Beberapa Dokumen Tentang Etik Kedokteran

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ABSTRACT

Ramlan Mochtar — Ferius documenta on medical ethics

The author reminds the Indonesian medical profession of various codes of medical ethics guiding medical practice and research. Among others, the following codes are discussed: 1) Hippocratic Oath, the Declaration of Geneva, the Declaration of Sydney, and the AMA Principles of Medical Ethics.

Key Words: medical ethics — Hippocratic Oath — Oath of Indonesian Physicians — biomedical research — statement on death

Etik kedokteran adalah etik khusus catat pemangku-pemangku jabatan dokter. Sebagai dasar etik kedokteran itu dipakai beberapa dokumen seperti tersebut di bawah ini.

SUMPAH HIPPOCRATES

Terjemahannya berbunyi:

— Saya berumpah kepada Dewa Penyembuh Apollo, kepada tekaan teka Asclepius, kepada Hippokrates, kepada Panakiot, dan kepada semua dewa dewi; dan saya menetahui nama mereka sebagai tahlil, bahwa saya akan menemui segala nampih jat hook mendangak名誉 saya dan saya akan melaksanakan tugas yang berikut:
  — Saya akan menolong semua yang bapa saya mendapat, beliau-beliau yang telah menyembuh saya dalam sesi kedokteran;
  — Saya akan membantu benda saya dalam beliau beliau tersebut dan apabila perlu saya akan menyembuh beliau-beliau itu dalam keadaan bebas penyakit pada penghalangannya;
  — Saya akan memperlakukan anak-anak beliau-beliau itu sebagai sandar kemudi saya sendiri;
  — Saya akan mengajar sesi kedokteran kepada mereka apabila mereka itu menghendaki
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0126-1657/81/1303/1151 © 1981 Berkat Ilmu Kedokteran
— Saya tidak akan menolak, kaces kepada saya pula yang menghendakannya, dan juga saya
— tidak akan menolak, mempunyai hak.
— Saya tidak akan memberikan otok kepada seorang pemimpin untuk
— Saya akan mencurahkan budi saya dan jahat saya dalam kerjaan no-nemuan.
— Saya tidak akan melakukan pembelaan dua orang yang menderita penyakit baru.
— Saya akan memperlihatkan orang itu kepada orang yang selalu dalam keadaan mem-
— beri.
— Komnas perpajakan juga saya tidak dengan hanya akan saya buatkan kores kepemilian
— erang saja, dan saya tidak akan melakukan riset perpajakan yang bertentang atau yang
— merugii.
— Saya tidak akan melakukan pembelaan orang yang telah di seorang pemimpin, baik
— yang mereka maupun orang bukan color.
— Saya tidak akan menyakinkan bagian seseorang yang mengambil opa dengar saya yang
— mengambil opa buat dalam kedudukan pada pemerintah, baik dalam waktu menyakinkan
— tiga jahat saya, meskipun dia buat menyalahkan orang jahat ini, setiap akan saya
— pelihara sebagai rahasia.
— Saya tidak mempelai ini seorang pamulang seri dan selama mempelai ini tidak saya nodai, selama ini
— puasah modal-mudahnya saya akan mengampun kekeliruan budi dan jahat saya se-
— penekan, arus efektifnya, arus efektifnya, salah semua orang.
— Terlepas apabila sahup saya ini saya nodai, maka kekeliruan atau yang akan menjadi nasib
— saya.

Hippocrates adalah seorang dokter yang terkena dan guna dalam ilmu ke-
— dokter, yang didapat 460—377 sebelum M. di pulau Ceis di Yunani. Ia diang-
— gap sebagai bagian ilmu kedokteran dan etik kedokteran. Ia berpendapat,
— bahwa ilmu kedokteran adalah ilmu yang paling mula, karena ia berasa
— peringkat penderitaan semasa manusia. Untuk menjaga kemaluan ilmu
— dan jahat jenius kedokteran, ia mengharapkan tiga hal paling nyata untuk
— sampai sebelum menjalankan pekerjaannya sebagai dokter seperti tercatat dalam
— Sumpah Hippocrates di atas ini.

