association, to be called the Standing Committee on "Atmospheric Conditions, and their relations to the Prevalence of Diseases."

II. That that committee be authorized to select such places as will best indicate atmospheric conditions in the more important climatic and sanitary districts of the United States—not less than six, nor more than twelve—and establish therefor a means for continuous observation and record of all appreciable conditions of atmosphere, according to the most approved methods, and of the origin and prevalence of all acute diseases.

III. That the Committee, through their chairman, be authorized to draw upon the Treasurer of this Association for such sums as may be found necessary for the proper execution of the work assigned to it, the aggregate amount not to exceed \$500, during the ensuing year, and that a detailed report of all sums drawn and expenditures made must be presented at the next annual meeting of the Association. (*Vide Transactions*, vol. xxxii. p. 35.)

EXPLANATORY OF THE CODE.

Dr. Davis (meeting of 1885) also made a report in behalf of the special committee appointed at the last meeting (1884) to consider certain suggestions that had been made in the annual address of the President (Dr. Austin Flint, Sr.) as to the advisability of giving an authoritative exposition of some of the features in the Code that seemed to have been misunderstood. The committee, having given the subject due consideration, respectfully submitted its report, which was signed by N. S. Davis, A. Y. P. Garnett, H. F. Campbell, Austin Flint and J. B. Murdock, in the form of the following preamble and resolutions, which were unanimously adopted:

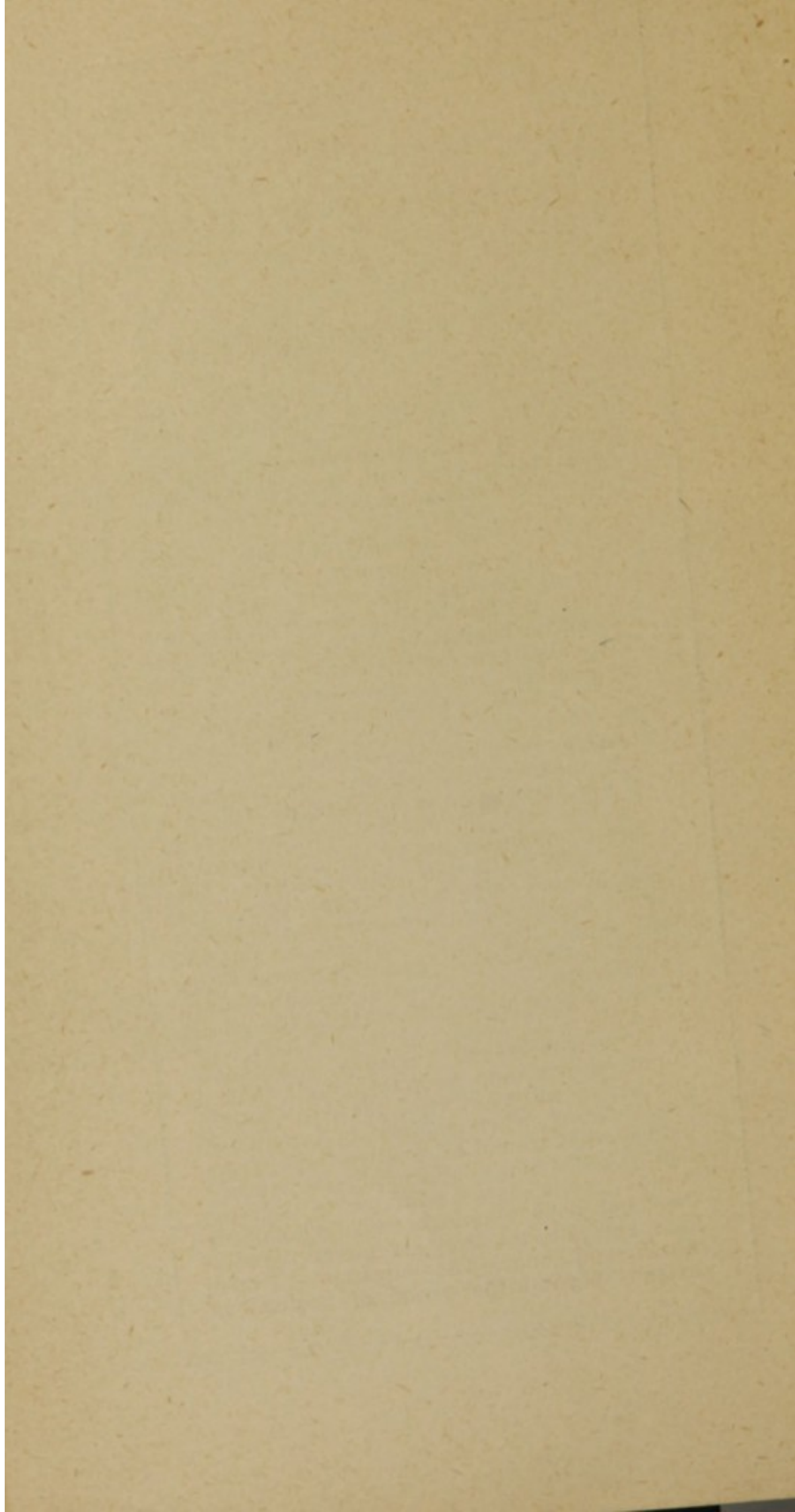
"WHEREAS, Persistent misrepresentations have been and are still being made concerning certain provisions of the Code of Ethics of this Association, by which many in the community, and some even in the ranks of the profession, are led to believe that these provisions exclude persons from professional recognition simply because of differences of opinions or doctrines, therefore be it

