

# Collective drafting of the medical student's code of ethics

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## Abstract

This article describes the drafting of the Medical Student's Code of Ethics comparing the process with what is described in literature. Data was collected through qualitative field research, by means of interviews with 24 students, and quantitative field research, using a questionnaire regarding ethical conflicts with a sample of 281 medical students. Based on the students' views and bibliographic research, key issues regarding the preparation of the undergraduates' code of ethics were identified. As a result, the code dealt with rights and duties of lecturers, patients, the institution and society as a whole, considering even contemporary problems such as the use of social networks and college hazing. The study concludes that the collective drafting of the code is the beginning of a process that intends to encourage reflection on health care and social perspective in order to take decisions consistent with ethical and moral principles, respecting human dignity.

**Keywords:** Code of ethics. Students, medical. Ethics, professional. Bioethics. Morals.

## Resumo

### Elaboração coletiva do código de ética do estudante de medicina

Este artigo descreve a elaboração do Código de Ética do Estudante de Medicina comparando o processo com o descrito na literatura. Os dados foram levantados em pesquisa de campo qualitativa, por meio de entrevista com 24 estudantes, e quantitativa, com aplicação de questionário sobre conflitos éticos a 281 acadêmicos. A partir das opiniões dos estudantes e pesquisa bibliográfica, identificaram-se temáticas essenciais para elaboração do código de ética do estudante de graduação. Como resultado, o código abordou direitos e deveres de professores, pacientes, instituições e sociedade em geral, considerando inclusive problemas contemporâneos, como o uso de redes sociais e trote universitário. Concluiu-se que a elaboração coletiva do código corresponde ao início de processo que pretende estimular a reflexão sobre assistência médica e dimensão social para se tomar decisões coerentes com princípios éticos e morais em respeito à dignidade do ser humano.

**Palavras-chave:** Códigos de ética. Estudantes de medicina. Ética profissional. Bioética. Princípios morais.

## Resumen

### Elaboración colectiva del código de ética del estudiante de medicina

Este artículo describe la elaboración del Código de Ética del Estudiante de Medicina comparando este proceso con lo que se describe en la literatura. Se recolectaron datos a partir de una investigación cualitativa, mediante entrevistas con 24 estudiantes, y de una cuantitativa a través de la aplicación de un cuestionario sobre conflictos éticos a 281 universitarios. A partir de las opiniones de los estudiantes y de la investigación bibliográfica se identificaron temáticas esenciales para la elaboración del código de ética del estudiante de grado. En consecuencia, el código abordó los derechos y deberes de los profesores, los pacientes, las instituciones y la sociedad en general, considerando, además, los problemas contemporáneos como el uso de redes sociales y los ritos de iniciación universitarios. Se concluye que la elaboración colectiva del código corresponde al inicio de un proceso que pretende estimular la reflexión sobre la asistencia médica y la dimensión social para la toma de decisiones coherentes con los principios éticos y morales, respetando la dignidad del ser humano.

**Palabras clave:** Códigos de ética. Estudiantes de medicina. Ética profesional. Bioética. Principios morales.

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The *Universal Declaration on Bioethics and Human Rights*, published by the United Nations Educational, Scientific and Cultural Organization (UNESCO), emphasized that the government should promote bioethical education and training at all levels and encourage the dissemination of information and knowledge related to bioethics<sup>1</sup>. In this perspective, the National Curricular Guidelines for medical courses, instituted in 2014, include in the profile of the future professional generalist, humanistic, and critical reflection, enabling graduates to act based on ethical principles<sup>2</sup>.

In order to contribute to the formation of professionals with an ethical attitude, higher education institutions such as the University of Brasília, the Federal University of Bahia, the University of Extremo Sul Catarinense and the University of São Paulo developed codes of ethics for medical students (*códigos de ética dos estudantes de medicina - CEEM*), based on the Brazilian Code of Medical Ethics (Código de Ética Médica (CEM)). This is because it is during the undergraduate course that students build the bases for the future exercise of the profession, both regarding technique and ethics. This process reinforces the need to include ethical content in medical education and to use CEEM in a pedagogical way, emphasizing principles and guidelines that shape the legal practice of medicine, in addition to humanization and citizenship<sup>3</sup>, in the educational process of undergraduates.

