

MEDICAL PRACTITIONERS & DENTISTS BOARD

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REPUBLIC OF KENYA

The Code of Professional Conduct and Discipline

6th EDITION

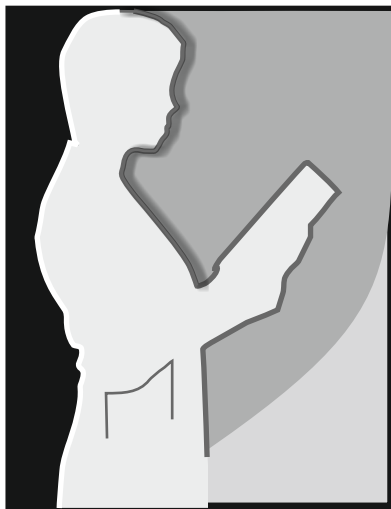


Revised in January 2012

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LIST OF ABBREVIATION

CPD	Continuing Professional Development
PDHM	Provincial Director of Health Management
PDMS	Provincial Director of Medical Services
PDPHS	Provincial Director of Public Health and Sanitation
MPDB	Medical Practitioner s and Dentists Board
DMS	Director of Medical Services
HFC	Health and Fitness Committee
KMA	Kenya Medical Association
KDA	Kenya Dental Association
KPA	Kenya Professional Associations
KOGS	Kenya Obstetrics/Gynaecological Society
KMWA	Kenya Medical Women's Association
KSA	Kenya Surgical Association
PPB	Pharmacy and Poisons Board
COC	Clinical Officer's Council
NCK	Nursing Council of Kenya
NCCK	National Council of Churches of Kenya
ARC	Assessment and Registration Committee
ESRC	Education & Specialist Recognition Committee
PIC	Preliminary Inquiry Committee
FAC	Finance and Administration Committee
PPC	Private Practice Committee
IAMRA	International Association of Medical Regulatory Authority
AMCOA	Association of Medical Council of Africa
EAC	East African Community
IVF	In-Vitro Fertilization
PCC	Professional Conduct Committee

FOREWORD

The Medical Practitioners and Dentists Board found it incumbent to review the existing Code of Professional Conduct and Discipline due to the emerging challenges in the practice of medicine and dentistry.

The last review was done in the year 1999 by the Ethics Committee and since then the Board's mandate has expanded to include registration and licensing of medical institutions. The Code shall be observed by all medical and dental practitioners registered or licensed to practice in Kenya as well as medical institutions registered under the Medical Practitioners and Dentists Act (Cap. 253) of the laws of Kenya.

The Code is divided into five chapters. Chapter one deals with the structure and functions of the Medical Practitioners and Dentists Board. Chapter two deals with registration and licensing requirements. Chapter three deals with Disciplinary Proceedings. Chapter four deals with the types of conduct which raise disciplinary issues. Chapter five deals with professional ethics and ethical conduct.

Practitioners are required to familiarize themselves with this code and any other regulations or circulars that may be issued by the Board from time to time.

The Board shall not hesitate to discipline any errant medical institution or practitioner in breach of the Code.

This Code supersedes any other previous publication and is effective from the 27th day of January, 2012.



PROF. GEORGE A.O. MAGOHA, EBS.MBS

**Chairman,
MEDICAL PRACTITIONERS AND DENTISTS BOARD**

INTRODUCTION

The purpose of this Code is to ensure professional honour and dignity as encapsulated in the Hippocratic Oath in which doctors swear to preserve life, to be loyal to patients and observe confidentiality. The Code is intended for use by the medical and dental practitioners as well as medical institutions in Kenya.

There is an increasing need for doctors to inter alia, protect public interest, promote good relationship amongst themselves and the public, uphold human rights and avoid conflict of interest.

The Code therefore, is the yardstick and blue print to be followed by all medical and dental practitioners as well as medical institutions in Kenya.



DR. FRANCIS M. KIMANI

**Director Of Medical Services/registrar,
MEDICAL PRACTITIONERS AND DENTISTS BOARD**

ACKNOWLEDGEMENT

I wish to acknowledge the following for their invaluable contribution towards the review of this Code :-Prof. George Magoha, Chairman of the Board; Dr. Francis M. Kimani, the DMS/ Registrar; Dr. Josephine Omondi, the Chair HFC for providing leadership during the review of the Code, Dr. Loice Mutai, Dr. Fatmah Abdallah, Dr. Tom Ochola, Dr. Samson Wanjala, Dr. Jane Kabutu, members of the HFC for steering the review process, other Board Members- Prof. Alice Mutungi, Prof. Jacob Kaimenyi, Dr. Judith Bwonya, Prof. Barasa Khwa Otsyula, Prof. Zipporah Ngumi, Dr. Elly Nyaim Opot, Dr. Joel Ole Kiyiapi, Dr. Stephen Ochiel and Dr. Mahendra Pancholi.

The Board is grateful to Ipas for accepting to partner with it by providing financial and technical support in reviewing the Code.

In addition, the Board wishes to pay tribute to the various stakeholders including KMA, KDA, KPA, KOGS, KMWA, KSA, PPB, COC, NCK, Catholic Secretariat, NCKK, Deans of Medical and Dental Schools, Office of the Ombudsman, Medical and Dental Council of Tanganyika and Uganda, Kenya Human Rights Commission, the Attorney General's Office among others, for their invaluable contribution.

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DANIEL M. YUMBYA

Chief Executive Officer
MEDICAL PRACTITIONERS AND DENTISTS BOARD

CHAPTER I

STRUCTURE AND FUNCTIONS OF THE MEDICAL PRACTITIONERS AND DENTISTS BOARD

(i) Establishment and mandate of the Board

The Medical Practitioners and Dentists Board is established and constituted under the Medical Practitioners and Dentists Act (Cap. 253) of the Laws of Kenya to regulate the practice of medicine, dentistry and medical institutions.

(ii) Vision

To be an efficient, effective and accessible world class health regulatory body.

(iii) Mission

To ensure provision of quality and ethical health care through appropriate regulation of training, registration, licensing, inspections and professional practice.

(iv) Core Values

- a) Integrity and professionalism;
- b) Respect for quality of human life and dignity;
- c) Ethical practice;
- d) Accountability;
- e) Timeliness;
- f) Justice and fairness;
- g) Honesty;
- h) Good governance;
- i) Total commitment to service delivery;
- j) Practice of knowledge led and evidence based medicine;
- k) Effective communication; and
- l) Non-discrimination.

(v) Client Obligations

All Clients are expected to;

- a) be law abiding;
- b) provide timely, sufficient and accurate information;
- c) be diligent and courteous;
- d) be honest;
- e) make appropriate payment and obtain a receipt for services offered by the Board;
- f) be patient and understanding;
- g) respect rules and procedures of the Board;
- h) give useful feedback on operations of the Board; and
- i) offer constructive criticism where necessary.