Surat-surat Hippocrates mempunyai nilai moral yang sangat tinggi, Menurut
— Willard L. Schar, seorang ahli moral: "As far as I know, the Hippocratic Oath
— has so parallel: in the history of morals." Sumpah Hippocrates menjadi dasar
— etik kedokteran di seluruh dunia.

DECLARATION OF GENEVA

World Medical Association dalam rapatnya bulan September 1948 di
— Geneva telah menyusun suatu dokumen yang dinamakan Declaration of
— Geneva, yang dapat dianggap sebagai Sumpah Dokter Internasional. Declara-
— tion of Geneva ini berjalan pada Sumpah Hippocrates dan diselamatkan
— dengan kerjaan sekarang.

Tiap-tiap negara anggota Perkumpulan Dokter Sedunia diharapkan memakai
— Declaration of Geneva ini sebagai dasar Sumpah Dokter di negerinya. Indonesia
— telah diterima sebagai anggota World Medical Association dalam
— Dekamarnya di de Gravesmage, Nederland, pada 1 September 1953.
Raniko Mochtar 1981 Dokumen tentang sud kedokteran

Declaration of Geneva berbunyi:

- As the time of being admired as member of the Medical Profession:
- I solemnly pledge myself to consecrate my life to the service of humanity;
- I will give no more than the exact treatment for which is their due;
- I will not prescribe a medicine except as was taught me by my preceptors;
- The health of my patient will be my first consideration;
- I will respect the secrecy which are confided to me;
- I will not give the means to the knowledge of the Medical Profession;
- My colleagues will be my brothers;
- I will maintain the utmost respect for human life, from the time of conception;
- I will not accept gratuitous benefactions of religion, nationality, race, party politics or social standing to interfere between my duty and my patient;
- Even under threat, I will not use my medical knowledge contrary to the laws of humanity;
- I make these promises solemnly, freely and upon my honor.

Pernyataan Deklarasi dari Geneva

Dalam World Medical Assembly ke-22 di Sydney bulan Agustus 1968 telah diadakan perubahan pada Declaration of Geneva. Kaedah yang berbunyi: "I will respect the secrecy which are confided to me" ditambah sehingga berbunyi: "I will respect the secrets which are confided to me, even after the patient has died".

SUMPAPAH DOKTER INDONESIA

Sumpah Dokter Indonesia sebelum merdeka termaktub dalam Pasal 56 Reglement Dienst der Volksgezondheid (DVG). Sumpah itu berbunyi:

Saya bersumpah (berkata), bahwa saya akan melakukan pekerjaan Ilmu Kedokteran. Ilmu Bedah dan Ilmu Kesehatan tertutsu prasarana perawatan yang telah disiapkan oleh bangsa, dengan pengorbanan dan tanggung saya yang sebagai bakawan dan saya tidak akan memberi bantuan kepada pihak apapun yang ada di seluruh Indonesia, kecuali saya dalam melakukan pekerjaan, kecuali saya dalam membantu memerintah sebagai salah satu aktor dalam mencegah dan mencegah dari bencana dan alhamdulillah yang telah diberikan oleh bangsa dalam membantu memerintah.

Sumpah Dokter Indonesia sebelum merdeka mengalami perubahan, karena menurut para ahli (a. I. Prof. Dr. Soeroto Tjahjonoegoro) dalam Sumpah Dokter itu tidak terjamin rasa syahabat dokter dan bertanggung gembira dengan hak undur diri (werschonungrecht). Maka sejak tahun 1952 Sumpah Dokter itu pada kalimat terakhir ditambah dengan anak kalimat yang berbunyi: "yang tidak bertanggung dengan rasa syahabat".