In order to raise CEEM to the role of a pedagogical instrument for the stimulation of ethical reflection on medical practices, it should be considered that codes of ethics should not be seen as strictly punitive tools, but as a guiding document aimed at normalizing professionals' ethical behavior, promoting patients' well-being, and promoting the security of society. Therefore, it is necessary for medical courses to offer not only technical training, but also continuous preparation on the contents of human areas to promote reflection and improve the moral development of undergraduates<sup>4</sup>.

The university as a whole needs to understand the responsibilities in the task of educating in times of change for a social morality that requires incorporating the new paradigm of caring. It is necessary to awaken lecturers from health courses to the nightmare that only stimulates the pursuit of technical perfection, focused on equipment and healing at any cost, which even leads to forgetting about human life, which is the greatest asset<sup>5</sup>. Thus, the purpose of the study was to report the experience in the collective drafting of the of the medical student's code of ethics for a public university of/from the state of Minas Gerais.

## Methodology

This paper describes the academic experience that involved lecturers and students in the drafting of the medical student's code of ethics of a Brazilian public university, the State University of Montes Claros (Universidade Estadual de Montes Claros – UNIMONTES). Results of field research with data collection in the second half of 2014 and bibliographic research conducted in 2015 theoretically grounded the work. The bibliographical research was carried out on the website of the Virtual Health Library (Biblioteca Virtual em Saúde - BVS) using the integrated method, with the adoption of the term “código de ética médica” (medical code of ethics) for the search, resulting in 538 documents. After using a filter to select full texts, published in Portuguese, Spanish and English from 2010 onwards and with main subjects on “medical ethics” and “codes of ethics”, 88 articles remained.

The titles of the papers collected in this first pruning were read to verify if the articles referred to the themes “código de ética” (code of ethics), “normas éticas” (ethical standards) and “guia ético” (ethical guide), a process that resulted in 43 articles. All these articles were read in full and 15 of them were selected to help broaden the knowledge regarding professional ethics through discussion in a work group formed by medical students and lecturers in the health field, in order to obtain standards of content based on scientific evidence.

In order to complement the bibliographical research in the Virtual Health Library, a search and reading of books and documents of interest in medical education was carried out. Different medical student's codes of ethics were read in full<sup>6,7</sup>, as well as the Code of Medical Ethics proposed by the Brazilian Federal Council of Medicine<sup>8</sup>. In addition, the *Universal Declaration on Bioethics and Human Rights*<sup>1</sup>; the new National Curricular Guidelines for medical courses of 2014<sup>2</sup>; and the norms for regulation of teaching in undergraduate courses<sup>9</sup> and of the pedagogical project of the UNIMONTES medical course<sup>10</sup>, were carefully read.

The field survey was conducted by lecturers and involved a quantitative and qualitative approach, with the participation of 281 academics. The questions used considered the identification of some ethical conflict in the graduation course and included a space for comments on this experience. In addition, they verified the opinion of students regarding the importance of drafting a medical student's code of ethics and provided space for them to describe their reasoning.

In addition, qualitative research was conducted through interviews with 24 academics, using guiding questions regarding their impressions of the medical course and ethical conflicts experienced (Appendix 1). After data collection, statistical analysis of the quantitative data using the IBM SPSS program version 22.0 and content analysis of the open questions, with a qualitative approach, were performed.

The analysis of field research data contributed to an in-depth debate with undergraduates, raising ethically conflicting situations and guiding the selection of items to compose the code of ethics. The research also made it possible to verify that the majority of the students emphasized that it was important to draft the code of ethics for the institution of higher education in which they studied. This data stimulated the collective preparation of the document, with the participation of students and lecturers, to attend to the wishes of the student community.

The descriptive results of the questionnaire were not inserted in this article for the methodological delimitation of the subject for the experience of collectively drafting the medical student's code of ethics. In addition, the document itself expresses the items highlighted by students regarding ethical issues in medical undergraduate courses.

Afterwards, weekly meetings with academic participation were scheduled with the purpose of methodologically aligning the drafting of the code and stimulating the discussion of ethical issues in medical education, always based on the bibliographical research and on the results of the field research. In order to prepare CEEM (the medical student's code of ethics), firstly, items considered important for the document were consolidated, based on the aforementioned research.

The selected items were then categorized by the degree of importance of ethical education in medicine, occurring in the titles of the chapters of the code. Subsequently, the articles that would compose each chapter were structured. After its drafting, the code was independently evaluated and reviewed by two professors, doctors from the medical course, who presented their considerations in a meeting with the group.