(vi) Composition of the Board

The Board is established under section 4 of the Act consisting of the following-

- a) The Chairman appointed by the Minister;
- b) The Director of Medical Services /Registrar or the person for the time being acting in that post;
- c) Deputy Director of Medical Services nominated by the Minister;
- d) Four (4) medical practitioners nominated by the Minister;
- e) Five (5) medical practitioners and two (2) dentists, elected by the votes respectively of all medical practitioners and of all dentists;; and
- f) A representative of each of the Universities in Kenya which have power to grant a qualification which is registerable under this Act.

(ii) Core Functions of the Board

1. Training-

- (a) Approval of training institutions for medical and dental practitioners;
- (b) Renewal of annual licences of training institutions for medical and dental practitioners;
- (c) Approval of curriculum and training facilities for undergraduate and postgraduate training in medicine and dentistry;

- (d) Approval and accreditation of continuous professional development providers;
- e) Supervision of medical and dental education and regulation of training thereof; and
- (f) Supervision of internship training.

2. Registration -

- (a) Indexing of medical and dental students upon admission to a University;
- (b) Register eligible medical and dental practitioners;
- (c) Maintain an up-to-date annual register of eligible medical and dental practitioners; and
- (d) Register eligible private, community and faith based medical and dental institutions.

3. Licensing-

- (a) Issue internship licences;
- (b) Issue annual private practice licences for-
 - Specialist Practice.
 - General Practice;
- (c) Issue annual licences to private, community and faith based health care institutions; and
- (d) Issue locum licences.

4. Education-

- (a) Conduct internship Qualifying and Pre-Registration Examination for foreign trained doctors and dentists;
- (b) Conduct assessment for foreign trained specialists; and
- (c) Monitor university examinations for medical and dental Students.

5. Inspections-

- (a) Inspect and accredit institutions for medical and dental training;
- (b) Inspect and approve internship training centres;

- (c) Inspect and supervise public, private, community and faith based training institutions; and
- (d) Inspect private and public premises of medical and Dental practice.

6. Data base-

Maintain Annual Data base for-

- (a) Approved training institutions for medical and dental practitioners;
- (b) Approved register for private, community and faith based medical and dental institutions;
- (c) Curriculum for undergraduate and postgraduate students in medicine and dentistry;
- (d) Inspection reports;
- (e) Approved internship training centres;
- (f) Approved and Accredited Continuous Professional Development providers.

7. Advice-

The Minister(s) responsible for health on:

- (i) Matters pertaining to health care and training;
- (ii) Medical and Dental training institutions;
- (iii) Institutions that provide Health care; and
- (iv) Research regarding human subjects.

8. Collaboration and Partnership-

The Board collaborates with the following bodies of similar mandate:-

- (a) At the international level, with the International Association of Medical Regulatory Authority (IAMRA);
- (b) At the African Region, with the Association of Medical Council of Africa (AMCOA);
- (c) At the Regional level, with the East Africa Community Boards

and/or Councils;

- (d) Locally, with the Nursing Council of Kenya, the Pharmacy Poisons Board, the Clinical Officers Council, the Kenya Medical Laboratory Technicians and Technologists Board, the Radiation and Protection Board, the Nutrition Council of Kenya and other relevant health regulatory bodies; and.
- (e) With other relevant Professional Associations.

9. Discipline-

- (a) Conduct preliminary inquiries on professional conduct and medical malpractice;
- (b) Hold and conduct Tribunal meetings; and
- (c) Conduct inquiry into the health and fitness of practitioners.

10. Monitoring and evaluation

- (a) Set performance targets and sign Performance Contracts with the Minister;
- (b) Prepare and submit annual appraisal reports on the Performance Contracts;
- (c) Present audited accounts to Parliament at the end of each financial year pursuant to the Public Audit Act (No.12 of 2003).

CHAPTER II

REGISTRATION AND LICENSING REQUIREMENTS

Doctors and dentists aspiring to practice in Kenya must comply with the statutory requirements for registration and licensing. Failure to obtain the necessary documentation constitutes an offence under section 22 of the Medical Practitioners and Dentists Act. Detailed information on documentation can be accessed via the Board's website and from the Board's offices..

PART A

I. REGISTRATION

(A) Who is eligible?

- (a) Doctors and dentists who have been trained in Kenya and have successfully completed internship;
- (b) Doctors and dentists who qualify for Reciprocal recognition as prescribed within the East African Community (EAC) Partner states;
- (c) Doctors and dentists who have passed internship qualifying examinations and successfully undertaken internship;
- (d) Doctors and dentists who have passed Pre-registration Examinations;
- (e) Doctors and dentists who have attained the basic minimum requirements for admission to the public universities in Kenya for the same degree and have qualified from medical schools outside the EAC and have passed the Board's Assessment procedures as provided for in the Medical Practitioners and Dentists (Registration, Licensing, Assessment and Internship) Rules under the Act.

(B) Registration Requirements for doctors trained in Kenya

The following documents should accompany all applications:

- (a) A certified copy of original degree certificate, attested by any one of the following persons:
 - (i) the Board's Chief Executive Officer;
 - (ii) a registered medical or dental practitioner;
 - (iii) an Advocate of the High Court of Kenya; and
 - (iv) a Magistrate;
- (b) Relevant testimonials;
- (c) A duly completed prescribed form;
- (d) Current passport size photograph;
- (e) A copy of the National Identity Card/Passport; and
- (f) Prescribed fees.

(C) Registration Requirements for doctors trained outside Kenya

The following documents shall accompany all applications for practitioners trained outside Kenya:

- (a) A certified copy of a valid registration certificate issued in the country of qualification;
- (b) A certified copy of a certificate of good standing or a similar document issued during the preceding three (3) months by the registering authority in the country where a person was working and/or studying;
- (c) A certified copy of the original degree certificate;
- (d) Certified true copies of English translations of all documents presented, if indicated;
- (e) Relevant testimonials together with relevant English translations;
- (f) The prescribed fee;
- (g) Current passport size photo;
- (h) Curriculum Vitae;
- (i) Certificate of proficiency in English or Kiswahili.

(D) Area of Practice

The registration qualifies the practitioner to practice in any part of the Republic in accordance with section 14 of the Act.

(E) Annual Retention

Retention of the practitioner in the register shall be done upon compliance with the requirements under the Act including CPD requirements and payment of the prescribed fees.