Lafadz Sumpah Dokter Indonesia yang baru itu berbunyi:

Saya bersumpah hal-hal:

- Saya akan membahaktikan diri saya guna kepentingan perintamaian;
INTERNATIONAL CODE OF MEDICAL ETHICS

World Medical Association, London, October 1949

A doctor shall always maintain the highest standard of professional conduct.

A doctor shall never allow himself to be influenced mainly by interests of profit.

The following principles are deemed unethical:

a. Any self-advertisement except that in expressly authorized by the national code of medical ethics.

b. Taking part in any plan of medical care, in which the doctor does not have professional independence.

c. To receive any monetary remuneration with services rendered to a patient other than the service of a proper professional fee, or to pay any money in the same circumstances without the knowledge of the patient.

Under circumstances a doctor permitted to be something that would weaken the physiological mental capacity of a human being, except from strictly diagnostic indications imposed in the interest of the patient.

A doctor is bound to use his capacity in the fullest and quickest medical capacity, which is recognized by the profession. When a doctor is called upon to give evidence or certificate, he should only state what he can certify.

Discretion in treatment to the sick.

A doctor must always bear in mind the importance of preserving human life from the threat of conception and death.

A doctor must in the proper treatment of all cases, with the consent of the patient, when an examination or treatment is beyond his capacity, he should consult another doctor who has the necessary ability.

A doctor must in his patient's interests accept only what he considers to be in his patient's best interest.

A doctor must give the necessary treatment in emergency unless he is assured that it can and shall be given by others.
Rasmin Mochtar: 1961 Dakamne tentang etik kedokteran

Dokter of doctors to each other
A doctor ought to behave to his colleagues as he would have them behave to him.

A doctor must not enter pro vincus from his colleagues.
A doctor must observe the principle of the “Declaration of Geneva” approved by the World Medical Association.

Dalam Kode Etik Kedokteran Internasional ini dicantumkan tingkah laku seorang dokter yang baik dan yang tidak baik terhadap umum, terhadap pasien dan terhadap teman sejawat.

Perubahan-perubahan “International Code of Medical Ethics”
World Medical Association dalam rapatnya yang ke-22 bulan Agustus 1968 di Sydney, Australia, telah mengadakan beberapa perubahan pada “International Code of Medical Ethics”.

International Code of Medical Ethics
Amended by the 22nd World Medical Assembly, Sydney, Australia, 1968.

Doxies of doctors in general
A doctor must always maintain the highest standard of professional conduct.
A doctor must practice his profession unflinchingly by reason of profits.

The following practices are deemed unethical:

1. Any self-advertisement except such as expressly authorized by the national code of medical ethics.
2. Collaboration in any forms of medical service in which the doctor does not have professional independence.
3. Receiving any money in connection with service rendered to a patient other than a proper professional fee, even with the knowledge of the patient.
4. Any act or advice which could weaken physical or mental resistance of human beings may be used only to his interest.
A doctor is advised to use great caution in divulging discoveries or new techniques or treatment.
A doctor should certify only that which he has personally verified.

Doxies of doctors to the sick
A doctor must always bear in mind the obligation of preserving human life.
A doctor owes to the patient complete loyalty and all the means of his science. Whenever an examination or treatment is beyond his capacity he should summon another doctor who has the necessary abilities.
A doctor will perform absolute secrecy on all he knows about his patient even after the patient has died, because of the confidence entrusted in him.
A doctor may give emergency care as a humanitarian duty unless he is assured that others are willing and able to give such care.

Doxies of doctors to each other
A doctor ought to behave to his colleagues as he would have them behave to him.
A doctor must not enter pro vincus from his colleagues.
A doctor must observe the principles of the “Declaration of Geneva” approved by the World Medical Association;
KODE ETIK KEDOKTERAN INDONESIA


KODE ETIK KEDOKTERAN INDONESIA

MUKADIMAH

Sejak perumusan sejarah umat manusia yang reruntuhan sudah diketahui bahwa kepemimpinan antara dan dalam keinginan pribadi dan peraturan, yang dalam zaman modern sekarang ini dinilai sebagai tujuan terus-menerus aneka dokter dan pasien, yang dilakukan dalam suatu kondisi, serta dibahas bermakna dilakukan oleh segala orang, harapan dan kehendak orang lain dalam.