## Results and discussion

### *Medical student's code of ethics in the light of bioethics*

The medical student's code of ethics (Código de Ética do Estudante de Medicina – CEEM) from UNIMONTES (Appendix 2) was composed of nine chapters, which comprise 33 articles, as presented in Table 1.

In Chapter I of the CEEM there are three articles that discuss "Preliminary Provisions", that is, they elucidate the meaning of medicine as a profession and the real objective of medical action and its focus, the human being. Also in this chapter, it is emphasized that the CEEM must define the rights and duties of UNIMONTES' graduates. Faced with the difficulty of class councils to operate in higher education institutions, the institutions themselves are responsible for preparing documents and instituting forums for action in the field of ethical education, relying on the encouragement and advice of the regional medical councils. This measure is of fundamental importance, since it is known that students experience ethical conflicts during medical undergraduate courses, which invokes the need to create awareness and stimulate sensitivity to the perception of conflicting situations in undergraduate courses.

**Table 1.** Structure of the Medical Student's Code of Ethics of the State University of Montes Claros (Minas Gerais, 2015)

Chapter	Title	Number of sections	Number of articles
I	Preliminary provisions	1	3
II	Regarding fundamental principles	1	4
III	Regarding medical acts/actions practiced by medical students	1	3
IV	Regarding students' rights	1	1
V	Regarding fundamental duties and limitations	1	3
VI	Regarding relationship	2	12
VII	Regarding professional secrecy	1	3
VIII	Regarding penalties and their applications	1	2
IX	Regarding final provisions	1	2

In addition, the student's code of ethics can be seen as an additional mechanism that provides visibility to ethical conflicts in medicine, including social relationships within health care. It can be said that the code will be an instrument for the daily use of medical students. A study conducted with 40 medical interns from the 11<sup>th</sup> semester of the undergraduate course from the Federal University of Santa Catarina found 84 problems considered ethical and related to inadequate attitudes in the medical profession. Among the problems, those related to respect for autonomy, confidentiality and the communication of bad news stand out. Students referred to feelings of "impotence" and "indignation"<sup>12</sup>. In these situations, the medical student's code of ethics can guide the students' attitude towards the diversity of ethically conflicting situations during the undergraduate course, raising their awareness regarding their essential duties and obligations based on the code.

Chapter II presents four articles and covers the "Fundamental Principles". The topics covered range from commitments accepted when choosing medicine as a profession until instruction on how students should be prepared during their academic training. It was specified that medical training should take into account the perspective of the human sciences, considering three aspects: ethics, communicational ability and humanity. This last point is conceived as sensitivity and compassion for the pains of other people<sup>13</sup>. It is part of this same viewpoint taken in the public policy of the United Kingdom, which is the cradle of the worldwide trend of humanizing health care, with wide experience in the humanities in health as a tool for ethical training<sup>14</sup>. Implementing this perspective requires continuous training of lecturers and professionals for the appropriate use of the conceptual and reflexive resources necessary to confront conflicting situations in the medical field. Among these resources, the Student's Code of Ethics stands out, a tool that can help to weigh these situations.

Chapter III has three articles, and Article 8 is divided into three sections. The topic discussed refers to the requirements to be met in the performance of medical acts by medical students, including the prediction of punishment for noncompliance with the rules established in the code. It can be epitomized with article 9, which stresses that the student who practices medical acts without supervision of a medical professional should be held responsible for unprofessional conduct.

Medicine is a profession that responds to the social demands of the community. From an ethical perspective, professionals put the interests of people above their own. Thus, the profession must be guided by ethical principles and guided by standards of professionalism, which main interest is the well-being of the users of health services<sup>15</sup>. Therefore, if high standards of quality of the profession are not achieved, penalties should be instituted, not as punishment, but as an opportunity for learning and the education of the future medical professional.

It is believed that in this way one can overcome and avoid the continuation of ethically incorrect practices in the medical field that often happen in a veiled or surreptitious manner, without students even being fully aware of the acts that they have done, since their actions do not always cause visible damage to other people.

Chapter IV only has article 11, which is divided in eight subsections. This article raises questions regarding medical students' rights, so that they can better orient themselves regarding what they are allowed to do and participate in within the context of the university, and thus, assure their rights in the most diverse university projects and instances.