PART B

II. INTERNSHIP.

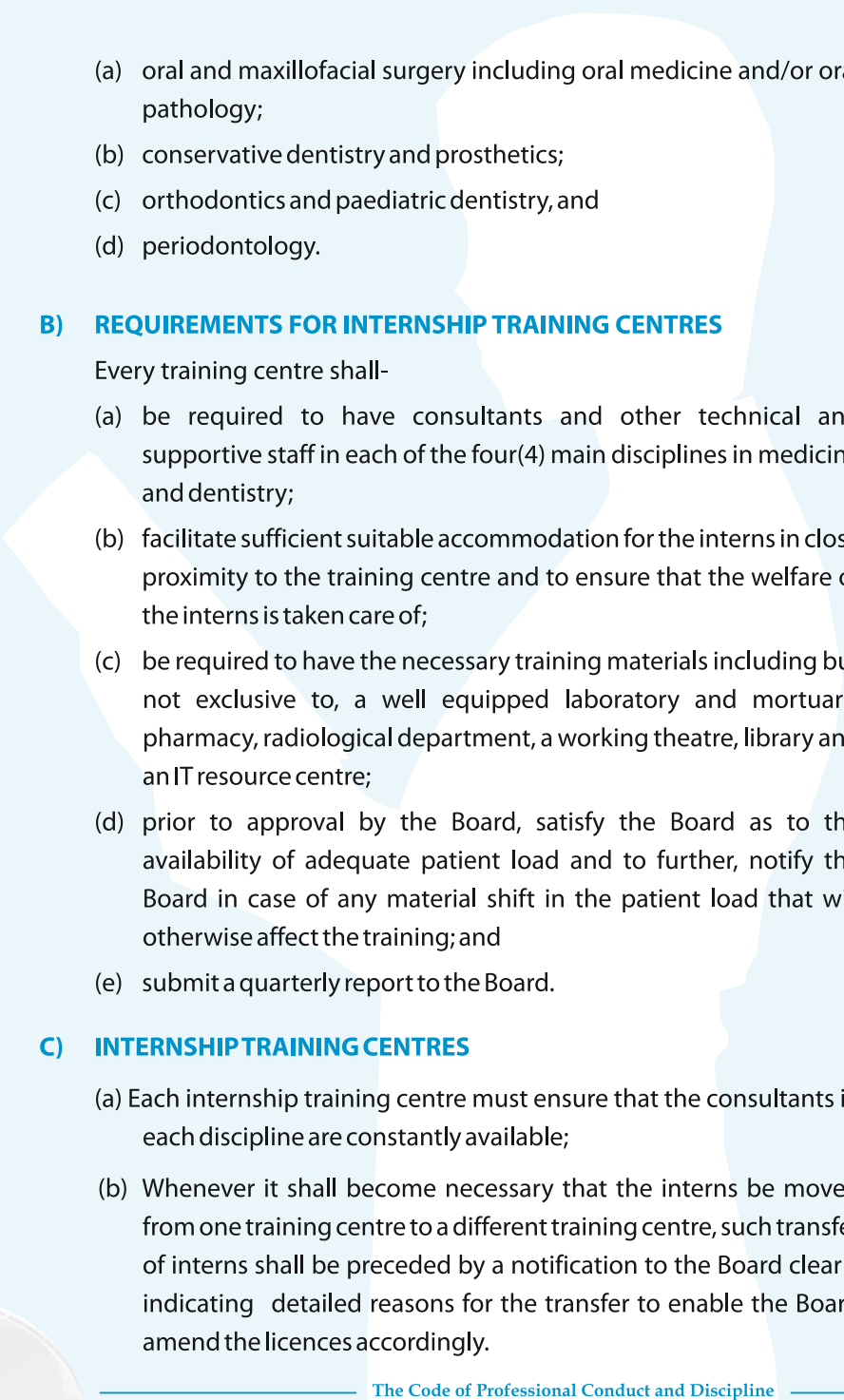
A) PERIOD

1. MEDICAL

- (a) Every doctor shall be required to undergo an internship training program for a period of one (1) year to be conducted on a rotational basis comprising of three (3) months each in the four (4) main disciplines including medicine, surgery, paediatrics and child health, obstetrics and gynaecology as follows;-
 - (i) In the discipline of surgery, a period of 3 months with sufficient exposure to ENT, Ophthalmology and Pathology;
 - (ii) In the discipline of Medicine, a period of three (3) months with sufficient exposure to mental health and HIV management;
 - (iii) In the field of paediatrics and child health for a period of three (3) months; and
 - (iv) In the field of obstetrics & gynaecology for a period of three (3) months.
- (b) Other additional disciplines as may become necessary and as recommended by the Board.

2. DENTAL

Every Dentist shall be required to undergo an internship training program for a period of one (1) year to be conducted on a rotational basis comprising of three (3) months each in the four (4) main disciplines as follows;-

- 
- (a) oral and maxillofacial surgery including oral medicine and/or oral pathology;
 - (b) conservative dentistry and prosthetics;
 - (c) orthodontics and paediatric dentistry, and
 - (d) periodontology.

B) REQUIREMENTS FOR INTERSHIP TRAINING CENTRES

Every training centre shall-

- (a) be required to have consultants and other technical and supportive staff in each of the four(4) main disciplines in medicine and dentistry;
- (b) facilitate sufficient suitable accommodation for the interns in close proximity to the training centre and to ensure that the welfare of the interns is taken care of;
- (c) be required to have the necessary training materials including but not exclusive to, a well equipped laboratory and mortuary, pharmacy, radiological department, a working theatre, library and an IT resource centre;
- (d) prior to approval by the Board, satisfy the Board as to the availability of adequate patient load and to further, notify the Board in case of any material shift in the patient load that will otherwise affect the training; and
- (e) submit a quarterly report to the Board.

C) INTERSHIP TRAINING CENTRES

- (a) Each internship training centre must ensure that the consultants in each discipline are constantly available;
- (b) Whenever it shall become necessary that the interns be moved from one training centre to a different training centre, such transfer of interns shall be preceded by a notification to the Board clearly indicating detailed reasons for the transfer to enable the Board amend the licences accordingly.

D) APPOINTMENT OF INTERSHIP CO-ORDINATORS

It shall be the duty of each training centre to nominate for approval by the Board, an internship co-ordinator, who must be a specialist, vested with the duty of coordinating the internship programme at the training centre.

E) ROLE OF INTERSHIP COORDINATORS

The duties of an internship co-ordinator shall include but not limited to the following:-

- (a) Ensure that new interns are accorded proper induction in their new stations;
- (b) Prepare and submit to the Board reports to be forwarded through the office of the Medical Superintendent of the internship training centre, within a period of two (2) weeks from the date of completion of each rotation;
- (c) Ensure that the completed assessment forms and log books are submitted to the Board within four (4) weeks of completion of internship; and
- (d) Promptly and regularly notify the Board of any issues that may, or are likely to affect the intern or internship training program at the training centre.

F) ASSESSMENT TOOLS

- (a) The assessment tools for internship training shall be in the duly prescribed forms and the log books.
- (b) The log book shall set out the specific competencies and skills the intern is required to acquire.

G) POSTING AND PAYMENT OF INTERNS

- (a) The interns shall be entitled to posting within a period of two (2) months after qualification.
- (b) Remuneration shall be prompt.

H) INTERNSHIP LICENCE

- (a) Every Doctor and Dentist shall be required to obtain an internship licence to be issued by the Board upon application in the prescribed form before commencement of internship training.
- (b) The licence to be issued to an intern shall be valid for a period of twelve (12) months. Any intern who fails to qualify within this period shall apply for extension of the licence to the Board, at a fee.
- (c) The licence shall stipulate the internship training centre in medical or dental services as the case may be, where the intern will be posted.
- (d) In case of any transfer of an intern, such transfer shall be communicated to the Board as stipulated by the Code.
- (e) The Board shall at all times reserve the right to withdraw a licence issued in case of breach of any of the terms of the licence.