"*Resolved*, That clause 1, Art. IV., in the National Code of Medical Ethics is not to be interpreted as excluding from professional fellowship on the ground of differences in doctrine or belief those who in other respects are entitled to be members of the regular medical profession. Neither is there any other article or clause of the said Code of Ethics that interferes with the exercise of the most perfect liberty of individual opinion and practice.

"*Resolved*, That a voluntary disconnection or withdrawal from the medical profession proper is constituted by indicating to the public a sectarian or exclusive system of practice, or by belonging to an association or party antagonistic to the general medical profession.

"*Resolved*, That there is no provision in the Code of Medical Ethics in any way inconsistent with the broadest dictates of humanity; and the article which relates to consultation can

not be correctly interpreted as interdicting under any circumstances the rendering of professional services whenever there is a pressing or immediate need of them—on the contrary, to promptly meet the emergencies occasioned by disease or accident, or to give a helping hand to the distressed without unnecessary delay, is a duty fully enjoined on every member of the profession, by both the letter and the spirit of the entire code; but no such emergencies or circumstances can make it proper to enter into professional consultation with those who have voluntarily disconnected themselves from the regular medical profession in the manner indicated by the preceding resolution."



THE
CODE OF ETHICS
OF THE
AMERICAN MEDICAL ASSOCIATION.

OF THE DUTIES OF PHYSICIANS TO THEIR
PATIENTS, AND 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. These 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 the physician 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 savor 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 tranquility 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 offense, 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 is enjoined the performance of so many important and arduous duties toward 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 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 stimulate those depending on external causes, and yet are only to be cured by ministering 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 upon his physician 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 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 applied 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 a serious inconvenience to him.

§ 10. A patient should, after his recovery, entertain a just and endearing sense 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.

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 honor, 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 honorable means of enriching the science, he should entertain a due respect for his seniors, who have, by their labors, brought it to the elevated condition in which he finds it.

§ 2. It is not in accord with the interests of the public or the honor of the profession that any physician or medical teacher should examine or sign diplomas or certificates of proficiency for, or otherwise be specially concerned with, the graduation of persons who, they have good reason to believe, intend to support and practice any exclusive and irregular system of medicine.

§ 3. 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.

§ 4. 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.