Chapter V brings three articles, 12 to 14, wherein article 13 is subdivided into ten sections and article 14 in seventeen. The content addressed concerns the fundamental duties and limitations of the medical students. Issues discussed relate to the application of the code, to the ethical and legal precepts that are to be followed, and to the restrictions regarding medical students' actions during their undergraduate course. For example, students are prohibited from participating in and performing hazing with first year students through coercion, physical and moral aggression, or any other form of embarrassment that could endanger health or physical, mental and moral integrity.

We must briefly digress here regarding the point of the code discussed in the previous paragraph. One must question the extent to which higher education institutions can continue to accept hazing as a rite of passage, or to what extent they should classify it as an oppressive process, although condoned in society. Hazing can be compared to other forms of naturalized violence, such as television "pranks" that expose people to situations that are vexatious and even risky. In the contemporary world, one lives in a culture that has made violence banal, which contributes to perpetuate discriminatory behaviors based on stereotypes related to color, gender and ethnicity<sup>16</sup>.

Research on bullying conducted with medical students reveals violence in the form of repeated abuses, little recognised in medical training, specifically during college hazing. A broad debate on violence in the university scope becomes important, in order to build an environment of respect and cooperation for the positive development of people. Higher education institutions should create mechanisms to, as far as possible, ban violence<sup>17</sup> from academic life. Faced with such a need, it is up to medical courses to plan and carry out campaigns aimed at eliminating discrimination in the academic environment, as well as in society, based on the appreciation of human rights.

Chapter VI, "On Relationships," consists of two sections that discuss students' interpersonal relationships with patients and with their colleagues, teachers, and health care staff. The first section includes articles 15 and 16, which highlight students' obligations to patients, as well as their limits regarding the care of users of health services. The second section includes articles 17 to 26, which define students' competences and abilities in the academic community, aiming to establish decent conditions for learning. The topic of the doctor-patient-family relationship is important, since, intrinsically, this interaction is permeated by power relations<sup>18</sup>.

Research with boarding school students at the School of Medicine of the National Polytechnic Institute of Mexico in a hospital environment showed that: 1) hospital authorities did not respect the students' meal times; 2) lecturers did not respect the schedule of classes; 3) students felt harassed and suffered violence and abuse, experiencing situations of discrimination; and 4) students were victims of sexual harassment by doctors, residents and nurses<sup>19</sup>.

In medical education, bioethics teaching techniques should emphasize relationships between individuals who are in a potentially antagonistic situation, such as physicians and patients, adopting the principle of solidarity in the daily life of the profession in order to stimulate a fraternal society<sup>20</sup>.

The interpersonal relationship between health professionals and patients is one of the challenges in public health services. Unlike other relational models characterized by domination, accommodation, negotiation and submission<sup>21</sup>, in this relationship the contractualist model is the most desirable, since it involves both parties' commitment. In this sense, the code of ethics for students can contribute to create healthy professional-patient-family

relationships, encouraging respectful listening and welcoming, which are indispensable for health care.

Chapter VII, composed of articles 27, 28 and 29, outlines the issue of "Professional secrecy", which is an obligation of every medical student. Of particular note is article 28, which informs that the breach of confidentiality due to legal duty is allowed, as long as it does not harm the patient. Item III of Article 29 also calls attention to vetoing the dissemination of cases and images of patients in the media. Medical secrecy is a duty in medicine, being a foundation for the doctor-patient relationship. A study on professional secrecy was conducted with 207 medical students from the 1st to 4th year of the State University of Pará. Of these, 20 were excluded, leaving 187 respondents. The results showed that only 25 students had mastery over the subject, 135 had unsatisfactory knowledge and 27 did not know any proposition about the subject<sup>22</sup>.

This denotes the fundamental importance of ethically orienting graduates in order to train qualified professionals to respect the secrecy of users. Research conducted on 80 national and international websites on information regarding cerebrovascular disease and myocardial infarction found a lack of respect for the principles of the code of conduct by health websites from the Health On The Net Foundation, including the confidentiality of information. This result shows that relationships that are disrespectful with regard to confidentiality extends to information technology in the health field<sup>23</sup>.