PART C

TEMPORARY LICENCE FOR FOREIGN DOCTORS

- (a) Any practitioner not registered in the Republic but who, having valid qualifications from a different country, and who is desirous of giving medical or dental services in the course of any humanitarian or other valid cause, shall be required to obtain a licence upon payment of the prescribed fees, which licence shall be valid for such period as shall be determined by the Board, subject to a maximum period of twelve (12) months and subject to a renewal upon expiry.
- (b) The following documents shall accompany the application:-
 - (i) Curriculum Vitae;
 - (ii) Certificate of proficiency in English;
 - (iii) A certified copy of a valid registration certificate issued in the country of qualification;

- (iv) A certified copy of a certificate of good standing or a similar document issued during the preceding three (3) months by the registering Authority in the country where a person was working and/or studying;
 - (v) A certified copy of original basic degree;
 - (vi) Certified true copies of English translations of all documents presented, if indicated;
 - (vii) Relevant testimonials together with relevant English translations;
 - (viii) The prescribed fee;
 - (ix) Current passport size photo;
 - (x) Transcripts; and
 - (xi) Copy of the national identification card.
- (c) The licence shall –
- (i) stipulate the discipline of the service to be rendered by the practitioner;
 - (ii) specify the institution from where such practice shall be rendered.

PART D

REGISTERS

The Board shall maintain the following registers;

- (a) Register of Medical and dental students who are citizens of Kenya registered in a medical or dental institutions anywhere around the world;
- (b) Temporary register (for practitioners not eligible for permanent registration);
- (c) Main register (contains names of all doctors registered by the Board);
- (d) Specialist registers; and
- (e) Retention Register.
- (f) Register of Medical and Dental Institutions licensed under this Act.

PART E

REGISTRATION AND OPERATION OF MEDICAL & DENTAL PREMISES.

- (a) It shall be the duty of every practitioner to practice in medical clinics, dental clinics and health facilities approved by the Board.
- (b) Every institution or practitioner shall be required to employ duly licensed and retained practitioners, as the case may be.
- (c) Home visits will require the practitioner to be duly registered and licensed to indulge in private practice as prescribed by law; and
- (d) Mobile clinics shall be required to be registered and licenced by the Board.

There shall be notification at least two (2) weeks of intent to hold any medical and/or dental camp to the Board and to the PDMS / PDPHS.

PART F

LICENSING

- (a) A practitioner shall be required to obtain the following licences, as the case may be;
 - (i) Full time specialist practice (Kenyans and Non Kenyans);
 - (ii) Full time general practice (Kenyans and Non Kenyans);
 - (iii) Part time private practice (specialists); and
 - (iv) Annual Retention Certificate.
- (b) All practitioners shall be required to satisfy the requirement for the Continuing Professional Development (CPD) before the renewal of the annual licence or retention as stipulated in the Act.
- (c) All Medical and Dental Institutions shall be required to obtain an annual operating licence as stipulated in the act, CAP 253.

CHAPTER III

DISCIPLINARY PROCEEDINGS STATUTORY PROVISIONS

Disciplinary powers are conferred upon the Board by section 20 of the Medical Practitioners and Dentists Act Cap. 253 of the Laws of Kenya as read together with the Medical Practitioners and Dentists (Disciplinary Proceedings) (Procedure) Rules under the Act.

I. PRELIMINARY INQUIRY COMMITTEE

The Chairman of the Preliminary Inquiry Committee shall be the Registrar at all material times, who shall also be the Director of Medical Services, or in his absence, the Deputy Director of Medical Services, who shall also be a member of the Board, or any other person elected from among the Committee members. The Chairman shall be assisted by several members who are elected by the Board from time to time and may co-opt members under the circumstances of each case. The Committee shall receive and review complaints against a medical practitioner or a dentist or an institution and it shall determine whether it may require the personal appearances of the medical or dental practitioner or a representative of the institution. The concerned medical or dental practitioners or party shall be at liberty when called upon to appear or respond in writing, to do so in person or through their advocate. The primary functions of the Committee are to establish whether or not a prima facie case exists to necessitate the personal appearance of a practitioner or the Institution before the Board. Proceedings of the Preliminary Inquiry Committee are to be held in camera and undertaken expeditiously.

II. PROFESSIONAL CONDUCT COMMITTEE

1. The Board shall constitute a Professional Conduct Committee at least seven (7) days before the inquiry, to inquire into cases of alleged malpractice.

2. The Professional Conduct Committee shall be composed of at least three (3) members, and the entire membership shall be in accordance with Legal Notice No.21/2012 as follows: -
 - a) a chairperson;
 - b) two (2) persons registered in the profession in which the concerned medical or dental practitioner is registered and at least one of whom is registered in the same discipline as the concerned medical or dental practitioner;
 - c) one Member of the Board;
 - d) one person representing the general public;
 - e) an advocate of the High Court who shall be the legal advisor; and
 - f) the chief executive officer of the Board.

The Professional Conduct Committee shall have powers to conduct inquiries into the complaints submitted by the Preliminary Inquiry Committee and give appropriate recommendations and sanctions to the Board.

III. THE TRIBUNAL

The Full Board exercising judicial or quasi functions (outside the regular judicial system) to determine disciplinary matters is known as a Tribunal.

All disciplinary proceedings are in consultation with the Board in accordance with Section 20 of the Act and the applicable provisions of the Medical Practitioners and Dentists (Disciplinary Proceedings) (Procedure) Rules. The Chairman or his Deputy on receipt of the findings and recommendations of the Preliminary Inquiry Committee or the Professional Conduct Committee referring a complaint or case to the Full Board, shall with the recommendation of the Board deal accordingly in accordance with rules 5, 6, 7, 8, 9 and 10 of the Medical Practitioners and Dentists (Disciplinary Proceedings) (Procedure) Rules. The Chairman or his Deputy may also with the recommendation of the Board consult the Director of Public

Prosecutions or the Attorney General, in accordance with Section 24 of the Act, who shall advise on the need or otherwise for the Board to institute a formal prosecution against a doctor's or dentist's professional misconduct.

The primary duty of the Board sitting as a Tribunal is to protect the public and the profession. Subject to this over-riding duty, the Board shall also consider what is in the best interest of the doctor or dentist.

IV. PROCEEDINGS

Disciplinary cases are of two kinds: -

- (a) Those arising from conviction of a doctor or dentist in the regular Courts or other Tribunals. These are usually reported to the Board by the Police,, the Secretaries or Officials of those Tribunals or through any other reliable sources. A charge of professional misconduct may be brought against a practitioner in respect of any conduct before a criminal Court or Tribunal for which he is placed on probation or discharged conditionally or absolutely, or in the case of an acquittal on a technicality of law or procedure.

A conviction in itself gives the Board jurisdiction even if the criminal offence did not involve professional misconduct. The Board is however particularly concerned with convictions for offences, which affect a doctor's or dentist's fitness to practice. It is therefore unwise for a practitioner to plead guilty in a Court of law to a charge to which he believes he has a defence.

Every medical and dental practitioner, save while working for and in a State hospital and attending to a patient of the State Hospital, shall ensure that he or she has at all times a Professional Indemnity Cover from a recognized Insurance Company or Organization or is legally covered against possible litigations of a professional nature, by being member of a medical defence or protection Organization.

