CONSTITUTION, BY-LAWS AND CODE OF ETHICS

B. C. Medical Association

1922

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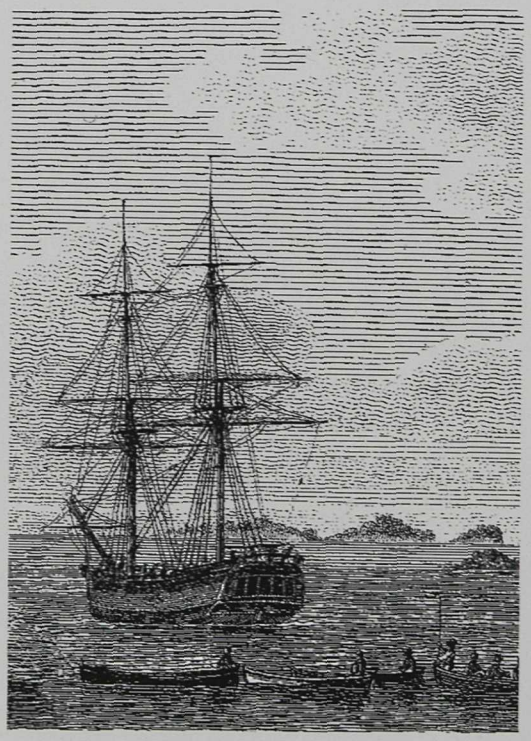

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CONSTITUTION, BY-LAWS AND CODE OF ETHICS

B.C. Medical Association

1922

TRYTHALL & SON, PRINTERS, 678 HOMER ST.
VANCOUVER, B.C.

The Constitution and By-Laws

—OF THE—

British Columbia Medical Association

CONSTITUTION.

Article I.

NAME.

This Association shall be called the British Columbia Medical Association.

Article II.

OBJECTS.

The objects of the Association shall be:—

(a) The advancement of medical science in all its branches.

(b) The prevention of disease, with vigorous support to all health officers, health boards and others engaged in this work.

(c) The maintenance of a high scientific and social status of its members.

(d) The protection of the public against those unqualified to treat the sick or injured.

(e) The close co-operation of its members in the protection of their rights.

(f) The regulation of minimum scale of fees, with such alteration of such scale from time to time as becomes necessary by reason of changes in the cost of living, education, etc.

(g) The dealing with all matters for the good and welfare of the Association.

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(g) The dealing with all matters for the good and welfare of the Association.

Article III.

MEMBERSHIP.

Any medical practitioner, licensed in British Columbia and in good standing, is eligible for membership in this Association upon fulfilment of the requirements hereinafter set forth.

There shall be two classes of members:

(a) Active.

(b) Honorary.

The qualifications of the members shall be as follows:—

No medical man shall be eligible for membership in this Association until he has been one year in practice in this province and has the approval of the majority of the members in the branch organization of the district in which he practices. "Good standing" in the Association shall be deemed to entail conduct worthy of a physician and citizen, and due observance of these Articles and By-Laws, together with the code of ethics as laid down by the Association.

(a) Active Members shall be members of the profession resident in the Province of British Columbia, who have qualified for membership, and who have been elected to membership at any annual meeting or regular meeting of the Executive Committee.

(b) Honorary Members shall be members of the profession, or others, who have distinguished themselves by their attainments in medical or allied sciences or who have rendered signal service to this Society.

Recommendations for election to Honorary Membership shall come solely from the Executive Committee. Such recommendations shall be made only at a regular meeting of the Executive Committee, and then only provided the Executive is unanimously in favour of the proposed recommendations.

Article IV.

BRANCHES.

Any Medical Society, at present existing in the Province of British Columbia, or any Society, which may in future, be organized in the province, may, upon application, become a branch of the British Columbia Medical Association.

Article V.

MEETINGS.

The time and place of the annual meeting shall be determined by the Executive Committee. Special meetings may be called by the President at his discretion, or at the written request of fifteen members in good standing. Twenty members shall form a quorum at any meeting.

Article VI.

OFFICERS.

(a) The title of "Honorary President" may be conferred at any annual meeting upon any member of the profession for merit, by a majority vote of members present.

(b) The officers shall be President, President-elect, Immediate Past

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(a) The term of Honorary President may be conferred at any annual meeting upon any member of the profession for merit, by a majority vote of members present.

(b) The officers shall be President, President-elect, Immediate Past

President, Vice-President, and Secretary-Treasurer, all of whom shall be elected by ballot at the annual meeting.

(c) The Executive Committee shall consist of the President, President-elect, Immediate Past President, and Vice-President of the Association, and three members at large, elected by the Association, together with a representative from each local Medical Society organized within the province and affiliated with the Association, who shall be appointed by the said local Society.

BY-LAWS.

Article I.

DUTIES OF OFFICERS.

(a) **President.**

The President shall preside at all meetings of the Association, or of the Executive Committee, and perform all other duties that custom, parliamentary practice and usage may require.