In Chapter VIII, articles 30 and 31 emphasize the obligation to follow the precepts set out in the medical student's code of ethics and describe possible penalties and their applications in case of ethical infractions. It is pointed out in article 31 that the extent and consequences of the damage caused by failure to comply with the precepts will define the severity of the penalty. In this perspective, it is important to emphasize that the practice of medicine by students without professional supervision typifies illegal behaviour and is considered a crime in terms of criminal law; that will extrapolate the purely administrative penalty imposed by the higher education institution.

In order to be judged ethically, it is necessary for human acts to affect people, environment and collectivity, and can be justified by the existence of alternative but incompatible behaviors, supported by argument based on reason<sup>24</sup>. Finally, Chapter IX, "Regarding the final provisions", includes two articles, noting that changes in CEEM-UNIMONTES

will be the responsibility of the medical course of said educational institution. This is because the review should be based on careful listening and debate regarding medical ethics, with the collective participation of lecturers and students, as adjustments to the dynamics of life itself, so that conflicting facts do not become naturalized in medical training.

## Final considerations

This study describes, through an experience report, the process of drafting a code of ethics for the medical students from a public institution in the state of Minas Gerais, Brazil, which may serve as a model for other medical courses. The code of ethics was developed based on the identification of ethically conflicting situations common to medical students, especially in the clinical care area, as well as on bibliographic research regarding the topic "ethics in medical training", including reading codes

of ethics in the field of health. The drafting of the code was done collectively, with participation of lecturers and students from the medical course, according to the needs presented by the student group in its foundation of the ethical conflicts experienced by students during the graduation.

The importance of combining methods to collectively draft the document was emphasized: field and bibliographical research, listening to students and professors, and analysis of codes of ethics in the health field and of the documented bylaws of the higher education institution. The experience of the collective drafting can be considered the beginning of the process that intends to continue stimulating students to reflect on their actions in medical assistance and in the social dimension. This assists them in professional decision-making, leading to attitudes consistent with ethical and moral principles, always respecting the dignity of the other as a human being.

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#### Authors' participation

Márcia Mendes Menezes and Simone de Melo Costa participated in all stages of the study. Camila Rodrigues Ribeiro, Caroline Urias Rocha and Fernando Ribeiro Amaral participated in the bibliographical research and drafting of the manuscript and of the "Medical student's code of ethics" (*Código de ética do estudante de medicina* - CEEM). Cristina Andrade Sampaio and Luciana Colares Maia contributed in the field research, in the drafting of the CEEM and in the final revision of the manuscript.

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## Appendix

### 1) Quantitative research (questions that gave support to the drafting of the code of ethics)

Ethical conflicts experienced during your undergraduate course

1. Have you experienced any ethical conflict during your undergraduate course? ( ) Yes ( ) No

If so, comment: \_\_\_\_\_

2. Do you think it is important for UNIMONTES to draft a medical student's code of ethics?

( ) Yes ( ) No

Justify your answer: \_\_\_\_\_

### 2) Qualitative research (questions that gave support to the drafting of the code of ethics)

Talk about:

- Your impression of the medical course;
- Ethical issues and conflicts experienced.

## Medical Student's Code of Ethics

### Presentation

The State University of Montes Claros (*Universidade Estadual de Montes Claros - UNIMONTES*), like other universities, formulates this Medical Student's Code of Ethics (*Código de ética do estudante de medicina - CEEM*) as a document of fundamental importance in the ethical formation of the future medical professionals.

CEEM is not intended to be a set of guidelines with a punitive character, but rather to guide students in situations of difficulty. The objective is to guide the conduct of students from the undergraduate course to commit themselves to the responsible practice of medicine in care, in their conduct when dealing with patients, lecturers, employees and colleagues, and in the practice of solidarity, compassion and respect for human life.

This document was prepared collectively with the participation of students and lecturers, being the result of a master's degree in Primary Health Care with the theme "Ethics in medical training".

Finally, continuous ethical reflection in the medical course is suggested, aiming at future adjustments of this document according to the demands of techno-science and society.

### CHAPTER I

#### *Preliminary provisions*

**Article 1** The Medical Student's Code of Ethics regulates the rights and duties of the medical students of the State University of Montes Claros (*Universidade Estadual de Montes Claros - UNIMONTES*) in the exercise of their academic activities, both in the Darcy Ribeiro University Campus and in the different practice scenarios.

**Article 2** - Medicine is a profession that is exercised for the benefit of the health of the human being, of the community and of the environment, without discrimination of any form or pretext.