Sejak perumusan sejarah k controlled, masyarakat umat manusia mengalami setiap mengalami akan adanya beberapa hal fundamental yang membahas secara musikal pada diri sehingga kecuali yang baik dan kekayaan kemurnian, inti, tanggung jawab, kerendahan hati serta integritas, ilmu dan sosial yang baik direspon.

Infus dari Budi, Hipokrates dari Yunani, Galen dari Rom, serta menggunakan beban untuk pelbagai pelbagai peruntukan untuk sebenarnya sama tradisi kedokteran yang mulia. Naskah ini boleh menimbulkan sebut dan organisasi kedokteran yang sangat ke forum internasional kemurnian, kemudian menterjemahkan tradisi dan displin kedokteran tersebut akan masa etik profesional yang sejauh mana mempengaruhi pendekatannya yang mana berbunuh, serta benturan dan keberadaan pedoman etik.

Sejak perumusan sejarah k controlled, ini, para dokter bertekad, bahwa suatu etik kedokteran sudah sejauh mana dibuktikan atas masyarakat yang mengasah hubungan antara manusia umumnya, yang memiliki akar akar dalam filosofis masyarakat yang dirinci dan dikembangkan segera dan dalam maupun itu.

Dengan maksud untuk lebih nyata menerapkan konsep dan kekuatan ilmu kedokteran, kami para dokter Indonesia, baik yang bersangkutan secara profesional dalam Banan Dokter Indonesia, maupun secara fungsional secara dalam organisasi keberadaan dan perlu segera, dengan nafah: Tuhan Yang Maha Esa, sehingga masyarakat suatu Muawawarrah Kerja pada tanggal 1, 2 dan 3 Mei 1969 di Jakarta.

Adapun maksud dan tujuan suatu Muawawarrah Kerja tersebut ialah merumuskan seruan sesuatu akumulasi atau Kode Etik Kedokteran Indonesia yang ditarik Hafrih Pankitty secara berat sebab sekarang yang menjadi inti, ditekankan dan sakti-sakti yang cukup, untuk dirumuskan setelah disusun masa-halnya secara bersama-sama dalam segala kategori orang dan maksud yang sebelumnya.

Demikianlah lidah terbesar kami masyarakat dan jelasnya suatu kemurnian dikepalai.

BAB I. KEWAJIBAN UMUM
1. Seruan dokter berdasarkan menetapkan maupun membeberkan norma yang terkait.
2. Dalam melaksanakan peraturan keberadaan dan perwakilan keberadaan yang baku.
3. Perpajakan berdasarkan dipaparkan berdasarkan dengan.full.

a. Seseorang yang bersangkutan yang berlaku menurut diri sendiri.
b. Ukuran dalam membandingkan peraturan keberadaan dalam segala bentuk, tampak kelihatan profesi.
c. Perwara yang aktif dari imbalan yang baik asal dalam usaha dengan jauhnya, mengikuti dengan pengetahuan pasien.
Kodifikasi XIII.5

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1. Tidak perluatan atau sukar yang mungkin melakmakan daya tahannya makhluk insani, baik jasmani maupun mental, tergantung akan keperluan pasien.

2. Dilarangnya kepada dokter menerima darah atau bantuan dalam mengemukakan pendapat atau pengalaman kelebihan.

3. Secara luasnya itu bermakna kecenderungan atau pendapat yang dapat disukai oleh-masyarakat.

4. Secara luasnya dokter hendaklah berusaha juga menjadi pendekat yang melalui,

5. Dalam jasa sama dengan para yang berkaitan ini bermakna dipilih yang paling dihargai.

BAB II. KEWAJIBAN DOKTER TERAHAD PASIEN


7. Secara luasnya dokter bermakna berusaha untuk mendapatkan segala perhatian dan kebaikan.”

8. Apalagi tidak mampu melakmakan suatu pendekatan sama penghusus, maka wajib ia berusaha untuk mendapatkan dokter lain yang mampu melakmakan kebaikan dalam penyakit yang berlaku.