§ 5. Equally derogatory to professional character is it for a 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 an 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 honors of his profession. Nevertheless, as in consultations the good of the patient is the sole object in view, and this is often dependent on personal confidence, no intelligent regular practitioner, who has a 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; candor, probity and all due respect should be exercised toward 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 further inquiries of the patient as may be necessary to satisfy him of the true character of the case. Both physicians should then retire to a private place for de-

* See page —.

liberation; 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 consultations 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 of 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 of both 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 favor 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 candor 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

*The expression, "patient of another practitioner," is understood to mean a patient who may have been under the charge of another practitioner at the time of the attack of sickness, or departure from home of the latter, or who may have called for his attendance during his absence or sickness, or in any other manner given it to be understood that he regarded the said physician as his regular medical attendant.

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 neighboring 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 further 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*.

§ 2. Aspeculiar reserve must be maintained by physicians toward 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 acknowledgments.*

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

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, etc.; 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 labors 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

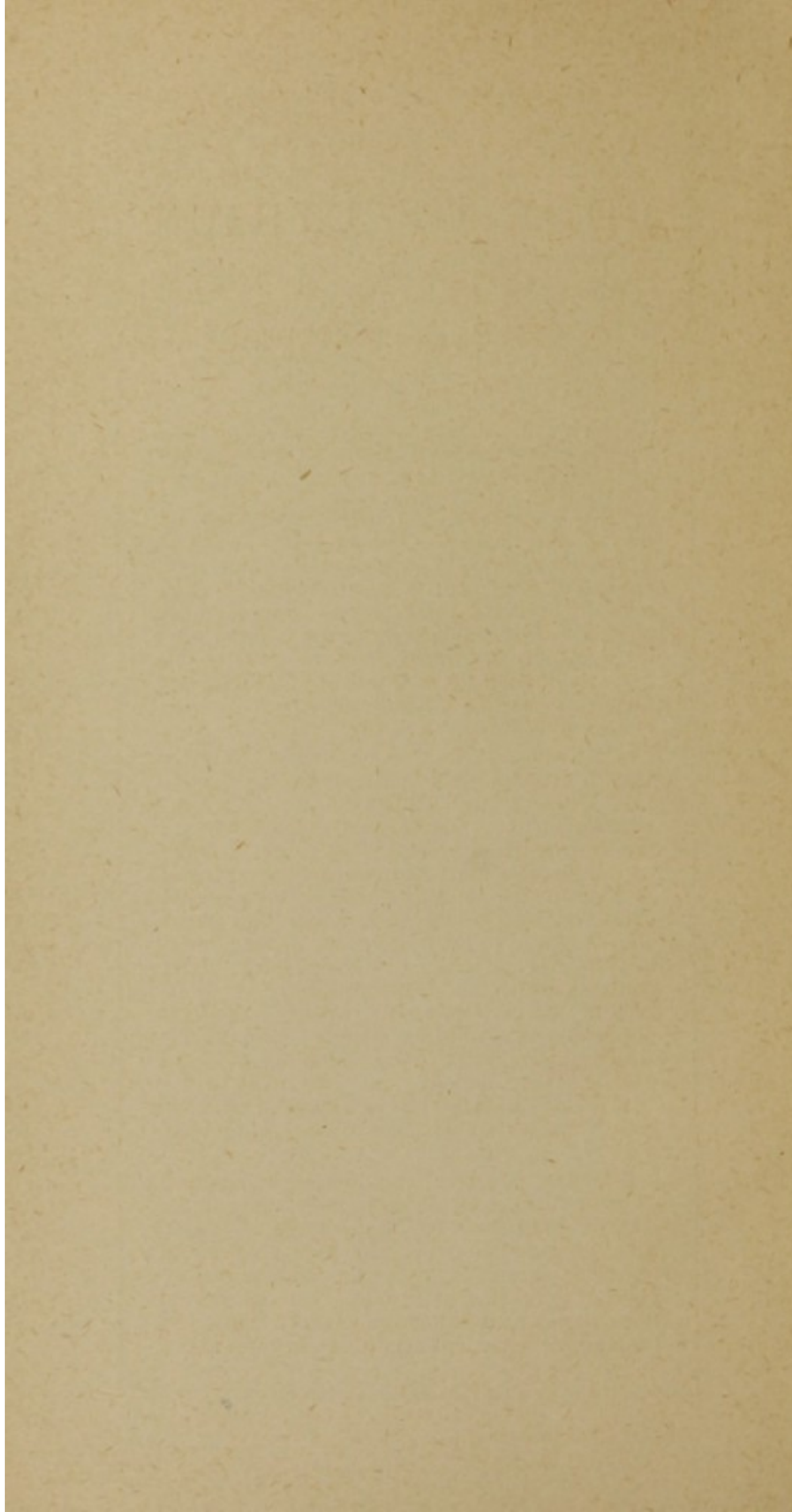
the various other subjects embraced in the science of Medical Jurisprudence. But in these cases, and especially where they are required to make a *post-mortem* examination, it is just, in consequence of the time, labor and skill required, and the responsibility and risk they incur, that the public should 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 of the public duties referred to in the first section of this article, 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 a liability to heavy penalties, and of making them obnoxious to punishment for resorting to the only means of obtaining it.