**Article 3** The objective of all medical attention is the health of the human being. Medical students, as members of the health team, are responsible for directing actions aimed at satisfying people's health needs and defending principles of public health and environmental policies.

### CHAPTER II

#### *Regarding the fundamental principles*

**Article 4** Choosing medicine as a profession presupposes accepting ethical precepts and

commitments to the health of the human being and of the community, as well as combating inequalities, injustices, discriminations and prejudices of any nature.

**Article 5** The medical students' practical activities are intended to enable them to prepare fully for the exercise of the medical profession. Activities should benefit the users of the health service and students themselves.

**Article 6** – It is the medical students' duty to collaborate, within their capacity, in the proposals of health promotion, in the prevention of illness, in the recovery and rehabilitation of patients, as well as with public health bodies, through respect for hygiene legislation and the regulations in force.

**Article 7** Medical student must prepare themselves morally and intellectually for the future exercise of the profession, which will require of them continuous cultural, technical-scientific and ethical improvement.

### CHAPTER III

#### *Regarding the medical acts practiced by medical students*

**Article 8** The execution of medical actions by students is inherent to the practical learning of medicine, and must obey the following requirements:

I. It will depend on authorization and medical supervision for execution, since students do not have legal authorization for it;

II. It should be compatible with their technical-scientific capacity, their responsibility and the set of values added during the course;

III. It will not be subject to employment bonds, the receipt of fees or salary for the exercise of their academic activities or others linked to it, which does not apply to scholarships, research projects, allowances and other contributions of this kind formally granted by institutions or development agencies where they carry out their activities as training.

**Article 9** It is forbidden to practice medical actions without the proper supervision of a medical professional, which constitutes illegal exercise of the profession, with administrative, civil and criminal responsibility being imposed on those who practiced it.

**Article 10** Medical students are responsible civilly, criminally, ethically and administratively for

acts harmful to patients and acts that have given cause for recklessness or negligence, provided that it is proven that their supervisor is exempt from responsibility.

### CHAPTER IV

#### *Regarding students' rights*

**Article 11** The medical students' rights are:

I. To exercise their practical activities without being discriminated against on the grounds of belief, ethnicity, gender, sexual orientation, nationality, social status, political opinion or any other factor.

II. To participate in the drafting of the regulations and norms of the institutions where they practice and to immediately point out to the competent sector the failures, deviations or distortions, whenever they deem necessary, prevailing on the good practice of teaching and practicing medicine.

III. To request the competent bodies, individually or collectively, to suspend their practical activities when the institution does not offer minimum conditions for their performance.

IV. To be represented in deliberative instances (collegiate, congregations, councils) of UNIMONTES, being guaranteed the right to voice and vote.

V. To perform or participate in research projects, provided that they are under the guidance of a responsible lecturer.

VI. To be in the position of author or co-author of a scientific paper, provided that they have effectively participated in the drafting and that it complies with the norms required for publication.

VII. To organize themselves with their peers in the Academic Center, Academic Directory or Student Guild.

VIII. To enjoy the rights foreseen in the norms of the Institution, such as the UNIMONTES' Internal Regulation and the Political Pedagogical Project of the medical course.

### CHAPTER V

#### *Regarding the fundamental duties and limitations*

**Article 12** In order to guarantee the faithful application of this code, UNIMONTES medical students must comply with and enforce the ethical and legal precepts of medicine, and, with discretion and reason, communicate to the coordinators and the

course department that they have knowledge of and recognize a possible violation of this code and of the norms that regulate the exercise of the profession.

**Article 13** The fundamental duties of the student of medicine, whose violation characterizes ethical infraction, are:

**I.** To maintain absolute respect for human life, never using their knowledge to impose physical, moral or psychological suffering, for the extermination of a human being, or to allow and cover-up an attempt against their dignity and integrity.

**II.** To respect corpses, in whole or in part, in the practice of dissection or other act related to their learning.

**III.** To know the norms, regulations and resolutions of the institutions that make up the different scenarios of practice during undergraduate course.

**IV.** To carry out their activities with respect to the persons, institutions and current regulations.

**V.** To present themselves with neat appearance, white coat or appropriate clothing and be properly identified during academic activities in the health services.