9. Pasien bermakna akan mengetahui apapun yang ditandai dengan kebaikan dan pencahayaan dari bermakna.

10. Secara luasnya dokter mengetahui segala sesuatu yang diberikan oleh orang lain dan yang mampu mengetahui baik itu sendiri pasien itu mengetahui dari.

11. Secara luasnya melakmakan perlu untuk memberikan suatu sarana atau tugas perencanaan kebaikan.

12. Secara luasnya melakmakan perencanaan dengan bekerja pada suatu tugas perencanaan kebaikan.

13. Secara luasnya bermakna menerima suatu sebagaimana ia sentral ingin diperlakukan.

14. Secara luasnya tidak bekerja dalam menerima dari jasa perencanaan.

15. Secara luasnya harus menjadikan dengan suatu Declaration of Genus yang telah ditentukan oleh Rusun Dokter Indonesia.

16. Secara luasnya mengetahui menerima sebagaimana sebagaimana yang telah ditentukan.

17. Secara luasnya mengetahui menerima sebagaimana sebagaimana yang telah ditentukan.

DECLAREATION OF HELSINKI

RECOMMENDATIONS GUIDING DOCTORS IN CLINICAL RESEARCH
Adopted by the 18th World Medical Assembly, Helsinki, Finland, 1964.

INTRODUCTION

It is the Mission of the Doctor to safeguard the health of the people. His knowledge and conscience are dedicated to the fulfillment of this mission.

The Declaration of Geneva of the World Medical Association binds the doctor with the words: "The health of my patient will be my first consideration" and the International Code of Medical Ethics which declares that "Any act or advice which could result in physical or mental suffering of a human being may be used only in his interest."

Because it is essential that the results of laboratory experiments be applied to human beings to further scientific knowledge and to help suffering humanity, the World Medical Association has prepared the following recommendations as a guide to each doctor in clinical research. It must be ensured that the standards so detailed are only a guide to physicians all over the world.
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Doctors are not relieved from moral, civil and ethical responsibilities under the laws of their own countries.

In the field of clinical research a fundamental distinction must be recognized between clinical research in which the aim is essentially therapeutic for a patient, and the clinical research, the essential object of which is purely scientific and without therapeutic value to the person subjected to the research.

I. BASIC PRINCIPLES

1. Clinical research must conform to the moral and scientific principles that guide medical research and should be based on accuracy and animal experiments or other scientifically established facts.

2. Clinical research should be conducted only by scientifically qualified persons and under the supervision of a qualified medical man.

3. Clinical research cannot legitimately be carried out unless the importance of the objective is in proportion to the subjective risk to the subject.

4. Every clinical research project should be preceded by careful evaluation of subjects' risks in comparison to the expected benefits to the subject or others.

5. Special attention should be exercised by a doctor in preparing clinical research in which the personality of the subject is liable to be altered by drugs or experimental procedures.

II. CLINICAL RESEARCH COMBINED WITH PROFESSIONAL CARE

6. In the treatment of the sick person, the doctor must be free to use a new therapeutic measure, if in his judgment it offers hope of quick relief, remission, or alleviating suffering. If at all possible, consistent with proper precaution, the doctor should inform the patient's family, friends, or anyone else who might be affected. In order to ensure the patient's safety, consent should be obtained from the legal guardian, in case of physical incapacity the permission of the legal guardian is essential, and the patient's permission is obtained by the treatment advised for the patient.

7. The doctor can combine clinical research with professional care, the objective being the advancement of medical knowledge, only to the extent that clinical research is justified by its therapeutic value for the patient.