In his absence the Vice-President shall preside, and in the event of both President and Vice-President being absent, the Immediate Past President shall preside.

(b) **President-Elect.**

The President-elect shall take office as President immediately following the annual meeting next succeeding that at which he is elected. He shall be a member of the Executive Committee during the time of his ser-

vice as President-elect and as President, and for one year after vacating the office of President.

(c) **Immediate Past President.**

After having held the office of President for at least one year and on vacating this office a member of this Association shall be known as "Immediate Past President," and shall be a member of the Executive Committee for one year after the date of his successor's election.

(d) **Vice-President.**

The Vice-President shall assist the President in the discharge of his duties.

(e) **Secretary-Treasurer.**

The Secretary-Treasurer shall attend all meetings of the Association and Executive Committee; shall record the minutes of such meetings; conduct the correspondence of the Association; keep a list of members and their addresses; shall present a general report at each annual meeting; and shall perform such duties as the Association and Executive Committee may from time to time require. He shall have no vote at Executive Committee meetings. He shall receive all subscriptions, donations and other moneys payable to the Association. He shall pay all accounts for expenses out of the Association funds, and make such other disbursements as the Association shall decide. He shall keep a detailed record of receipts and expenditures and present a report of the financial condition of the Association at each annual meeting. He shall deposit all moneys received by him on behalf of the Association in a recognized chartered bank, and shall

disburse the same by cheque, signed by himself and by the President or Vice-President, or other member of the Association designated by the Executive Committee. He shall receive such remuneration for his services as the Executive Committee shall decide. He shall furnish a bond, which shall be paid for out of the funds of the Association.

(f) **Auditor.**

An Auditor shall be appointed each year by the Executive Committee, and he shall examine the vouchers and books of the Secretary-Treasurer within the week prior to the annual general meeting, and report thereon to that meeting.

Article II.

COMMITTEES.

Standing Committees, consisting of five members each, shall be appointed by the incoming Executive Committee for the current year. The chairmen of Standing Committees are to be ex-officio members of the Executive Committee. These Standing Committees shall be as follows:—

(a) **The Legislative Committee,** whose duty it shall be to watch all Bills affecting the practice of medicine coming before the Legislative Assembly and Municipal Councils, and to take such steps as are necessary to promote legislation favourable to, and to combat legislation adverse to, the interests of the profession and the public.

(b) **An Industrial Service Committee,** whose duty it shall be to deal with all matters arising out of the Workmen's Compensation Act, or similar legislation, and also

to advise regarding any medical contracts which may from time to time affect the profession or its members.

(c) **A Publicity and Educational Committee,** who shall arrange to conduct a systematic and continuous campaign through the lay press, or through whatever other channels may be deemed advisable, to educate the public with regard to questions of health, sanitation, recognition of early signs of diseased conditions, the progress of medical science, the lack of scientific training of members of various cults which pretend to heal by irregular means, and any other subjects which from time to time they may deem in the interests of the public and the medical profession should be given publicity. For this purpose they may appoint a staff of control, both lay and medical, to prepare articles along the lines indicated. They shall appoint a Board of Censors (Medical), who shall review all such articles before they are submitted to the press, so as to eliminate any statements which may not be orthodox or be recognized as sound in the light of present-day medical knowledge.

(d) **The Credentials Committee** shall examine all applications for membership and shall report thereon, with recommendations, to the Executive Committee.

Article III.

NOMINATING COMMITTEE.

There shall be a **Nominating Committee** appointed at the annual meeting by the President, who shall nominate the officers

in advice regarding any medical emergency which may from time to time affect the profession or the members.

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NOMINATING COMMITTEE.

There shall be a Nominating Committee appointed at the annual meeting by the President, who shall nominate the officers

and elective members of the Executive Committee, and report the same to the annual meeting.

Article IV.

ALTERATION OF CONSTITUTION.

No section of Constitution shall be made, altered, or repealed, except at a general meeting, nor unless a written notice, specifying the nature and the object of the proposed amendment shall have been given to the Executive at least one month previously.

Article V.

ETHICS.

This Association shall be governed by the Code of Ethics of the Canadian Medical Association.

Article VI.

THE RULES OF PROCEDURE.

The rules of procedure of this Association shall be those of Canadian parliamentary procedure, except where such conflicts with these Articles and By-Laws.

Article VII.

FEES.

(a) **Private Practice.**

The following scale of fees is recommended for use by members of this Association in private practice.

(a) Generally speaking the figures in the first column of the scale following will form the minimum charge for the services to which they are annexed.

(b) In cases of PROTRACTED ILLNESS, especially with patients in reduced circumstances, it is the custom to charge a sum for the whole attendance, which may be less than the total would be if a separate fee were charged for each visit. If any material departure is made below that amount, the patient should be informed that such departure is unusual and special in his case.

MEDICO-LEGAL FEES.

(c) If a physician is called to give "expert" evidence in any case, he should obtain in writing, and beforehand, a specific agreement that his fees will be paid, as otherwise he has no recourse.