**VI.** To take care of their personal possessions and their physical, mental and moral integrity.

**VII.** To defend health as an inalienable and universal right, and contribute to the consolidation and improvement of the Unified Health System (Sistema Único de Saúde).

**VIII.** To maintain updated technical-scientific and cultural knowledge necessary for the full performance of medical undergraduate activities.

**IX.** To care for the health and dignity of the patient.

**X.** To safeguard professional secrecy and patient's privacy.

**Article 14** Medical students are forbidden from:

**I.** Providing medical care under their sole responsibility, except in cases of imminent danger to life.

**II.** Signing prescriptions, writing notes or medical records, prescriptions, reports, requesting tests or providing medical certificates without the supervision and signature of the professional that guides/supervise them.

**III.** Using the stamp of any medical professional and signing for them during the exercise of academic activities.

**IV.** Being an accomplice in any way to those who illegally practice medicine.

**V.** Making or participating in experiments with people, sick or healthy, without: approval of the Research Ethics Committee, supervision of a responsible person, free and informed consent of the patient and respect for ethical principles and national and international norms regulating ethics in research involving human beings.

**VI.** Practicing, participating or being involved in medical acts that are unnecessary or prohibited by the laws of the country.

**VII.** Acting with disrespect or disregard to any patient, health professional, lecturers and other employees of the institution, colleagues, and the population in general.

**VIII.** Taking any biased attitude towards patients, employees, colleagues, lecturers or anyone else, whether in relation to belief, ethnicity, gender, sexual orientation, nationality, social status, political opinion or any other factor.

**IX.** Participating and carrying out hazing of first year students, when held under duress, physical or moral aggression, or any other form of embarrassment that may carry a risk to health or to their physical, mental and moral integrity.

**X.** Failing to take responsibility for their actions, assigning their mistakes or failures to another or to chance circumstances.

**XI.** Participating or contributing, in any way, to the commodification or downgrading of medicine.

**XII.** Exercising authority in a way that limits the autonomy and rights of patients to decide on their actions and well-being.

**XIII.** Carrying out their academic activities in a way that disrespects beliefs and values, practices ethical infractions, corrupts customs, commits or favors crimes.

**XIV.** Participating in torture or other forms of degrading, inhuman or cruel procedures against persons or animals, or providing means, instruments, substances or knowledge for such purposes.

**XV.** Providing means, instruments or substances to anticipate the death of patients.

**XVI.** Creating situations that impair the good progress of educational activities, such as using electronic equipment during theoretical

and/or practical activities to make or receive calls, to photograph and record the discussion of the contents without the authorization of the responsible lecturers.

**XVII.** Using information, published or not, of other author(s) without reference.

## CHAPTER VI Regarding relationship

### SECTION I Relationships with patients

**Article 15** The duties of the medical student are:

**I.** To respect the commitments they made, presenting to their activities on time.

**II.** To present themselves appropriately, cultivating habits and ways that make patients see the interest and respect that they deserve.

**III.** To be modest in their actions, having cordiality and respect for the patients' modesty as a principle.

**Single paragraph.** Means or expressions that frighten patients or trivialize their suffering should be avoided.

**IV.** To understand and tolerate some attitudes or manifestations of patients, remembering that such attitudes may be part of their illness.

**V.** To demonstrate respect and dedication to patients, never forgetting their condition as human beings, and not considering them as mere objects of study.

**VI.** Within their knowledge as students, to perform care in which patients are seen in their physical, psychological and social entirety. Students should be able to listen carefully to patients, clarifying doubts and understanding their expectations, needs and complaints, even those that appear to have no relation to the disease.

**VII.** To be patient and calm, acting with prudence and common sense at all times.

**VIII.** To explain in detail, in a simple and objective way, the diagnosis and treatment, so that the patient clearly understands the disease, the benefits of the treatment and also the possible complications and prognoses, always under direct supervision of the lecturer or doctor responsible for the patient.

**Single paragraph.** Be aware of the limits of medicine and speak the truth to patients, family

members or those responsible regarding the state of health, the absence or the low effectiveness of a treatment, presenting all the therapeutic alternatives.

**Article 16** Medical students are forbidden from:

**I.** Abandoning, without justification, the follow-up they were providing to the patient.

**II.** Disrespecting the patient's autonomy in face of the possibility of alternatives for the health treatment.

**III.** Defining patient's diagnosis and prognosis without supervision and/or authorization from the lecturer or doctor responsible for the patient.