CODE OF ETHICS

OF THE

American Institute of Homœopathy.

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

ART. I.—*Duties of the physician to the patient.*

§ 1. The physician should hold himself in constant readiness to obey the calls of the sick. He should ever bear in mind the sacred character of his calling and the great responsibility which it involves, and should remember that the comfort, the health and the lives of his patients depend upon the skill, attention and faithfulness with which he performs his professional duties.

§ 2. The physician, in order that he may be able to exercise his vocation to the best advantage of the patient should possess his respect and confidence. These must be acquired and retained by faithful attention to his malady, by indulgent tenderness toward the weaknesses incident to his condition, and by the exercise of a firm but kindly authority. The physician is bound to keep secret whatever he may hear or observe while in the discharge of his professional duties, respecting the private affairs of the patient or his family. And this obligation is not limited to the period during which the physician is in attendance on the patient. The patient should be made to feel that he has, in his physician, a friend who will guard his secrets with scrupulous honor and fidelity.

§ 3. The physician should visit his patient as often as may be necessary to enable him to acquire and keep a full knowledge of the nature, progress, changes and complications of the disease, and to do for the patient the utmost of good that he is able. But he should carefully avoid making unnecessary visits, lest he render the patient needlessly anxious about

his case, or expose himself to the charge of being actuated by mercenary motives.

§ 4. The physician should not give expression to gloomy forebodings respecting the patient's disease, nor magnify the gravity of the case. Bearing in mind the almost infinite resources of nature, he should be cheerful and hopeful, both in mind and manner. This will enable him the better to exercise his faculties and apply his knowledge for the patient's benefit, and will inspire the patient with confidence, courage and fortitude, which are the physician's best moral adjuvants.

But it is the physician's duty to state the true nature and prospects of the case, from time to time, to some judicious friend or relative of the patient, and to keep this person fully informed of its changes and probable issue ; and if the patient himself requests the physician to disclose to him the nature and prognosis of his disease, it is his duty to state tenderly, but frankly, the whole truth,—provided the patient be of sound mind, and strong enough to receive the disclosure without serious injury. The patient has a right to know the truth. If, moreover, facts within the physician's knowledge lead him to believe that it is of great importance, in relation to the patient's affairs, that he should be warned of the approach of death, it is the physician's duty to reveal to the patient's nearest friend or to the patient himself, the true state of the case, and the importance of timely action.

§ 5. Whether the case proceed favorable, or become manifestly incurable, it is the physician's duty to continue his attendance faithfully and conscientiously so long as the patient may desire it. He is not justified in abandoning a case merely because he supposes it incurable.

§ 6. As the patient has an undoubted right to dismiss his physician for reasons satisfactory to himself, so, likewise, the physician may, with equal propriety, decline to attend patients, when his self-respect or dignity seem to him to require this step ; as, for example, when they persistently refuse to comply with his directions.