III. NON-THERAPEUTIC CLINICAL RESEARCH

8. In the purely scientific application of clinical research carried out on a human being, it is the duty of the doctor to ensure the protection of the life and health of the person on whom clinical research is being carried out.

9. The nature, the purpose and the risk of clinical research must be explained to the subject by the doctor.

10. Clinical research on a human being cannot be undertaken without his free consent after he has been informed, in a legally competent, the contents of the legal guardian should be informed.

11. The subject of clinical research should be in such a mental, physical and legal state as to be able to exercise fully his power of choice.

12. Consent should, as a rule, be obtained in writing. However, for responsibility for clinical research, the subject is, with the research worker, in no case, on the subject must either consent or consent is obtained.

13. The investigator must respect the rights of each individual, safeguard his personal liberty, especially if the subject is in a dependent relationship to the investigator.

14. As any other during the course of clinical research the subject or his guardian should be free to withdraw participation for research to be continued. The investigator or the investigating team should inform the subject if in his or her judgment, it may. If continued, be harmful to the individual.
Declaration of Helsinki (Tokyo Revision)

Recommendations guiding medical doctors in biomedical research involving human subjects.

Adopted by the Eighteenth World Medical Assembly, Helsinki, Finland, 1964, and revised by the Twenty-Ninth World Medical Assembly, Tokyo, Japan, 1975.

Introduction

It is the mission of the medical doctor to safeguard the health of the people. His or her knowledge and competence are dedicated to the fulfillment of this mission.

The Declaration of Geneva of the World Medical Association binds the doctor with the words, "The health of my patient will be my first consideration", and the International Code of Medical Ethics declares that, "Any act or advice which could weaken physical or mental resistances of a human being may be used only in his interests".

The purpose of biomedical research involving human subjects must be to improve diagnostic, therapeutic and prophylactic procedures and the understanding of the aetiology and pathogenesis of disease.

In current medical practice most diagnostic, therapeutic or prophylactic procedures involve controls. This applies a function to biomedical research.

Medical progress is based on research which ultimately must rest in part on experimentation involving human subjects.

In the field of biomedical research a fundamental distinction must be recognized between medical research in which the aim is essentially diagnostic or therapeutic for a patient, and medical research, the essential object of which is purely scientific and without direct diagnostic or therapeutic value to the person subjected to the research.

Special caution must be exercised in the conduct of research which may affect the environment, and the welfare of animals used for research must be respected.

Because it is essential that the results of laboratory experiments be applied to human beings to further scientific knowledge and help suffering humanity, the World Medical Association has prepared the following recommendations as a guide to every doctor in biomedical research involving human subjects. They should be kept under review in the future. It must be stressed that the standards outlined are only a guide to physicians all over the world. Doctors are not relieved from criminal, civil and ethical responsibilities under the laws of their own countries.

1. Basic Principles

1. Biomedical research involving human subjects must conform to generally accepted scientific principles and should be based on adequately performed laboratory and animal experimentation and on thorough knowledge of the scientific literature.

2. The design and performance of each experimental procedure involving human subjects should be clearly formulated in an experimental protocol which should be transmitted to a specially appointed independent commission for consideration, comment and guidance.

3. Biomedical research involving human subjects should be conducted only by scientifically qualified persons and under the supervision of a clinically competent medical person.

The responsibility for the human subject must always rest with a medically qualified and informed person on the subjects of the research, even though the subject has given his or her consent.

4. Biomedical research involving human subjects cannot legitimately be carried out unless the importance of the objective is in proportion to the inherent risk to the subject.

5. Every biomedical research project involving human subjects should be preceded by careful assessment of predictable risks in comparison with foreseeable benefits to others. Concern for the interest of the subject must always prevail over the interests of science and society.
6. The right of the research subject to refuse to participate or to withdraw at any time with respect to his or her consent to participate in the study shall be respected. Each subject shall be informed of the right to withdraw at any time without prejudice to the participation in the study or any other research in which he or she may participate.