SPECIALISTS' FEES.

(d) If asked what a specialist's charges will be, the general practitioner should refrain from mentioning any definite sum, unless such a sum is specifically mentioned in the following list, or until after communication with the specialist.

The minimum fees in subjoined Schedule A are not to be considered as binding upon specialists.

(e) It is understood that in case of a consultation, the fee of the consultant should be paid at the time, and if this is not possible, the consultant should be told, and arrangements made for payment.

(f) All bills for services rendered by a physician other than the regular attendant shall be sent direct to the patient by such physician.

SCHEDULE A.

House and Office Practice.

1.	Office consultation	$ 2.50 upwards
	(a) Advice over telephone	1.00 "

2.	Single visit, 8 a.m. to 8 p.m.	3.00	"
3.	Ordinary attendance, each visit	3.00	"
4.	Single visit, 8 p.m. to 8 a.m., including Sundays	5.00	"
	If more than one member of the family is seen, an extra consultation fee may be charged.		
5.	Consultation with another physician	5.00	"
6.	Visit on vessel at wharf	3.00	"
7.	Visit on vessel in harbor or visit on vessel in roads	5.00	"
8.	Visit to country, per mile (one way) in addition to ordinary fee	1.00	"
9.	When visiting in country, if called to see person in neighborhood, or on the road	5.00	"
10.	Vaccination	2.50	"
11.	Certificate of Health	2.50	"
12.	Urinalysis	2.50	"
13.	Life Insurance	5.00	"
14.	Highly infectious diseases, e. g., smallpox, per visit	5.00	"
15.	Post-mortem examinations, except in Coroner's cases (apart from microscopical examinations)	25.00	"
16.	Blood transfusion	25.00	"
17.	Thoracentesis	10.00	"
18.	Lumbar puncture	10.00	"

VENEREAL DISEASE.

19.	For first consultation ($10.00 to be paid in advance)	$ 5.00	upwards
	Salvarsan injections (exclusive of drug)	15.00	"

SURGICAL FEES.

20. (a) Assisting at operations..... 10-25%
(Minimum $5.00)

ANAESTHETICS.

(b) Up to half hour.....$ 6.00 upwards
For every 10 minutes over half hour, $1.00 extra.

MINOR OPERATIONS.

(c) Wounds requiring stitches....$	5.00	upwards
Dressings	2.50	"
Incision of abscess	5.00	"
Peritonsillar abscess	10.00	"
Foreign body in eye	3.00	"
Removal of small tumors.....	5.00	"
Hydrocele (tapping)	5.00	"
Radical cure (Hydrocele).....	50.00	"
Varicocele	50.00	"
Circumcision	15.00	"
Haemorrhoids, Fissures	50.00	"
Stricture	50.00	"
Fistula	50.00	"
Ingrowing toe-nail	10.00	"

MAJOR OPERATIONS.

(d) It is suggested that in fixing the fee for a critical major surgical or obstetrical operation, a definite percentage (8 to 10 per cent.) of the yearly income of the responsible party be charged.

HEAD AND NECK.

Trephining skull	$100.00	upwards
Harelip	100.00	"
Cleft palate	100.00	"
Thyroid	150.00	"

Epithelioma of lip (simple excision)	25.00	"
Dissection of glands	100.00	"
Epithelioma of tongue	150.00	"
Tubercular glands	100.00	"
Superior or inferior Maxilla excision	150.00	"

THORAX AND SPINE.

Laminectomy	$150.00	upwards
Resection of ribs (Schede)	150.00	"
Empyema	50.00	"
Amputation of breast	150.00	"
Lung abscess	150.00	"
Subphrenic abscess	150.00	"

ABDOMEN.

Laparotomies in general	$150.00	upwards
Hernia (radical cure)	100.00	"
Hernia (double)	150.00	"
Hernia (umbilical)	150.00	"
Kidney operations	150.00	"

GYNECOLOGICAL OPERATIONS.

Minor	$ 35.00	upwards
Major, vaginal or abdominal	150.00	"

BONES AND JOINTS.

Fractures—		
Ribs, fingers, toes	$ 10.00	upwards
Clavicle	40.00	"
Arm, forearm, leg, jaw	50.00	"
Femur, Patella	75.00	"
Elbow	75.00	"
Compound or severely comminuted	75.00	"
Open reduction of fractures	150.00	"

Open resetting of fractures....	150.00	"
Osteoplasty	150.00	"
Excision of joints	100.00	"

DISLOCATIONS.

Small bones	$ 5.00	upwards
Large bones	25.00	"

AMPUTATIONS.

Fingers and toes	$ 10.00	upwards
Leg or Arm	100.00	"

OSTEOTOMY.

Hallux Valgus	$ 25.00	upwards
Genu Valgum	100.00	"
Skin grafting	25.00	"
Varicose veins of leg	75.00	"
Suturing of tendons	10.00	"
Suturing of nerves	50.00	"

OBSTETRICAL FEES.