- (b) Those where a medical and dental practitioner is alleged to have acted in a manner amounting to serious professional misconduct. The Board receives these complaints through numerous sources which includes:-
- (i) Committee of Inquiry in a Health Care Facility;
 - (ii) National Hospital Insurance Fund, Pharmacy and Poisons Board or other professional Bodies or Councils;
 - (iii) Medical or Dental Associations or Societies in Kenya;
 - (iv) Complaints from members of the public, individual doctors or other health care workers;
 - (v) Charges of professional misconduct may, if facts warrant, be made in respect of conduct which has previously been subject of proceedings in Courts, Tribunals or medical bodies outside Kenya.

The meaning of "Serious Professional Misconduct" ("infamous conduct in a professional respect")

1. "If it is shown that a medical man, in the pursuit of his professional duties has done something with regard to which would be reasonably regarded as disgraceful or dishonorable by his professional brethren of good repute and competence", then it is open to the Board, if that be shown to say that he has been guilty of "infamous conduct in a professional respect" (Lord Justice Lopes (31)).
2. Infamous conduct in a professional respect means no more than serious misconduct judged according to the rules, written or unwritten, governing the profession (Lord Justice Scrutton (4)).

A doctor or dentist must be careful not to do anything, which may be interpreted as dishonorable or disgraceful by his professional colleagues.

V. GENERAL PENALTIES

(a) PRELIMINARY INQUIRY COMMITTEE AND PROFESSIONAL CONDUCT COMMITTEE

At the conclusion of an inquiry by the Preliminary Inquiry Committee in which a doctor or dentist or institution has been proved to have been guilty of professional misconduct or is found to have breached the applicable Law at the material time, the Committee shall by simple majority determine whether the complaint shall be referred to the Board or decide on one or more of the following courses:-

1. To admonish a doctor or dentist or the institution and conclude the case. This is done by sending warning letters to practitioner(s) or the institution(s).
2. To be at liberty to record and adopt a mediation agreement or compromise between the complainant and the practitioner or the institution, on the terms agreed and thereafter inform the Chairman.
3. To order the payment of costs for the Committee's sitting payable by the medical or dental practitioner or institution on such terms as shall be deemed just and fit in the circumstances.
4. To levy reasonable costs of the proceedings from parties
5. To order a medical or dental practitioner to undergo continuous professional development for a maximum of up to fifty points.
6. To suspend licences for medical institutions for up to six months.
7. To order closure of medical / dental institution until compliance with the requirements of operating license.

(b) TRIBUNAL

At the conclusion of any inquiry in which a doctor or dentist has been proved to have committed a criminal offence or is judged to have been guilty of serious misconduct in a professional respect or is found to

have breached the applicable law at the material time, the Tribunal shall decide on one or more of the following courses: -

1. To admonish a doctor or dentist or the institution and conclude the case. This is done by sending warning letter(s) to the practitioner(s) or the institution(s). This decision is by simple majority.
2. To place the doctor or dentist on probation. The Board may, at its own discretion, direct the doctor or dentist to be supervised during the probation period or for such a period that does not exceed the probation by one or such number of professional colleagues as the Board may decide and also call for a report from the supervisor(s). The probation shall be for a period not exceeding six (6) months. The decision shall be by a simple majority.
3. Be at liberty to record and adopt a mediation agreement or compromise between the complainant and the practitioner or the institution, on the terms agreed.
4. To order the payment of costs for the Board's sitting(s) to be paid by the medical or dental practitioner or the institution on such terms as shall be deemed just and fit in the circumstances.
5. To direct suspension of a doctor's or dentist's registration or licence for a period not exceeding twelve (12) months. Such a practitioner ceases to be entitled to practice as a registered or licensed practitioner or under another practitioner or an institution during that period. The Board may, after notifying the practitioner resume consideration of the case before the end of the period of suspension, which period should not be less than six months, and may also order extension of the period or complete erasure.

6. To direct removal from the register. In such cases this remains effective indefinitely unless and until a doctor or dentist makes a successful application for restoration of his or her name in the register. Suspensions and removal from the register shall be made by a two-thirds majority of the Board members in accordance with the Act.
7. To suspend licences for medical institutions for up to six months.
8. To order closure of medical / dental institution until compliance with the requirements of operating license.

(c) APPEALS

Appeals should be made within thirty (30) days to the High Court in accordance with the Act.

(d) RESTORATION TO THE REGISTER

- (i) Application for restoration to the register after erasure may be made in the prescribed manner at any time after twelve (12) months. If unsuccessful, a further period of six (6) months must elapse. Thereafter a practitioner may apply at six (6) months' intervals until he/she is successful. The Board may request for names of referees to whom it may apply for confidential information in all applications of lifting suspensions or for restoration of names to the register.
- (ii) Every application shall be determined on its own merits, bearing in mind the nature and gravity of the original offence, the length of time since suspension or erasure and the conduct of the applicant in the intervening period.

CHAPTER IV

TYPES OF CONDUCT WHICH RAISE DISCIPLINARY ISSUES

1. Termination of pregnancy:-

The Constitution of Kenya and the Laws of Kenya do not permit termination of pregnancy on demand. Termination of pregnancy is only allowed where in the opinion of a medical practitioner registered under this Act, there is need for emergency treatment or the life or health of the mother is in danger or if permitted by any other law. In applying this article, the following shall be undertaken-

- i) Nonjudgmental counseling. In counseling the practitioner shall consider health broadly also in line with the right to health, consumer rights and right to information as provided in the Constitution of the Republic.
- ii) The practitioner and the hospitals or health facility must maintain complete record of each case.
- iii) Where proper services are unavailable for whatever reasons the practitioner shall refer patients appropriately.

2. Gender reassignment:-

Gender reassignment is not permitted on demand. The specialist attending to the patient with gender problems shall constitute a team of specialists whose decisions would be based on anatomical and special needs of the patients but whose decisions must be based on the right to health and other fundamental rights in the Constitution.

3. In-Vitro fertilization (IVF) and assisted reproduction:-

Practitioners shall refer patients in need of IVF services to an IVF Accredited centers as shall be accredited by the Board, from time to time. Patients in need of IVF services shall be attended to by a multi-disciplinary team of specialists and the practitioners or institutions providing such services shall keep proper and accurate records.

4. Sex selection:-

The practice of sex selection, which implies the termination of unintended sex, is unconstitutional and not permitted. It is unethical for practitioners to engage in such practice, to support or to encourage sex selection.

5. Medical certificates:-

Medical and dental certificates shall only be issued by a duly qualified and registered medical or dental practitioner. The contents of the certificate should be accurate and must include the full names of the practitioner, registration number and place of the practice. The content must also include the reason for which the certificate is requested with supporting evidence, where necessary. The issuance of certificates should adhere to ethical principles.

6. Institutions that can do laboratory and radiological tests:-

Medical and dental practitioners should only utilize the services of accredited laboratories and Radiology Centers for their patients.

7. Drugs prescription:-

In prescribing medicine to patients, practitioners shall adhere to ethical and scientific principles.