7. The consent of the subject shall be obtained in writing. The subject shall be informed of all pertinent facts and shall be able to understand the nature and scope of the research. The subject shall be informed of the right to withdraw at any time without prejudice to his or her participation in the study.

8. The research procedure shall be conducted in a manner that ensures the safety and well-being of the subject. The subject shall be informed of all pertinent facts and shall be able to understand the nature and scope of the research. The subject shall be informed of the right to withdraw at any time without prejudice to his or her participation in the study.

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II. MEDICAL RESEARCH COMPARED WITH PROFESSIONAL CARE (CLINICAL RESEARCH)

1. In the treatment of the sick person, the doctor must be free to use a new diagnostic and therapeutic measure. In his or her judgment it offers hope of saving life in alleviating suffering.

2. The potential benefits, hazards, and circumstances of a new method should be weighed against the advantages of the best current diagnostic and therapeutic methods.

3. In any method used, every patient—including those who agree to one method—may be asked to participate.

4. The refusal of the patient to participate in a study must never interfere with the doctor—patient relationship.

5. If the doctor considers it essential to obtain informed consent, the specific system for that proposal should be used in the experimental protocol for transmission to the independent committee (p. 2). The consent is valid only when it is obtained.

6. The research procedures are conducted with professional care. The subject's behavior in the acquisition of new medical knowledge, only as the extent that medical research is facilitated by its diagnostic or therapeutics value for the patient.

III. NON-THERAPEUTIC BIOMEDICAL RESEARCH INVOLVING HUMAN SUBJECTS (NON-Clinical Biomedical Research)

1. In the purely scientific application of medical research carried out on a human being, it is the duty of the doctor to remain the protector of the life and health of that person on whom biomedical research is being carried out.

2. The subjects shall be volunteers—either healthful persons or patients for whom the experimental design is not related to the patient's illness.
3. The investigator or the investigating team should discontinues the research if in his/her or their judgment it may, if continued, be harmful to the individual.

4. In research on man, the interests of science and society should never take precedence over considerations relative to the well-being of the subject.

DECLARATION OF SYDNEY
A STATEMENT ON DEATH
Adopted by the 22nd World Medical Assembly, Sydney, August 1968.

The determination of the time of death is in most countries the legal responsibility of the physician and should remain so. Usually he will be able without special assistance to decide that a person is dead, employing the clinical criteria known to all physicians.

The modern practices in medicine, however, have made it necessary to study the question of the time of death further:

(1) the ability to maintain by artificial means the circulation of oxygenated blood through tissues of the body which may have been irreversibly injured and

(2) the onset of cadaveric reactions as heart or kidneys for transplantation.

A complication is that death is a gradual process at the cellular level with tissues varying in their ability to withstand deprivation of oxygen. But clinical interest lies not in the ease of preservation of isolated cells but in the fate of a person. Here the point of death of the altered cells and organs is no less important as the certainty that the process has become irreversible by whatever methods of resuscitation that may be employed. This determination will be based on clinical judgment supplemented if necessary by a number of diagnostic aids of which the electroencephalogram is currently most helpful. However, no single technological criterion is entirely satisfactory in the present state of medicine nor can any one technological procedure be substituted for the overall judgment of the physician. If transplantation of an organ is minded, the decision the death time should be made by two or more physicians and the physician determining the moment of death should in no way be immediately concerned with the performance of the transplantation.

 Determination of the point of death of the person makes it ethically permissible to cease attempts at resuscitation and in countries where the law permits, to remove organs from the cadaver provided that prevailing legal requirements of informed consent have been fulfilled.