§ 7. In difficult or protracted cases, consultations are advisable. They tend to increase the knowledge, energy and confidence of the physician, and to maintain the courage of the patient. The physician should be ready to act upon any desire which the patient may express for a consultation, even though he may not himself feel the need of it. Nothing is so likely to maintain the patient's confidence as alacrity in this respect. Moreover, such a course is but just to him, for he has an indisputable right to whatever aid or counsel he may think likely to be of some service to him.

§ 8. The intimate relations into which the physician is brought with his patient give him opportunity to exercise a powerful moral influence over him. This should always be exerted to turn him from dangerous or vicious courses towards a temperate and virtuous life. The physician is sometimes called to assist in practices of questionable propriety, and even of a criminal character. Among these may be mentioned the pretense of disease, in order to evade services demanded by law, as jury or military duty; the concealment of organic disease or of morbid tendencies, in order to secure favorable rates of life insurance, or for deception of other kinds; and especially the procurement of abortion when not necessary to save the life of the mother. To all such propositions the physician should present an inflexible opposition. It is his duty, in an authoritative but friendly manner, to explain and urge the nature, illegality and guilt of the proposed action, and to use every effort to dissuade from it, and to strengthen the patient's virtue and sense of right. The physician should be aware of the frequency of criminal abortion, and of the different methods employed for it, and should take every occasion to warn those who may be tempted to resort to it. In no case should the physician induce abortion, or premature labor, without a previous consultation with the most experienced practitioners attainable, nor without the most clear and imperative reasons.

ART. II.—*Duties and obligations of patients to their physician.*

§ 1. Physicians are required, by nature of their profession, to sacrifice comfort, ease, and even health, for the sake of their patients. Patients should reflect upon this, and should understand and remember that they have corresponding duties and obligations towards their physicians.

§ 2. The patient should select a physician in whose knowledge, skill and fidelity he can place implicit confidence; whose habits of life are regular and temperate, and whose character and demeanor are such that he can regard him as a personal friend. He must be able to confide in him freely. And the physician should not be changed for light reasons. A physician thoroughly acquainted with the constitutions, temperaments and tendencies of a family can the more successfully treat them.

§ 3. The patient should always consult his physician as early as possible after he has discovered that he is ill. A disease that is trifling at its onset may grow formidable through neglect. The physician should be regarded as a confidential adviser, who, on being early consulted, may prevent sickness.

§ 4. The patient should faithfully and unreservedly state to his physician the supposed cause of his malady, and tell him everything that may have a bearing upon its nature. Since the physician is under the strongest obligations to secrecy, the patient should not allow considerations of delicacy, modesty or pride to prevent an entirely frank statement of his case, and candid and full replies to interrogatories.

§ 5. The patient should implicitly obey his physician's injunctions as regards diet, regimen and medical treatment. If he deviate from these directions, he cannot hold the physician to a full responsibility in the case; and, further, by a partial obedience he incurs some personal risk, since in the treatment of diseases all parts of the physician's advice are made to harmonize, and each is dependent on

the others and may be unsafe without the coincidence of the others; moreover, he does the physician an undeserved, and often a serious, wrong. If the patient has not sufficient confidence in his physician, and respect for him, to follow his directions, it were better for him frankly to say so, and to employ another in whom he can confide.

The patient should never allow himself, while under a physician's treatment, to take other medicines than those prescribed by him. He would, by so doing, incur a serious risk of taking medicines that are incompatible with each other. If desirous of trying any other mode of treatment, it would be much better frankly to state the fact to his physician, and ask his advice.

§ 6. The patient should, if possible, avoid receiving friendly visits of a physician other than the one under whose charge he is. When he receives such visits, he should avoid conversation on the subject of his disease; for an accidental observation might give him false impressions respecting his disease, or destroy his confidence in the treatment he is pursuing. He should never send for a consulting physician without the express consent of his own medical attendant; for physicians can act together for the advantage of their patient only when they act harmoniously. Nor should he, by a secret appointment, constrain his medical attendant to meet another physician with whom he might not be willing to consult; but the patient has an undoubted right to have the opinion of any physician whom he may desire, upon his case. His proper course is, to request his medical attendant to arrange a consultation, and frankly state his desire for the physician whom he may prefer. If his medical attendant decline the consultation, it is then for the patient to determine whether he will insist, and thus dismiss his medical attendant, or whether he will defer to the judgment of his own physician. And the patient has a right thus to choose.