8. Abuse of professional confidence:-

A practitioner or an institution shall not disclose to a third party information which has been obtained in confidence from a patient or the patient's guardian, where applicable. The practitioner or institution shall safeguard the confidential information obtained in the cause of practice, teaching, research or other professional duties subject only to such exceptions as are applicable. The following are possible exceptions:

- (i) The patient or his/her lawyer may give a valid consent;
- (ii) The information may be required by law or through a Court Order;
- (iii) Public interest may persuade a practitioner that his/her duty to the community overrides the one of the patient;

- (iv) Information may be given to a relative or appropriate person if in his/her opinion it is undesirable on medical grounds to seek the patient's consent; and
- (v) In the interest of research and medical education, information may be divulged, but at all times the patient's name shall not be revealed.

A practitioner shall always be prepared to justify his/her action whenever he/she discloses confidential information. Whenever possible except in the public interest, the practitioner should keep secret the identity of the patient.

9. Abuse of relationships between Practitioners and Patients:-

Medical and dental practitioners are privileged people who gain confidential information by virtue of their position of trust. Abuse of this trust can only do harm to the profession's reputation in the eyes of the public. Medical and dental practitioners shall desist from, and discourage patients from inappropriate non-professional relationships. Practitioners shall at all times exercise due diligence in dealing with situations that may put them at risk of such inappropriate relationships. Furthermore, there are offences of abuse of position of power as outlined in the Sexual Offences Act in addition to other relevant laws of what constitutes inappropriate relationships.

10. Abuse of financial opportunities:-

Practitioners should adhere to consumer rights as provided for in Article 46 of the Constitution of Kenya which provides that:

Consumers have the right-

- a) To goods and services of reasonable quality;
- b) To the information necessary for them to gain full benefit from goods and services;
- c) The protection of their health, safety and economic interests; and
- d) Where applicable, to compensation for loss or injury arising from defects in goods or services.

Furthermore, practitioners should avoid undue influence, dishonesty or improper financial transactions and must adhere to the Public Officer's Ethics Act, where it is deemed applicable.

Abuse of financial opportunities may occur as a result of:-

- (a) Improperly obtaining money from patients or insurance organizations as well as sanctioning payments or financial claims under insurance schemes or any other authority;
- (b) Dishonestly using other medical and dental practitioners' names and services to earn money;
- (c) Soliciting for patients either directly or through agents;
- (d) Cross referral of patients from private to public clinic and vice versa which is done unofficially and without the best interest of the patient; and
- (e) Practitioners taking undue advantage of patient's dependence on them to get disproportionate benefits of financial rewards for their services.

11. Billing of patients:-

Once a practitioner has referred a patient to another practitioner, the referring practitioner shall not raise a bill for any services after the referral. In unavoidable circumstances, if a practitioner without prior arrangement, attends to a patient in the absence of the primary practitioner, the two practitioners shall discuss and agree on who raises the bill.

In case of a treatment which involves more than one practitioner, the primary practitioner shall with due integrity be responsible for billing of the patient. However, the billing should be discussed amongst the practitioners and should safeguard the patients from financial exploitation.

12. Professional Indemnity Cover:-

For purposes of acquiring and renewing annual practicing licences, all practitioners save for public officers practicing within the Republic of Kenya

and all institutions offering medical and dental services within the Republic of Kenya must show proof of having acquired a professional indemnity cover at all times and for that year from a recognized and licensed Insurance Company or any other recognized organization offering such services and such Indemnity Cover must be renewed immediately it expires or lapses.

13. Group practice:-

The Board encourages formalized group practice. However, full proof systems must be formalized and put in place to avoid exploitation amongst practitioners in the group. However, when practitioners provide services in a group setting they shall, at the outset, describe the roles and responsibilities of all parties in the group and any exceptional to the requirement of confidentiality.

The Board shall require that the rules and the regulations and memorandum of understanding of the group practice be deposited with the Board for purposes of registration.

14. Handing over patients:-

- (a) In handing over patients from one practitioner to another, there should be a brief summary in writing on the patient's management between the two practitioners or institutions and the patient which shall be documented.
- (b) Practitioners and institutions shall desist from handing over responsibility to unqualified persons.

15. Responsibility for patients care:-

Any practitioner who "gives cover" to any person or institution shall bear the ultimate responsibility for the services rendered.

It is unethical for practitioners to provide services which they are not qualified for where qualified practitioners are available. It shall also be

considered unethical if a practitioner does not consult and refer in cases where a referral is appropriate and an opportunity for referral is available.

However, the following exceptions shall be applicable:-

- (a) In situations where the responsible practitioner has to share responsibility with a person registered by other Authorities, , such as nurses, clinical officers, dental technologists and community oral health officers, it shall be understood that these other professionals shall bear full responsibility according to their regulatory bodies and Code of Ethics and Professional Practice;
- (b) During the course of teaching medical, dental or nursing students or students in other fields, practitioners will associate with unqualified persons. Such an association is inevitable and it is expected to occur under suitable supervision of the trainees. However, the practitioner who is the trainer shall take full responsibility under all circumstances.

16. Advertising, canvassing and related professional offences:-

- (a) Professional reputation of colleagues:

A practitioner shall not cast aspersions on the probity, professional reputations or skills of another person registered under this Act.

- (b) Impeding a patient:

A practitioner shall not impede a patient, or in the case of a minor, the parent or a guardian of such a minor, from obtaining the opinion of another practitioner or from being treated by another practitioner.

- (c) Related professional offences:

These offences may be committed at the expense of professional colleagues by canvassing for patients, advertising or by taking advantage of the depreciation of the professional skill or ability of another practitioner. Practitioners should avoid doing anything which may be interpreted as an attempt to attract patients to themselves or degrade the reputation of colleagues.

17. Conduct negatively affecting the reputation of the profession:-

- (a) These undesirable modes of personal behavior may arise from the following acts:
 - (i) Abuse of alcohol and other substances of abuse while on duty;
 - (ii) Members of the profession must avoid appearing in public while under the influence of alcohol and they must certainly not be at work while intoxicated;
 - (iii) Breach of Dangerous Drugs Act or some other offences committed by the use of drugs;
 - (iv) Indecent dressing while on duty or working as a practitioner or attending to patients;
 - (v) Unbecoming behaviour outside the areas of practice. All practitioners must maintain a good sense of decorum at all times.
- (b) Practitioners have a responsibility to report to the Board, in good faith, if they notice the conduct or condition of their colleague affects their colleague's ability to properly discharge their duties. The report shall be made in confidence.
- (c) Convictions for offences for instance of obtaining by false pretenses, forgery, fraud, indecent behaviour, assault or other misdemeanors are felonies which are punishable under the laws of Kenya, and would reflect adversely on the profession's standing in the public eye and therefore, must be avoided. The Board takes a serious view of assaults or indecencies committed by practitioners against patients or colleagues in the course of their duties. The Board may take disciplinary action where a practitioner has been convicted in a court of law, for any offence.