21. Normal confinement	$ 35.00	upwards
Abnormal confinement	50.00	"
Caesarean section	150.00	"
Miscarriage	35.00	"

When a physician is called in to conduct a labor in the unavoidable absence of the attendant engaged by the family, the fee charged by the former shall be one-half the total fee for the confinement in question.

MEDICAL—LEGAL FEES.

22. Examination and opinion	$ 50.00	upwards
Expert testimony (1st day).....	50.00	"
When detained from day to day, per diem	50.00	"

GENITO-URINARY FEES.

23.	Single office consultation	$ 5.00	upwards
	Later office consultation	2.50	"
	House visit in city	5.00	"
	House visit in country	5.00	& ml'ge
	Visit at night	7.50	upwards
	Visit at hospital	3.00	"
	Consultation with physician	10.00	"
	Endoscopy, anterior	5.00	"
	Endoscopy, posterior	10.00	"
	Endoscopy, with catheterizing utricle	10.00	"
	Circumcision	25.00	"
	Reduction of paraphymosis	10.00	"
	Operation for hypospadias	100.00	"
	Anterior periurethral abscess opened	10.00	"
	Removal of foreign bodies or growths from anterior urethra	25.00	"
	Urethrotomy, internal	25.00	"
	Urethrotomy, external	50.00	"
	Amputation of penis	150.00	"
	Vasotomy	25.00	"
	Castration	50.00	"
	Epididymotomy	50.00	"
	Epididymectomy	100.00	"
	Operation for hydrocele	75.00	"
	Operation for varicocele	75.00	"
	Operation for prostatic abscess	75.00	"
	Operation for urethal fistula	75.00	"
	Operation for recto - urethral fistula	150.00	"
	Operation for vesico-rectal or vaginal fistula	150.00	"
	Intra-urethral removal or medium bar	100.00	"

Seminal vesiculotomy or vesiculectomy	100.00	"
Cystoscopy	15.00	"
Cystoscopy with urethral catheterization	25.00	"
Cystoscopy with wax - tipped bougie	30.00	"
Cystoscopy with injection of renal pelvis for X-ray	30.00	"
Cystoscopy with fulguration	15.00	"
Cystoscopy with excision of growth for microscope	50.00	"
Cystoscopy with dilatation of ureters	15.00	"
Cystoscopy with lavage of renal pelvis	15.00	"
Thorough renal diagnosis	50.00	"
Lithotrity	100.00	"
Lithotomy	100.00	"
Cystotomy	100.00	"
Prostatectomy	150.00	"
Excision of bladder tumor	150.00	"
Exstrophy operation	150.00	"
Nephrotomy	150.00	"
Nephrectomy	150.00	"
Nephrorrhaphy	150.00	"
Nephrolithotomy	150.00	"
Plastic surgery of renal pelvis or ureter	150.00	"
Lithotomy for ureteral stone	150.00	"
Cystoscopic removal of ureteral stone	150.00	"

EYE, EAR, NOSE AND THROAT FEES.

As Amended 23rd February, 1922.

24.	Office consultation (first)	$ 5.00	upwards
	Office consultation (subsequent)	3.00	"

House visit	5.00	"
House visit (after 8 p.m.)	10.00	"
Consultation with physician	10.00	"

EYE.

Refraction without Mydriatic	$ 5.00	upwards
Refraction with Mydriatic	8.00	"
Removal of foreign body from conjunctiva	3.00	"
Removal of foreign body from cornea	5.00	"
Pterygium	25.00	"
Strabismus	100.00	"
Iridectomy	75.00	"
Iridectomy in glaucoma	150.00	"
Congenital cataract	100.00	"
Senile Cataract	125.00	"
Enucleation	100.00	"
Extirpation of lacrymal sac	75.00	"
Chalazion	10.00	"
Extraction or treatment of traumatic cataract	125.00	"
Conjunctiva plasty	75.00	"
Conjunctiva plasty with iridectomy	150.00	"
Extraction of foreign body from interior of eye with giant magnet	200.00	"
Ptosis, entropion and ectropion, each	75.00	"
Corneo-Scleral trephining	150.00	"

EAR.

Myringotomy (local)	$ 15.00	upwards
Myringotomy (general)	25.00	"
Impacted Cerumen	5.00	"
Mastoidectomy (simple)	150.00	"
Mastoidectomy (radical)	200.00	"

Incising furuncle	5.00	"
Removal of polypus	10.00	"
Removal of foreign body	5.00	"
Removal of foreign body requiring surgical attention	25.00	"

NOSE AND THROAT.

