

Royal Government of Cambodia
No 61

Sub-Decree on the Code of Medical Ethics

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Royal Government of Cambodia

- Having seen the Constitution of Kingdom of Cambodia
- Having seen the Royal Decree No. 1198/72, dated 30 November 1998 on the appointment of the Royal Government of the Kingdom of Cambodia
- Having seen the Royal Kram No. 02/94, dated 20 July 1994, promulgating the Law on the Organization and Functioning of the Council of Ministers
- Having seen the Royal Kram No. 0196/06, dated 24 January 1996, promulgating the Law on the establishment of the Ministry of Health
- Having seen the Royal Kram N. 1100/10, dated 03 November 2000, promulgating the Law on the management of the private professionals in the field of Medicals, Para medicals and Medical Aid
- Having seen the Royal Decree No. 0200/039, dated 01February 2000, on the establishment of Medical Council
- Having seen the Sub-decree No. 67, dated 22 October 1997 on the organization and functioning of the Ministry of Health
- Pursuant to the Request of the Council of Ministers in the plenary meeting on 15 August 2003

Hereby Decides

Chapter 1

GENERAL PROVISIONS

Article 1: This sub-decree aims to define provisions of the code of ethics for medical professionals and medical students, who may work as substitutes for medical professionals practicing the general medical profession in the Kingdom of Cambodia.

Chapter 2

GENERAL DUTIES OF MEDICAL PROFESSIONALS

Article 2: In practicing the medical profession, either in private or public, medical professionals shall respect people's body, life and dignity.

Article 3: In all circumstances, medical professionals shall abide by the ethical principles such as integrity and faithfulness necessary to perform their duty as a medical professional.

Article 4: For the benefit of patients, medical professionals shall keep patient confidentiality as determined by law.

Article 5: Medical professionals must uphold their professional dignity at all times

Article 6: Medical professionals shall respect the rights of patients to choose a Medical professional freely. Medical professionals shall facilitate for them to make such choices.

Article 7: Medical professionals shall listen, examine, advise or treat all people consciously and equally regardless of nationality, tradition, family status, race, religion, reputation or sentiment.

In all circumstances, medical professionals should uphold to be gentle and have appropriate behaviour to assist and support those people they treat.

Article 8: Within the legal framework, medical professionals have independence to issue prescriptions deemed as the most appropriate under the circumstances.

Medical professionals shall ensure prescriptions are necessary and strive for quality, safety and effectiveness of healthcare.

Medical professionals shall take into account advantages, side effects and complications that may occur during the conduct of medical research and treatment.

Article 9: Medical professionals shall, when confronted with seriously ill or injured patients try their best to save their life and provide essential care

Article 10: Medical professionals requested to examine or treat a person whose freedom is deprived shall not harm or conspire to harm the patient emotionally, physically or mentally. . If medical professionals notice that the person is ill-treated, he or she shall inform the competent authority involved after the consent of the concerned person.

Article 11: All medical professionals shall always update and improve their knowledge. Medical professionals shall continuously participate in training activities. They shall also participate in evaluating their professional performance.

Article 12: Medical professionals shall support the activities of preventive care and health education conducted by all competent authorities. Collection of information, registration and analysis of information including names can be made only within the framework defined by law.

Article 13: Medical professionals, taking part in delivering information on public health education through whatever media channels, shall speak carefully and take into account the repercussion of their words towards the public. Therefore, medical professionals shall mention only data that has been confirmed and validated. Medical professionals shall avoid publicizing for their personal benefit, the organizations they are working with or supporting or for any other reason than the public interest.

Article 14: Physicians shall not publicize in health facilities about any diagnosis or treatment which is not validated and without linking it to prepared information. Physicians shall absolutely avoid publicizing this in public, which is not in the framework of health sector.

Article 15: Medical professionals may take part in medical professional research on human beings only within the framework defined by law. Medical professionals shall clearly define regularity and appropriateness as well as reality of the final conclusion of such research. Health service providers participating in the study shall observe and make sure that the findings of the research do not affect the patients' trust in medical professionals and sustainability of the treatment.