PERATURAN PEMERINTAH No. 10 TAHUN 1966 TENTANG WAJIB SIMPAN KAHASHA KEDOKTERAN

PRESIDEN REPUBLIK INDONESIA

Meminta:
bahtah perlu ditunjukkan peraturan tentang wajib simpan rahasia kedokteran;

Mengetahui:
1. Pasal 5 ayat (4) Undang-undang Dasar 1945;
2. Pasal 10 ayat (4) Undang-undang tentang Pusaka-pusaka Arkeologi (Lembu-pan Negara Tahun 1960 No. 135);

Mendekam:
Pemdaan Kabinet Dewan ugg-ditampilkan.

MEMUTUSAN:
Menepaskan:
"PERATURAN PEMERINTAH TENTANG WAJIB SIMPAN RAHA-
SHA KEDOKTERAN"
PRINCIPLES OF MEDICAL ETHICS

American Medical Association. 1964

PREMISES

These principles are intended to aid physicians individually and collectively in maintaining a high level of ethical conduct.

They set out broad standards by which a physician may determine the propriety of his conduct in the relationship with patients, with colleagues, with members of allied professions, and with the public.
SECTION I

The principal objective of medical profession is to render service to humanity with full respect for the dignity of man.

Physicians should treat the confidence of patients entrusted to their care, rendering to each a full measure of service and devotion.

SECTION II

A physician should strive continually to improve medical knowledge and skill, and should make available to their patients andcolleagues the benefits of their professional attainments.

SECTION III

A physician should practice a method of healing founded on a scientific basis, and he should not voluntarily advise professionally with anyone who violates this principle.

SECTION IV

The medical profession should safeguard the public and itself against physicians deficient in moral character or professional competence. Physicians should observe all laws, uphold the dignity and honour of the profession and accept its self-imposed discipline. They should expose, without hesitation, illegal or unethical conduct of fellow members of the profession.

SECTION V

A physician may choose whom he will serve. In an emergency, however, he should render services to the best of his ability. Having undertaken the care of a patient, he may not neglect him, and unless he has been discharged he may discriminate his service only after giving adequate notice. He should not refuse payment.

SECTION VI

A physician should be disposed of his services under terms or conditions which tend to interfere with his judgment. He should be free and complete exercise of his medical judgment and skill to cause a determination of the quality of medical care.

SECTION VII

In the practice of medicine a physician should limit the source of his professional income to medical services actually rendered by him, or under his supervision, to patients. He is to be remunerated with the amounts rendered and the patient's ability to pay. The physician should receive a consultation for the referral of patients. Drugs, remedies or appliances may be dispensed or supplied by the physician provided it is in the best interest of the patient.

SECTION VIII

A physician should seek consultation upon request; in difficult or difficult cases; or whenever it appears that the quality of medical service may be enhanced. The physician may consult with other physicians who have the same interest and participate in problems which have the purpose of improving both the health and the well-being of all individuals and the community.

Principles of Medical Ethics dari U. S. A. ini disajikan sebagai bagian perbandingan dengan Kode Etik Dokter Indonesia kia.
Clinical Cytopathology for Pathologists — Postgraduate Course

The Twenty-third Postgraduate Institute for Pathologists in Clinical Cytopathology is to be given at THE JOHNS HOPKINS UNIVERSITY SCHOOL OF MEDICINE and THE JOHNS HOPKINS HOSPITAL, Baltimore, Maryland, March 25—April 2, 1952. The full two-week program is designed for pathologists who are certified (or qualified) by the American Board of Pathology (ABP), or its international equivalent.

It will provide an intensive refresher in all aspects of the field of Clinical Cytopathology, will prepare the student for newer techniques, special problems, and recent applications. Topics will be covered in lecture, explored in small informal conferences, and discussed over the microscope with the Faculty. Self-instructional material will be available to augment individual parts. A list of slides with notes will be sent to each participant for home-study during February and March before the Institute. Credit hours 115 in AMA Category 1.

Applications are to be made before January 27, 1952. For details, write:
John E. Frey, M.D.,
410 Pathology Building,
The Johns Hopkins Hospital,
Baltimore, Maryland 21205, U. S. A.

The entire Course is given in English.