Tonsils and adenoids (children)	$ 35.00	upwards
Adenoids	25.00	"
Tonsils (adults)	50.00	"
Tonsils and adenoids (adults)	50.00	"
Nasal spur	25.00	"
Turbinotomy (inferior)	25.00	"
Turbinotomy (middle)	25.00	"
Submucus resection	75.00	"
Washing out antrum for diagnosis	10.00	"
Permanent opening to antrum	35.00	"
Radical antrum	150.00	"
Radical ethmoid	100.00	"
Uvulotomy	10.00	"
Opening peritonsillar abscess	15.00	"
Removal of polypi	25.00	"
Radical frontal sinus	150.00	"
Fracture of nasal bones requiring operation	25.00	"
Injury to accessory sinuses requiring operation	35.00	"
Injury to larnyx requiring operation	50.00	"
(Fees for all cases from railway contractors same as above.)		
Medical legal opinion in own case	50.00	"
Medical legal opinion in another's case	75.00	"

(If fees for treatment of case guaranteed, patient is entitled to free report of condition.)

When fee for treatment is not guaranteed, minimum charge....	50.00	"
Report of another man's case.....	75.00	"

X-RAY.

(Region.)

26.	Eye, localization	$ 15.00	upwards
	Lower jaw	7.50	"
	Head	11.00	"
	Sinuses	15.00	"
	Neck	11.00	"
	Shoulder	8.00	"
	Arm	5.00	"
	Forearm	5.00	"
	Elbow	5.00	"
	Wrist	5.00	"
	Hand	5.00	"
	Chest	15.00	"
	Chest (Fluoro)	5.00	"
	Kidney	11.00	"
	Kidney (ureter-bladder)	15.00	"
	Bladder only	10.00	"
	Lumbar spine	15.00	"
	Dorsal spine	15.00	"
	Stomach and duodenum	15.00	"
	Colon (including enema)	15.00	"
	Gastro-intestinal tract	25.00	"
	Hip	10.00	"
	Femur	8.00	"
	Leg	5.00	"
	Knee	7.50	"
	Ankle	5.00	"
	Foot	5.00	"
	Ordinary fluoroscope	3.00	"

Treatment—5-6 equivalent skin dose	5.00	"
(Extra areas similar rate.)		
Teeth—One film	2.50	"
Teeth—Two films	3.00	"
Jaw—One film	5.00	"
Jaw—Two films	10.00	"

LABORATORIES.

BLOOD COUNTS.

Reds and Haemoglobin	$ 3.50	upwards
White and differential	3.50	"

BLOOD CHEMISTRY.

Each examination	$ 5.00	upwards
Basal metabolism (two tests)	15.00	"
Glucose tolerance	15.00	"

BACTERIOLOGY.

Microscopic only	$ 3.00	upwards
Cultures	5.00	"
Autogenous vaccines	10.00	"
Animal inoculations	10.00	"

SPINAL FLUIDS.

Complete	$ 3.50	upwards

GASTRIC-ANALYSIS.

Complete	$ 5.00	upwards
Occult blood	2.50	"

URINES.

Routine chemical and microscopical	$ 2.50	upwards
Special qualitative determination	1.50	"
Quantitative examinations	3.00	"
Functional tests	3.50	"
Routine diabetics	25.00	"
Ureter catheter specimens	8.00	"
Urine for T. B.	4.00	"

PATHOLOGY.

Surgical	$ 7.50	upwards
Rush diagnosis	15.00	"
Autopsies	15.00	"

CUTANEOUS SENSITISATION TESTS.

Tuberculin	$ 1.25	upwards
Proteins	.75	"

PHYSIOTHERAPY.

27.	General massage	$ 2.00	upwards
	Local massage, extremities, etc., including active and passive movements and exercises	1.00	"
	Radiant heat applications, local	1.00	"
	Radiant heat applications, if associated with massage or other treatment	1.50	"
	Electric light cabinet	1.00	"
	Galvanic	1.00	"
	Faradic	1.00	"
	Sinusoidal	1.00	"
	Ionization	1.00	"
	Finsen light	2.50	"

HIGH FREQUENCY.

Vacuum tube	$ 1.00	upwards
Diathermy	1.00	"
Effleuve	1.00	"
Fulguration	2.50	"
Autocondensation	1.50	"

QUARTZ MERCURY LAMP.

Minimum charge	$ 1.00	upwards
Maximum charge	2.00	"

ELECTRO CARDIOGRAPH.

Examinations	$ 5.00	upwards

(b) Contract Practice.

1. This Association recognizes the right of various societies to band themselves together for their mutual protection and to ensure medical attendance for their individual members and families, in times of illness. The policy of the Association is opposed to all forms of inclusive contracts which require the medical attendant to give his services in return for a salary or monthly assessment on individual members; and is in favor of such contracts being arranged on a basis of payment for services rendered on a scale comparable to that in use by the Workmen's Compensation Board of British Columbia.

2. Any member of this Association now engaged in any form of contract practice, or any member who may at any time in the future be contemplating such practice, shall, before signing any agreement, submit details of the agreement or proposed agreement to the Industrial Service Committee, for advice and approval, in order that his interests may be protected, and in order that the minimum standard of remuneration as approved by this Association may be maintained.