Article 16: Blood drawing as well as incision of organs, tissue, cells or other parts of the body of living persons or dead persons may only be made if it is defined by law.

Article 17: Medical professionals can terminate pregnancies on a voluntary basis only in cases and conditions defined by law. Medical professionals shall always have the freedom not to accept the request and they shall inform the concerned person about conditions and ages of pregnancy defined by law.

Article 18: Medical professionals shall practice their profession ethically and not engage in behaviour that only benefits their private financial status. The medical profession is not a commercial business. Intentional exaggeration of advertising is prohibited

Article 19: Medical professionals should not allow anyone to use their name for commercial purposes. Medical professionals should take care where their name is used in public.

Article 20: Except otherwise recognized in any provisions of law, the distribution, for personal gains, of medicine, medical equipment or medical products , in a way that seems beneficial to health, but not clearly validated, shall be prohibited. Medical professionals shall not provide medicine which it is not permitted for the patients to use.

Article 21: Distribution of user fees amongst Medical professionals, in any form, shall be prohibited except for the cases stipulated in Article 90 of this sub-decree.

Accepting, insisting or providing financial kickbacks among Medical professionals, , shall be prohibited.

Article 22: A conspiracy between Medical professionals, between Medical professionals and pharmacists or between medical workers or the public either physically or mentally for personal gains, shall be prohibited.

Article 23: Medical professionals shall not consult, examine and treat patients at a commercial place or other places selling pharmaceuticals, medical products or medical equipment that they (Medical professionals) prescribe or use.

Article 24: A physician can practice another profession providing it is compatible with the independence and dignity of the medical profession.

Article 25: Medical professionals who are fulfilling their mandates through the election or fulfilling their functions within the public administrative framework shall not use their roles to increase the number of their clients.

Article 26: Biased reporting or issuance of fake certificates shall be prohibited.

Article 27: Fraud, abuse of the set price and misinformation about medical treatment fees and other services or activities offered shall be prohibited.

Article 28: Facilitation for any health professional to operate illegally shall be prohibited.

Article 29: Outside the professional framework, all medical professionals shall avoid acts that may result in ruining their professional reputation.

Chapter 3

Duties of Medical professionals to patients

Article 30: When examining and treating patients, medical professionals shall provide care attentively and honestly based on their medical knowledge and where necessary, ask assistance from those who are more competent.

Article 31: All medical professionals shall always make their diagnosis carefully, taking the necessary time to obtain information, examine and use recognized medical methods. Where necessary, medical professionals shall ask for appropriate assistance.

Article 32: All medical professionals shall write prescriptions clearly, making sure that the patients and caregivers clearly understand and can follow directions correctly.

Article 33: For patients they examine, treat or advise, medical professionals shall state honestly, clearly and correctly information about the health condition of the patient and any research and care they wish to conduct during the period of treatment.

Medical professionals shall take into account the personality of the patients in explaining and making them understand.

The doctor has the right not to tell the patient about the severity of the diagnosis or prognosis except where a patient may be infectious to others and in this case, they must be informed.

Where the prognosis is grave, information provided to the patient must be given in a careful manner. The patients' family shall have access to this information except where the patient does not allow for this information to be provided to them.

Article 34: In all cases, consent to examine and care for the patient must be obtained.

When the patient, who is aware, refuses the conduct of research or medical treatment methods to be provided to them, medical professionals shall respect their decision after explaining about consequences of that refusal to the patients.

If the patients cannot express their will, medical professionals cannot intervene without the presence of patient's families except in an emergency case or inability to contact those families.

Article 35: Medical professionals, in any circumstance, shall try their best to ease the patient's worries, give emotional support and avoid unreasonable ideas in analyzing the research or providing treatment.

Article 36: Medical professionals shall stay close to the dying patients until they stop breathing, continue to give care and take appropriate actions that are suitable for the quality of life that is passing away, maintain dignity of the patients and encourage the people around them.

Medical professionals have no right to make people die intentionally.

Article 37: Medical professionals cannot give the patients or caregivers medicines or medical treatment that is not clear or validated, although they think it may sustain health and/or may not be dangerous. Deceitful treatment shall be prohibited.