**IV.** Obtaining physical, emotional, financial or political advantage from situations arising from the relationship with the patient.

**V.** Failing to record in the medical record, clearly and legibly and under direct supervision, their observations of the patient's evaluation.

**VI.** Initiating any clinical procedure without the prior consent of the patient or his or her legal guardian and without the authorization of the supervising lecturer.

### SECTION II Relationships with health staff, teachers and colleagues

**Article 17** Medical students are obliged to respect the norms of the institutions where they carry out their academic activities.

**Single paragraph.** The use of illicit means or other personal advantages to obtain results in apprenticeship assessments is prohibited.

**Article 18** Medical students are obliged to watch over the moral and material patrimony of the institutions where they carry out their activities.

**Article 19** Medical students must respect the institutions and not slander or defame their directors and employees.

**Article 20** Medical students are prohibited from causing any kind of embarrassment to first year students or inflicting physical and/or psychological violence on them, regardless of their consent.

**Article 21** It is not the duty of the medical students to give warnings or make complaints to health personnel regarding their professional activities, but if they deem it necessary, they should approach their immediate superior and communicate the fact to him or her.

**Article 22** Students should not depart from their activities, even temporarily, without communicating to their superior.

**Article 23** Students should not criticize technical-scientific error of absent lecturers and colleagues, except by means of representation to the coordinators of the medical course.

**Article 24** Medical students should always have the utmost respect, solidarity, consideration and appreciation for the academic community, such as lecturers, other employees and colleagues, as well as for professionals in clinical practice scenarios, aiming at harmonious coexistence and good relationships among all.

**Article 25** Medical students have the right to be treated with respect by lecturers and other health professionals, with whom they share the professional practice, at the same time, students must be exemplary in their ethical and respectful relationship with patients.

**Article 26** Medical students must always ensure dignified and adequate conditions for learning in the educational institution.

## CHAPTER VII

### *Regarding professional secrecy*

**Article 27** Medical students shall be bound to maintain confidentiality about facts and information that they have knowledge of by having seen, heard or deduced in the exercise of their activities with patients, except from lecturers when necessary for the development of academic activities.

**Article 28** The breach of confidentiality is permissible only for just cause, for legal duty or express authorization of the patient, provided that the breach of this secret does not harm the patient and is communicated and authorized by the lecturer/supervisor.

**Article 29** Medical students are forbidden from:

I. Disclosing professional secrets concerning minor patients, including to their parents or legal guardians, provided that the minors are able to evaluate their problem and to conduct themselves in solving it, except where non-disclosure may entail harm to the patient.

II. Facilitating the handling or knowledge of medical records, and other medical notes subject to professional secrecy by persons who are not bound by the same commitment.

III. Disseminating in the media images of patients and/or injuries presented by them to exchange information among colleagues, reserving to them the right of confidentiality regarding their health state.

IV. Making reference to identifiable clinical cases, exposing patients', image or any other element that identifies them, in any medium of communication or under any pretext. Exception is made in case of scientific publications in which patients or their legal guardians have given authorization by means of the free and informed consent term document. In such cases, all measures should be taken to preserve the anonymity of the information and the identity of the subject, as well as to preserve the ethical principles of research involving human beings and to submit the proposal of the study for consideration by the UNIMONTES' research ethics committee.

## CHAPTER VIII

### *Regarding sentences and their applications*

**Article 30** The ethical precepts of this code are mandatory and its non-compliance will subject students to the following penalties:

I. Confidential warning, in a reserved notice, by the academic committee of the medical course and the board of the Center for Biological Sciences and Health (*Centro de Ciências Biológicas e da Saúde - CCBS*);

II. Referral of administrative proceedings to UNIMONTES, pursuant to Title XI of the Disciplinary Regime contained in the Norms for Regulation of Teaching in UNIMONTES Undergraduate Courses.

**Article 31** The severity of the penalty will be assessed according to the extent of the damage and its consequences.

## CHAPTER IX

### *Regarding the final provisions*

**Article 32** The changes to this code are within the competence of UNIMONTES medical course.

**Article 33** This code shall be in force from 2017. *Apoio: Fundação de Amparo à Pesquisa do Estado de Minas Gerais (processo CHE-APQ. 00707-15) e bolsa de incentivo ao pesquisador público estadual (processo BIP 00058-16).*