3. Railway Contracts.

No member of this Association who engages to treat railway employees shall enter into any contract or agreement which binds him to provide surgical treatment for the dependents of railway employees. This Association, through the Executive Committee, shall have power to enter into an agree-

ment or contract with railway employees' associations, or other societies, or organizations, whereby surgical treatment may be furnished to the dependents of members of such organizations or societies by any member of this Association, at a rate of remuneration for services rendered similar to that in force at that time between the Workmen's Compensation Board and the medical profession of this province, payment for such surgical treatment to be guaranteed by the organization or society concerned; but no member of this Association shall individually enter into any contract to furnish surgical treatment to the dependents of members of organized bodies or societies.

Article VIII.

DISCIPLINE.

Section A.—Every newly elected member must sign the Constitution and By-Laws in a book provided for the purpose.

Section B.—Any member found guilty of a criminal offence, or of gross misconduct as a physician or as a citizen, or of contravening any of these Articles or By-Laws, shall be liable to censure, suspension or expulsion.

Section C.—All charges against a member shall be made in writing to the Executive Committee, who may at their discretion bring the matter before the Association at a meeting of which at least two months' notice shall be given, unless deemed advisable by the Executive, who shall have the power to shorten the period. A copy of the

charges shall be immediately furnished to the accused.

Section D.—No member shall be censured, suspended or expelled until full details have been furnished to each branch organization in the province, and their opinion obtained prior to the meeting called to deal with the case.

At any meeting called to inquire into the conduct of a member, not less than fifty members shall constitute a quorum.

Section E.—No member shall be censured, suspended or expelled except by a majority vote at the meeting called to consider the case.

Code

of

Medical

Ethics

CODE OF MEDICAL ETHICS.

Consisting of

1. The Duties of Physicians to their Patients.
2. The Duties of Physicians to each other, and to the Profession at large.
3. The Duties of the Profession to the Public, and of the Obligations of the Public to the Profession.

CHAP. A.

OF THE DUTIES OF PHYSICIANS TO THEIR PATIENTS.

Art. I.—Duties of Physicians to Their Patients.

1. A physician should not only be ready to obey the calls of the sick at all times, but his mind should be attuned to the greatness of his mission and its responsibilities. These obligations are the greater, because ordinarily there is no other tribunal to appeal to than his own conscience in case of neglect. Physicians ought, therefore, to minister to the sick with due regard to the importance of their office, reflecting that the comfort, health and lives of those committed to their charge depend on their skill, attention and fidelity. Physicians should unite tenderness with firmness, and condescension with authority, and thus inspire their patients with gratitude, respect and confidence.

2. Every case committed to the charge of the physician should be treated with serious attention and humanity. Reasonable allowance should be made for mental infirmity and the 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 to secrecy extends beyond the period of professional services; no circumstance connected with the privacies of personal or domestic life, infirmities of disposition, or stain of character, observed during professional attendance, should ever be divulged by the physician, except when he is imperatively required to do so. So great is the necessity of this obligation that courts of justice protect professional men in their observance of secrecy under certain circumstances.

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 studiously avoid making gloomy prognostications, as they

savor of empiricism, and magnify the importance of his services in the treatment 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 soothe 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 and manner of a physician. It is therefore a sacred duty to guard himself carefully in this respect, and avoid all things which have a tendency to discourage the patient and 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 to 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 considerations.

favor of surprises, and naturally the importance of his services in the treatment 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 shocking when performed 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 soothe the bed of death, revive expiring life, and counteract the depressing influence of those maladies which often disturb the tranquillity of the most resigned in their last moments. The life of a sick person can be shortened not only by the acts, but also by the words and manner of a physician. It is therefore a sacred duty to guard himself carefully in this respect, and avoid all things which have a tendency to discourage the patient and depress his spirits.

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6. Consultation should be encouraged 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 infrequently enjoys of promoting and strengthening the good resolutions of his patients, suffering under the consequences of vicious conduct. ought never to be neglected. His counsels, or even remonstrances, will give satisfaction, not offence, if they be proffered with politeness and with a genuine love of virtue and a sincere interest in the welfare of the patient to whom they are addressed.

CHAP. B.

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

Art. I.—Duties for the Support of Professional Character.

1. The obligation assumed on entering the profession requires the physician to comport himself as a gentleman and demands that he use every honourable means to uphold the dignity and honour of his vocation, to exalt its standards, and to extend its sphere of usefulness. A physician should not base his practice on an exclusive dogma or sectarian system, for "sects are implacable despots, to accept their thraldom is to take away all liberty from one's action and thought." (Nicon, father of Galen.)

2. The medical profession should yield to none in the purity of character and high moral standards required of its practitioners. This they owe alike to themselves the profession and their patients.

3. It is derogatory to the dignity of the profession to resort to public advertisements, or private cards, or handbills, inviting the attention of individuals affected with particular diseases, publicity 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 publication 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. In the case, however, of a physician or surgeon commencing the practice of his profession or removing to another locality, a simple announcement by an unobtrusive card in the public prints is unobjectionable.