Article 38: Medical professionals shall not endanger the patients during research or when providing interventions and treatment.

Article 39: If there is no critical medical reason and without informed consent of the patients, surgery shall not leave the patient with an unintended outcome except in an emergency case or when unable to contact the patients' family.

Article 40: Medical professionals invited to provide treatment and care for minors or the mentally disabled adult patients shall try their best to inform parents or their legal representatives and obtain consent from them.

In emergency cases, where these people cannot be contacted, medical professionals shall provide the necessary care and treatment.

If the concerned person can express his/her idea, medical professionals will also consider their wishes.

Article 41: Medical professionals shall defend and protect the interests of children's health when they see people around those children do not understand. .

Article 42: When learning that the patients coming for treatment suffer from maltreatment or malnutrition, medical professionals shall use proper means to protect the concerned persons.

If the patients are children under 15 or people who cannot protect themselves due to age, physical or mental conditions, medical professionals shall immediately notify the court, health or administrative authorities except for special circumstances in which medical professionals think it may be harmful.

Article 43: Medical professionals shall create medical records for each patient. This medical record shall be kept confidential. It will record daily information, which is essential for diagnosis and treatment.

In all cases, Medical professionals shall be responsible for maintaining these documents.

At the patients' request or consent, the medical professionals shall provide essential information and documents regarding treatment to other medical professionals who are involved in treating or to those whom the patients decide to consult.

Article 44: In all cases, sustainability of nursing care for the patients shall be guaranteed.

Apart from emergency cases, and in cases where medical professionals cannot perform their humanitarian duties, medical professionals have the right to reject the medical care due to professional or personal reasons.

If medical professionals refuse to fulfill this mission, they shall inform the patient and the medical professional he/she has chosen for further care.

Article 45: Medical professionals may not abandon their patients at the time of a public accident unless there is an absolute order from the competent authority in accordance with the legal requirements.

Article 46: Medical professionals, who are invited to provide care in families or collective settings, shall ensure the respect for hygienic measures and infection control.

Medical professionals shall tell the patients about their responsibilities and duties for themselves and others as well as precautions that the patients must consider.

Article 47: Medical professionals shall facilitate for patients to receive social benefits that they are entitled to under laws without following excessive demands of the patients

Therefore, unless objected to by the patients, medical professionals shall be permitted to give imperative medical information to the medical advisors of Social Security organization to which the patient belongs or to the medical professionals of the public organizations that are entitled to distribute the social benefits.

Article 48: Medical professionals shall not interfere with the family's affairs or personal livelihoods of the patients without having professional reasons.

Article 49: Medical professionals, who treat a patient until he/she dies, shall only get benefits from the dead person's wishes or will made during the treatment according to conditions defined by law.

Medical professionals shall not be greedy by using their influence to get power or signing contracts which is unusually beneficial to the medical professional.

Article 50: The fees for medical treatment must be standardized based on the activities implemented or under special circumstances. These fees for treatment shall be claimed only after performance.

Medical professionals shall not charge fees from patients for explanation or advice through phone calls or written letters.

Medical professionals shall respond to every request for information and explanation about treatment fees.

No special payment method can be imposed on the patients.

Article 51:

When several medical professionals jointly examine or treat patients the fees shall be paid to individual medical professionals separately.

Allowances for any assistant chosen to work under the supervision of a particular physician shall be included in the treatment fee of that medical professional.

Article 52: In all circumstances, it is prohibited to assure the effectiveness of a prescribed treatment and request the patient to provide a deposit.

Chapter 4

Relationship between Medical professionals and between Medical and other health professionals

Article 53: Medical professionals shall maintain good fraternal relations with each other.

Medical professionals having conflicts with each other shall find a solution through conciliation and if necessary, the solution shall be pursued through the provincial/ municipal medical council.

Medical professionals shall help each other during hardships.

Article 54: Diverting or attempting to divert clientele shall be prohibited.