18. Maintenance, dissemination and keeping records:-

- (1) Practitioners and Institutions shall create, maintain, store and retain complete records and data relating to their professional work and patients in order to:-
 - a) Facilitate the efficacious provision of services by him/her or another practitioner or institution;
 - b) Allow for analysis;
 - c) Meet institutional requirements;
 - d) Ensure accuracy of billing and payments;
 - e) Facilitate subsequent professional intervention or inquiry; and
 - f) Ensure compliance with all applicable legal provisions.
- (2) Practitioners and Institutions shall maintain confidentiality in creating, storing, accessing, transferring and disposing of records under their control, whether these are kept in written, automated or any other form. The records shall be kept for the duration as provided by the law.
- (3) Practitioners and institutions must use coding or other techniques to avoid disclosure of confidential information where such information is to be disclosed to unauthorized position, database system or records.

CHAPTER V

PROFESSIONAL ETHICS AND ETHICAL CONDUCT

International Declarations

The Constitution of Kenya acknowledges that general rules of international Law shall be part of the Law in Kenya, as long as they are in conformity with the Constitution of Kenya. The practitioners will be governed by the relevant international Declarations, which include;

- (i) Geneva Declaration of 1978;
- (ii) The International code of Ethics of 1949;
- (iii) The declaration of Helsinki on human experimentation of 1964, and
- (iv) And any other relevant declarations as may be relevant.

1. THE GENEVA DECLARATION:

Approved by the World Medical Association 1949.

At the time of being admitted as member of the Medical /Dental Profession,

“I solemnly pledge myself to the service of humanity;

I will give my teachers the respect and gratitude which is their due;

I will practice my profession with conscience and dignity;

The health of my patient will be my first consideration;

I will respect the secrets which are confided in me;

I will maintain by all means in my power the honor and the noble traditions of the medical profession;

My colleagues will be my brothers

I will not permit considerations of religion, nationality, race, party politics or social standing to intervene between my duty and my patient;

I will maintain the utmost respect for human life from time of conception

and 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.”

2.THE INTERNAL CODE OF MEDICAL ETHICS OF 1949

The Practitioners shall swear as herein below;

“A doctor must always maintain the highest standards of the professional conduct;

A doctor must practice his profession uninfluenced by motives of a profit.

The following practices are deemed unethical:-

- (a) Any self-advertisement except such as is expressly authorized by the national code of medical ethics;
- (b) Collaborating in any form of medical services in which the doctor does not have professional independence;
- (c) Receiving any money in connection with services rendered to a patient other than proper professional fees, even with the knowledge of the patient.

Any act, or advice which could weaken physical or mental resistance of a human being may be used only in his/her interest;

A doctor is advised to use great caution in divulging discoveries or new techniques of treatment;

A doctor should certify only to that which he/she has personally verified.”

Duties of doctors to the sick

“A doctor must always bear in mind the obligation of preserving human life from conception. Therapeutic abortion may only be performed if the conscience of the doctor and the national laws permit. A doctor owes to

his/her patient complete loyalty and all the resources of his/her science. Whenever an examination or treatment is beyond his/her capacity, he/she should summon another doctor who has the necessary ability.

A doctor shall preserve absolute secrecy on all he/she knows about a patient because of the confidence entrusted in him/her.

A doctor must give emergency care as a humanitarian duty unless he/she is assured that others are willing and able to give such care.

Duties of a doctor to each other

"A doctor ought to behave to his colleagues as he would have them to behave to him.

A doctor must not entice patients from his colleagues.

A doctor must observe the principles of the 'declaration of Geneva' approved by the World Medical Association."

3. THE DECLARATION OF HELSINKI ON HUMAN EXPERIMENTATION – 1964

(a) BASIC PRINCIPLES

The key basic principles include:

1. Clinical research must conform to the moral and scientific principles that justify medical research and should be based on laboratory and animal experiments or other scientifically established facts.
2. Clinical research should be conducted only by scientifically qualified medical practitioners.
3. Clinical research cannot legitimately be carried out unless the importance of the objectives is in proportion to the inherent risk to the subject.

4. Every clinical research project be preceded by careful assessment of inherent risks in comparison to foreseeable benefits to the subject or to others.

Special caution should be exercised by the doctor in performing clinical research in which the personality of the subject is liable to be altered by drugs or experimental procedures.

(b) PROFESSIONAL AND ETHICAL CONDUCT

The following are among key issues in medical practice and must be complied with:

1. CONSENT

Consent is the acceptance by an individual person to receive treatment from a doctor. The individual giving such consent must be mentally competent as determined by the practitioner and aged 18 years and above. The consent must be informed, free and voluntary.

The need to obtain consent for treatment derives from the recognition of fundamental ethics and human rights principles, namely, that of autonomy and self-determination of the individual patient. Where it is not possible to obtain consent, any treatment given should only be in the best interest of the patient.

In case of surgery, consent enables the practitioner to carry out any other procedures as may be necessary in the circumstances. The patient must be informed without delay once the patient is stable.

Forms of Consent

Consent may be implicit or explicit. It may be offered verbally or in writing. It may be given by the patient or by proxy.

Implied consent may arise when a patient accepts to undergo

routine procedures or processes suggested by the doctor during consultations. Such routine procedures include taking clinical history, physical examination, carrying out investigations and treatment.

For special, sensitive or invasive procedures the various options of the management highlighting the merits, demerits, risks involved and outcome must be explained and an explicit consent obtained.

(i) Consent by Patient

For consent to be informed, free, voluntary, as well as valid, one has to consider the cultural, socio-economic characteristics and literacy level of the person giving that consent. Additional consent should be obtained for any unexpected procedures that are in the interest of the patient but not mentioned in the main consent. It is advisable that in the process of obtaining consent, a witness should be present.

(ii) Consent for Emergency Treatment

Life saving treatment may have to be administered without the usual procedures of obtaining consent. In such situations consent may be obtained from next of kin, guardian or an independent senior doctor.

(iii) Consent for children

For the children of tender age the parents or guardians will be required to give consent. For children below 18 years old, both the children and the parents or guardians should be involved and the doctor should carefully counsel both the child and the parent or guardian. The best interest of the child is paramount.

(iv) Consent for dependent patient

The dependant patients must give their full consent unless

mentally incapacitated or if they opt that it is signed by proxy. In such situations consent may be obtained from next of kin, guardian or an independent senior doctor.

(v) Consent from Spouse over family planning matters

Women and men have equal rights to medical care and treatment including matters of family planning.

(vi) Consent for the Mentally Sick patients

Consent for the mentally sick persons who do not have the capacity to give valid consent should be provided by the next of kin or the guardian. In absence of both, an independent doctor will make the decision. In such situations consent may be obtained from next of kin, guardian or an independent senior doctor.

(vi) Consent by patient with impaired hearing or language barrier

Consent by patients with impaired hearing or language barrier will be obtained from the patients themselves through assistance of interpreters and recorded.

REFUSAL TO GIVE CONSENT:-

When a patient refuses to give consent based on religious beliefs or other reasons, the practitioner will explain to the patient the consequences of such action and refer him/her for further counseling to a senior colleague and document the same. However, if the patient maintains the objection, the practitioner will cause him/her to sign a disclaimer form.

If the patient refuses to sign the disclaimer form, the practitioner will record such an objection and file it in the presence of a witness or

another practitioner. As regards a patient who is a child the best interest of the child shall prevail in informing the decision of the practitioner.