§ 7. If the patient wishes to dismiss his physician, he should, in justice and in common courtesy, state his reasons, and, if possible, in a friendly manner. To dispense with

the services of a physician need not, of necessity, change the social relations of the parties.

§ 8. The patient should, when practicable, send for the physician in the morning, before his usual hour for leaving home. He will, by so doing, secure his earlier attendance, and will enable him the better to apportion his time so as to do justice to all his calls and engagements. He should call on his physician during his office hours only, and should avoid disturbing him in hours devoted to meals, rest and sleep. And in receiving his physician's visits he should avoid compelling him to wait, even for a few minutes. The aggregate of petty detentions, while the patient is making some needless preparation to receive the physician, amounts to a serious waste of valuable time.

OF THE DUTIES AND OBLIGATIONS OF PHYSICIANS TO THE PROFESSION AND TO EACH OTHER.

ART. I.—*Duties to the profession.*

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

ART. III.—*Duties of physicians as regards vicarious offices.*

[These three articles are almost verbatim et literatim those found in the American Medical Association Code, so are omitted. C. H. L.]

ART. IV.—*Duties of physicians in regard to consultations.*

§ 1. A complete medical education, of which the diploma of a medical college is the formal voucher, furnishes the only presumptive evidence of professional acquirements and abilities. But the annals of the profession contain the names of some who, not having the advantage of a complete medical education, became, nevertheless, through their own exertions and abilities, brilliant scholars and successful practitioners. A practitioner, therefore, whatever his credentials may be, who enjoys a good moral and professional

standing in the community, should not be excluded from fellowship, nor his aid rejected, when it is desired by the patient in consultation. No difference in views on objects of medical principles or practice should be allowed to influence a physician against consenting to a consultation with a fellow practitioner. The very object of a consultation is to bring together those who may, perhaps, differ in their views of the disease and its appropriate treatment, in the hope that, from a comparison of different views, may be derived a just estimate of the disease and a successful course of treatment.

No tests of orthodoxy in medical practice should be applied to limit the freedom of consultations. Medicine is a progressive science. Its history shows that what is heresy in one century may, probably will, be orthodoxy in the next. No greater misfortune can befall the medical profession than the action of an influential association or academy establishing a creed or standard of orthodoxy or "regularity." It will be fatal to freedom and progress in opinion and practice. On the other hand, nothing will so stimulate the healthy growth of the profession, both in scientific strength and in the honorable estimation of the public, as the universal and sincere adoption of a platform which shall recognize and guarantee: 1. A truly fraternal good-will and fellowship among all who devote themselves to the care of the sick. 2. A thorough and complete knowledge, however obtained, of all the direct and collateral branches of medical science—as it exists in all sects and schools of medicine—as the essential qualification of a physician. 3. Perfect freedom of opinion and practice, as the unquestionable prerogative of the practitioner, who is the sole judge of what is the best mode of treatment in each case of sickness entrusted to his care. The physician may, with propriety, decline to meet a practitioner of whose inimical feelings towards himself or of whose general unfairness in consultations he is satisfied. But, in such a case, he should explain to the patient his reasons; and if the patient desire the opinion of the practitioner objected to, the

family physician may withdraw from the case and allow the other to be sent for. But, in justice to the latter, the state of affairs should be explained to him at the time he is requested to visit the patient.

§ 2. The utmost punctuality should be observed in the visits of physicians when they are to hold consultations together ; and this is generally practicable for society allows the plea of professional engagements to excuse the neglect of all others, and to be a valid 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 of time, after which the consultation should be considered 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 physician, he should retire without seeing the patient, except in cases of emergency, or when he has been called from a considerable distance, in which case he may examine the patient, and give his opinion in writing and under seal, to be delivered to the attending physician.