4. Equally derogatory to professional character is it for a physician to receive remuneration from 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 others. 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.

5. It is the duty of every physician to associate himself with local, provincial and Canadian Medical Associations, that he and his fellow practitioners may thus be the better equipped for the work of their profession.

Art. II.—Professional Services of Physicians to Each Other.

Physicians Dependent on Each Other.

1. Experience teaches that it is unwise for a physician to treat members of his own family or himself. Consequently, a physician should always cheerfully and gratuitously respond with his professional services to the call of any physician practicing in his vicinity, or of the immediate family dependents of physicians.

Compensation for Expenses.

2. When a physician from a distance is called on to advise another physician or one of his family dependents, and the physician to whom the service is rendered is in easy financial circumstances, a compensation that will at least meet the travelling expenses of the visiting physician should be proffered. When such a service requires an absence from the accustomed field of professional work of the visitor that might reasonably be expected to entail a pecuniary loss, such loss should, in part at least, be provided for in the compensation offered.

One Physician to Take Charge.

3. When a physician or a member of his dependent family is seriously ill, he or his family should select from among his neigh-

boring colleagues to take charge of the case. Other physicians may be associated in the care of the patients as consultants.

Art. III.—Of the Duties of Physicians in Regard to Consultations.

1. Under no conditions should a physician consult with other than a regularly qualified practitioner.

2. In a consultation the good of the patient is the sole object in view.

3. In consultations, no rivalship or jealousy should be indulged; candor, probity, and all due respect should be exercised toward the physician having charge of the case.

4. Consultants should retire to a private place for deliberation, and the one first in attendance should communicate the directions agreed upon to the patient or his friends, as well as any opinions which it may be thought proper to express. But no statement or discussion of it should take place before the patient or his friends except in the presence of all the consultants attending, and by their common consent, and no opinions or prognostications should be delivered which are not the result of previous deliberation and concurrence.

Attending Physician Responsible.

5. The physician in attendance is in charge of the case and is responsible for the treatment of the patient. Consequently he may prescribe for the patient at any time and is privileged to vary the mode of treatment outlined and agreed on at a consultation, whenever, in his opinion, such a

change is warranted. However, at the next consultation, he should state his reasons for departing from the course decided upon at the previous conference. When an emergency occurs during the absence of the attending physician, a consultant may provide for the emergency and the subsequent care of the patient until the arrival of the physician in charge, but should not do more than this without the consent of the physician in charge.

6. 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 would 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 practised by the dishonest for the base purpose of gaining applause, or ingratiating themselves into the favor of families and individuals.

Consultant and Attendant.

7. When a physician has attended a case as a consultant, he should not become the attendant of the patient during that illness except with the consent of the physician who was in charge at the time of the consultation.

8. When a patient is sent to one especially skilled in the care of the condition from which he is thought to be suffering, and for any reason it is impracticable for the physician in charge of the case to accompany the patient, the physician in charge should send to the consultant by mail, or in care of the patient under seal, a history of the case, together with the physician's opinion, and an outline of the treatment, or as much of this as may possibly be of service to the consultant; and as soon as possible after the case has been seen and studied the consultant should address the physician in charge and advise him of the results of the consultant's investigations of the case.

Art. IV.—Duties of Physicians in Case of Interference.

1. 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.

2. 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.

3. 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, 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.

4. 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.

5. 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 the circumstances courtesy should assign the patient to the first who arrived, who shall select from those present any additional assistants that he shall deem necessary. In all such cases, however, the practitioner who officiated 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. This shall equally apply where a patient is taken to a hospital.

6. When a physician is called to the patient of another practitioner, in consequence of the sickness or absence of the latter, he ought, on the return or recovery of the regular attendant, to relinquish the case.

7. When a physician attends a woman in labor in the absence of another who has been engaged to attend, such physician should resign the patient to the one first engaged upon his arrival; the physician is entitled to compensation for the professional services he may have rendered.

Art. V.—Of Differences Between Physicians.

1. Whenever there arises between physicians a grave difference of opinion which cannot be properly adjusted, the dispute should be referred for arbitration to a committee of impartial physicians, preferably the Committee on Ethics of the Local Medical Society.

It is desirable that such a committee be appointed and act in each county or local society.

Art. VI.—Of Standards of Fees.

1. General rules and standards regarding fees should be adopted by the profession in every province and district. It should be deemed a point of honor to adhere to these rules with as much uniformity as varying circumstances and conditions will admit.

2. The payment of a commission to any person or persons who may be instrumental in influencing a patient or patients to apply for professional advice, is wrong in principle, and detrimental to the best interests of our profession.

3. When two or more practitioners are engaged in a case, the disposition of the respective fees shall only be made with the knowledge and consent of the patient as varying circumstances and conditions will admit.