2. CONFIDENTIALITY

Confidentiality within health care means keeping information received from a patient confidential between the practitioner and patient only or within members of the health team managing the patient. It is one of the core issues in doctor/patient relationship. The need for confidentiality derives from the Hippocratic Oath and is based on trust. Practitioners must, therefore understand and acknowledge the special position in which they are when they receive such information.

Areas of concern affecting confidentiality include:

- (i) Nature of diseases including HIV and AIDS;
- (ii) Medical forms;
- (iii) Religious & Cultural Practices; and
- (iv) Social-Economic Status.

The practitioner therefore, must ensure that confidentiality is not compromised. A practitioner may breach confidentiality in the interest of public health.

The Practitioners Responsibility to the Society with Regard to Confidentiality

As a responsible member of the public, a practitioner has societal obligations to contribute to a peaceful community in which law and order are maintained. With this in mind and as earlier indicated, a practitioner may breach confidentiality for public good.

3. ADVERTISING

- (a) Frequent mention of a practitioner's name and reference to their skills in some particular form of treatment or department of

medicine/dentistry or in use of some special apparatus or the performance of some particular operation is a professional misconduct.

Anonymity should be observed by the practitioners as a general principle. Departure from this principle is permissible only when the objective of publicity for practitioners or a group of practitioners is apparent, paramount and justifiable.

As regards practitioners in relation to organizations which advertise their services to the lay public or the public, a practitioner who owns or holds shares in such an organization or is employed in the organization, including those which advertise diagnostic or clinical services to the public, the practitioner should;

- (i) Not permit his own name, picture or image to be used in advertisements to the public;
 - (ii) Ensure that any advertisements are factual and do not advertise the practitioner's qualities;
 - (iii) Ensure that such advertisements do not make invidious comparisons with other organizations;
 - (iv) Take steps to avoid the publication of reports, notices or papers issued by a company or organization and drawing attention to professional attainments or that of a particular practitioner in their employment;
 - (v) Media Programs including those on television and radio or electronic media are not given unless it forms part of education series but not to advertise the individual's services.
- (b) Signposts or notice boards relating to health centres, medical and dental clinics

No notice or signpost should be larger or repeated more frequently than necessary to indicate to patients the location of

the premises in question. Notices or signposts should not be used to draw public attention to the services of a practice at the expense of another. Practitioner's names should be restricted to single direction giving signboards within buildings and not on road reserves.

- (i) Door plates should be unostentatious in size and form not exceeding 40 cm by 10cm;
- (ii) The use of the Red Cross or similar sign is prohibited by the Geneva Convention;
- (iii) It is advisable to avoid fancy names which may be misleading to the practice. However, the use of "surgery" and "clinic" is acceptable.

(c) Entries in the Directories

Entries in directories should be of a size and print type that is consistent with all other practitioners' entries. Practitioner's charges and fees whether as a package or as a fee for service should not be published because this is designed to attract individuals and therefore constitute advertising.

(d) Website

The website of practitioners, health or medical institutions should be factual and it should contain information that is not exaggerated, misleading or intended to attract attention of patients at the expense of another practitioner or institution.

4. CANVASSING

(a) Depreciation of practitioners:

- (i) It is unethical to talk in a derogatory manner about the professional skills, knowledge, qualifications or services of another practitioner or health or medical institution.

- (ii) Canvassing by a practitioner or on behalf of a health or medical institution for purposes of obtaining patients, whether done directly or through an agent associated with or employed by persons or organizations which canvass, is unethical.
- (b) Improper arrangements to extend a private practice:
 - (i) This may occur by patients being transferred to one's private practice from public institutions; or
 - (ii) By a practitioner barring his immediate partners from setting up an independent practice within certain defined limits of the previous practice.
- (c) A consultant should not retain a patient who has been properly referred by a general practitioner save in a situation where the patient requires continued specialized care. They should always endeavor to send such a patient back to the referring practitioner with a proper report detailing their findings, management and recommendations.

5. CONFLICT OF INTEREST

A conflict of interest arises when a doctor has reasons other than the care of their patient for making decision. For example this can occur when a practitioner owns a laboratory or a pharmacy. Therefore, the practice of practitioners owning their medical diagnostic and dispensing facilities is discouraged. Where a potential conflict exists, the practitioner must take every opportunity to ensure that the patient is aware of their competing interests. Similar conflicts of interests are also present with family owned practices. In such circumstances practitioners should declare the existence of family relationships. Such practitioners should also try to offer an alternative practitioner or facility for their patients to choose.

Relationships between Practitioners and the Public

Every practitioner should respect all aspects of human life and every practitioner shall:

- a) Do all that is reasonable to preserve and improve the quality of human life and he/she shall not do anything which may cause suffering or terminate life except as provided for in law;
- b) Give such advice and treatment as shall be necessary to reduce the suffering of his patient;
- c) Treat his/her patient or any person accompanying or visiting a patient with due courtesy and respect;
- d) Respect patient's confidentiality and shall hold secret to himself/herself all that he/she may learn in confidence from his patient or anyone acting on behalf of the patient;
- e) Whenever medical or dental examinations are being carried out it is advisable that a chaperon shall be available;
- f) Practitioners involved in private practice and private institutions may not withhold treatment in emergency on the basis of lack of fees or funds. The discussion of fees becomes the basis of a contract between the practitioners and the patient.

These should be set at a reasonable level as determined by the Board's guidelines.

6. THE PRACTITIONER'S RELATIONSHIP WITH COLLEAGUES

- a) The practitioner shall be expected to share his/her professional knowledge with his colleagues and to do all he can to promote medical knowledge, education and research;
- b) Practitioners are not allowed to charge colleagues and the nuclear family members for professional services rendered; and
- c) The practitioner shall avoid any action which may be regarded as self-laudatory and shall not condemn his/her colleagues or use derogatory language about them.

7. HUMAN RIGHTS

- (a) Practitioners should always manage patients irrespective of age, race, colour, gender, religion, socio-economic status or political affiliations;
- (b) Practitioners shall, in all their professional activities, respect the dignity and human worth of patients and shall strive to preserve and protect the patient's fundamental human rights;
- (c) In cases of conscientious objections, practitioners should record and refer the patient to another practitioner;
- (d) Practitioners shall respect the right of patients to hold values, attitude, beliefs and opinions that differ from his/her own provided this does not impinge on the rights of dependent patients;
- (e) It is unethical for doctors or health institutions to detain patients for non-payment of fees in cases of emergency treatments. They should resort to legal means to recover the said fees;
- (f) The practitioners should treat every patient with dignity including prisoners;
- (g) The right of the mentally sick patients should be respected;
- (h) The right of all patients should be respected including those of the terminally ill, HIV and AIDS and mentally handicapped patients ;
- (i) The right to life is a basic human right subject to the laid down laws of the land;
- (j) Treatment decisions regarding severely incapacitated people must be based on what is best for that individual; and
- (k) The laws of Kenya do not allow for termination of pregnancy on demand except as provided for in the law.

NOTES

REPUBLIC OF KENYA

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Professional Conduct and Discipline

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