§ 3. In consultations, no rivalry or jealousy should be indulged in. Candor, probity and all due respect should be exercised towards the physician in charge of the case. If the consulting physician cannot agree with him respecting the nature and proper treatment of the case, the physicians should state this fact to the patient, or his nearest friend, both physicians being present at the time, and should request him to select the one in whom he has the most confidence. But, if they agree sufficiently to take joint charge of the case, the consulting physician must justify and uphold, so far as he can conscientiously do so, the practice of his associate, and must abstain from any hints, insinuations or actions which might, in any way, impair the confidence which the patient reposes in him, or affect his reputation. He must refrain from any extraordinary attentions or assiduities, calculated to ingratiate himself in the patient's favor and to supplant his associate.

§ 4. In consultations, the attending physician should first put the necessary questions to the patient. After this, the consulting physician should make such additional inquiries and examinations as may be needed to satisfy him of the true nature of the case. But he should avoid making a parade of examining the patient more thoroughly than had been done before ; rather suggesting to the attending physician, where this is possible, to make whatever examinations he desires, than making them himself. Both physicians should then retire to a private room for deliberation.

§ 5. In consultations the attending physician should deliver his opinion first ; and, when there are several consulting physicians, they should express their opinions in the order in which they have been called in. Should an irreconcilable diversity of opinion occur, when more than two physicians meet in consultation, the opinion of the majority should be regarded as decisive ; but, if the number be equal on each side, the decision should rest with the attending physician. If two physicians, in consultation, cannot agree, they should call in a third to act as umpire. If this be not practicable, the patient must be requested to select the physician in whom he is most willing to confide. The physician who is left in the minority should, without any ill feeling, retire from the consultation and from any farther participation in the management of the case : and, in justice to the physician thus retiring, the fact of his difference from his associates should, in the presence of all the physicians attending, be explained to the patient, as his reason for withdrawing from the case.

§ 6. The attending physician should communicate to the patient or his friends the directions agreed upon in the consultation, as well as any opinion which it may be thought proper to express. But no statement or discussion should take place before the patient or his friends, except in the presence of all the physicians attending, and by their common consent. And no opinions or prognostications should be delivered, which are not the result of previous deliberation and concur-

rence. No decision arrived at in a consultation is to be regarded as restraining the attending physician from making such variations in the treatment as any subsequent change in the case may demand. But such variation and the reasons for it ought to be carefully noted at the time, and 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 attending physician is out of the way; and similar explanations must be made by him at the next meeting.

§ 7. Sometimes a special consultation is desirable in cases in which the continued attendance of two physicians might be objectionable to the patient. The consulting physician, in such a case, should sedulously avoid all further unsolicited attendance. Such consultations require an extraordinary outlay of time and attention, and at least a *double honorarium* may be reasonably expected.

§ 8. The consulting physician cannot, with propriety, take exclusive charge, at any time, of the patient in whose case he has been called in consultation, without the consent of the attending physician, except in cases provided for by the third sentence of section 3, and by the fourth sentence of section 5, of this article.

ART. V.—*Duties of physicians in cases of interference.*

[The remainder of the Homœopathic Code is almost verbatim that of the American Medical Association Code following Art. V, page 38, and is therefore omitted. Sec. 4, page 42, is, however, not in the Homœopathic Code. C. H. L.]

CODE OF ETHICS

OF THE

National Eclectic Medical Society.

ARTICLE 1. The interests and rights of medical men are as dear to them as are those of any other class of citizens in this Republic. They are entitled by the Constitution of this great Union to the same freedom and privileges in moral, social, political and civil life, as are individuals pursuing any other vocation; and any associations or rules which would deprive them of the least portion of these rights and privileges are unwarranted usurpations, contrary to the spirit and intent of our American government, and, consequently, of no force in law or custom.

ARTICLE 2. The common rules and maxims of morality which are enjoined in the Bible, and have been recognized by the wise and virtuous at all times, and in every civilized country, are comprehensive enough in their scope, and sufficiently dignified in form, to meet all the contingencies and emergencies which, in a moral point of view, are likely to arise in the transaction of business and the interchange of thought and sentiment between man and man.

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