4. By the members of no profession are free services given more generally and generously than by medical men; but justice requires that some limits should be placed to the performance of such good offices. Poverty, professional brotherhood, and certain public duties, should always be recognized as presenting valid claims for gratuitous services. But institutions endowed by the public or rich individuals, societies for mutual benefit, for the insurance of lives (the certificates for which should be sent confidentially to the company and paid for), whether furnished by the medical adviser of the company or by the family physician, or for analogous purposes, nor any special 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 given.

CHAP. C.

OF THE DUTIES OF THE PROFESSION TO THE PUBLIC.

Art. I.—Duties of the Profession to the Public.

1. As good citizens it is the duty of physicians to be ever diligent and 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. 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 imposters. Physicians ought to use all the influence which they may possess by exercising their option in regard to the shops to which their prescriptions shall be sent, to discourage druggists and apothecaries vending quack or secret medicines, or from engaging in any way in their manufacture and sale.

Principles of Ethics.

In conclusion, it may be pointed out that such a Code of Ethics is based upon the Golden Rule, and that the principles enunciated are primarily for the good of the patient and public, and their observance and enforcement should be conducted in such a manner as shall deserve and receive the endorsement of the community.

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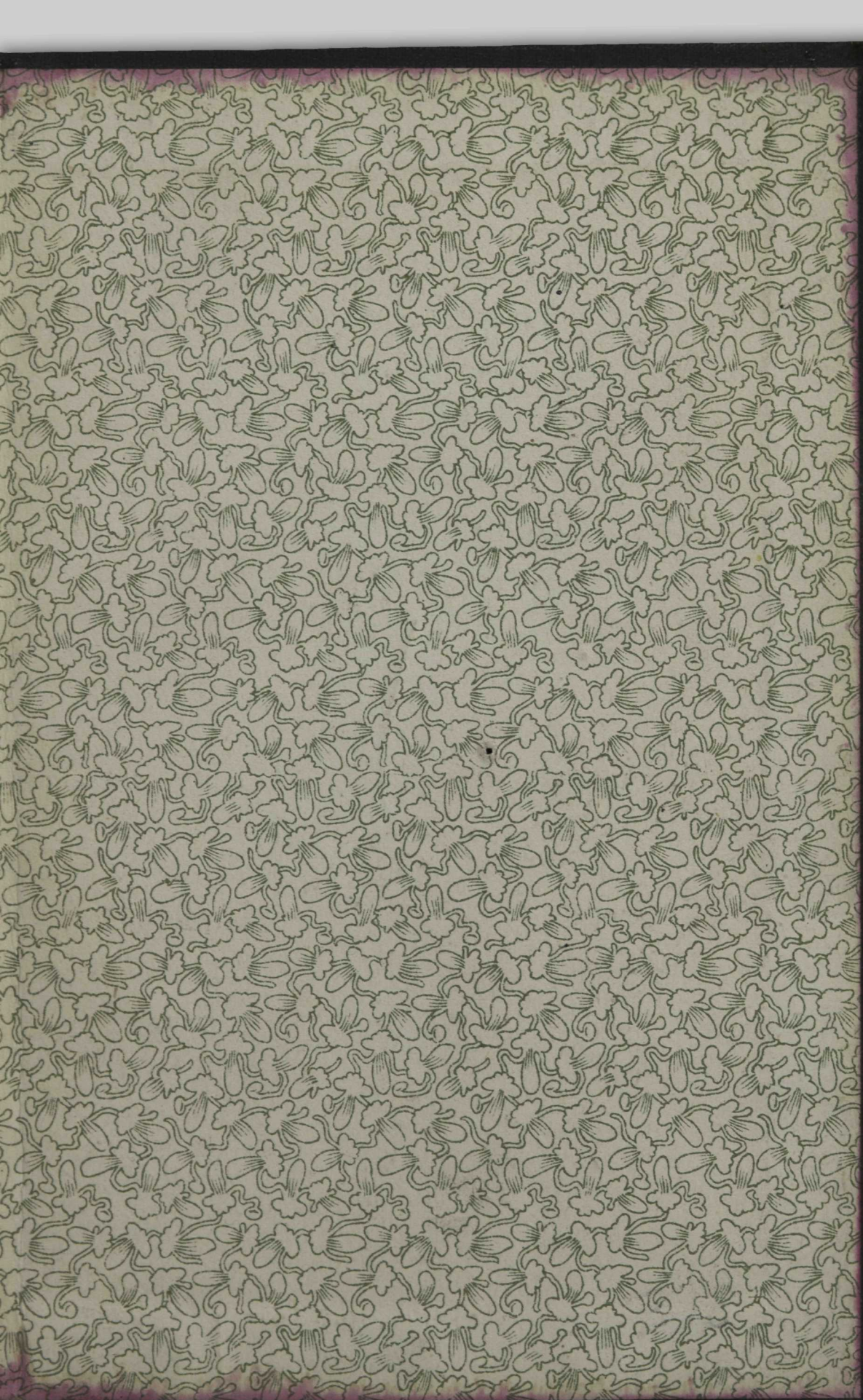
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