Article 55: When undertaking to provide consultation for a patient previously treated by another fellow medical professional, the medical professional shall:

- Respect the interests of the patient by giving specific treatment only for an emergency condition.
- Respect the choice of the patient, who wishes to find another medical professional.

With the consent of the patient, the consulting medical professional shall give information to the medical professional about observations and other decisions. If there is

any objection from the patient, the medical professional shall tell the patient about the possible consequences that may arise from that objection.

Article 56: Following an emergency consultation, the emergency medical physician after informing the patient, must write and forward a report including any intervention and treatment to the patient's personal doctor or any other doctor that the patient plans to subsequently consult.

The medical professional shall keep a copy of her/his report.

Article 57: In critical circumstances, a medical professional shall request for consultation with a fellow medical professional or accept consultation with medical professionals suggested by the patient or by the people around the patient.

If the consulting medical professional finds it unacceptable to accept the patient's choice, the medical professional may refuse to be involved. The consultation medical professional may give advice to invite other medical professionals if the patient does not make his/her choice.

After that consultation, the medical professional shall give written information to the treating medical professional about his/her observation, conclusion and treatment after informing the patient.

Article 58: After the consultation, if the consulting and treating medical professionals disagree, the patient shall be clearly informed about this issue. The treating medical professional has the right to postpone his/her care if the patient or the people around him/her believe (s) in the consulting medical professional.

Article 59: The consulting medical professional shall not begin inviting and examining the patient again without giving prior notice to the treating medical professional , except in an emergency.

The consulting medical professional shall not continue to provide care based on the patient's condition when such care is under the competence of the treating medical professional unless the patient's will is expressed and the consulting medical professional shall provide all necessary information for the treating medical professional to monitor the patient.

Article 60: Without violating the provisions on the medical services of the public and private hospitals, medical professionals in charge of treating patients admitted into the hospital shall inform the patient's private doctor or the caregivers that the patients have consented to tell about the hospitalization. The medical professionals of that hospital shall inform the medical professional about crucial decisions that the medical professional may be invited to participate, where possible.

Article 61: When several medical professionals work together on examination or treatment of a patient, the medical professionals shall provide information to each other. Every medical professional shall have respective responsibility and always monitor the progress of the patient.

Each medical professional may refuse to participate or leave the cooperation only if such refusal or leave does not cause harm to the patient and he/she shall inform all colleagues about their decision.

Article 62: A medical professional may assign one colleague or one medical trainee, who fulfills the requirements set by the Medical Council, to temporarily replace him/her in the profession. That medical professional shall inform the relevant provincial/ city medical council in advance about the name, qualifications of the substitute as well as the date and duration of the replacement.

The replaced medical professional shall cease all independent professional activities throughout the replacement period.

Article 63: Upon completion of the replacement, the substitute shall end all activities related to the replacement and shall provide necessary information (patient handover) to the concerned medical professional for the sustainability of care.

Article 64: Practices that tend to discount the medical treatment fees for the purpose of competition shall be prohibited.

Medical professionals have the freedom to provide free healthcare services.

Article 65: For the benefit of the patients, medical professionals shall maintain good relationships with members of the health profession. Those members shall ensure mutual respects for professional independence and respect the freedom of choice of the patients.

Chapter 5

Professional Practice

Section 1

Overall Principles of all forms of profession

Article 66: The medical professional practice is a personal business of each individual physician. Each physician shall be fully responsible for their decisions and acts.

Article 67: In principle, all medical professionals have competence in diagnosing, preventing ill health and treating. Except for specific circumstances, in any field beyond their capacity and experience, medical professionals shall not initiate or continue care or write any medical prescriptions.

Article 68: In the professional workplace, medical professionals shall have the appropriate place with suitable rooms, ability to keep professional confidentiality and sufficient technical means for the tasks the medical professional has to perform. Medical professionals shall be especially careful about disinfection and sterilization of all used medical

instruments/equipment and disposal of medical wastes according to the procedures and regulations.

Medical professionals shall not perform in conditions that can ruin the quality of healthcare and medical activities or compromise the patient's security.

Medical professionals shall check the capacity of those involved in the same work.

Article 69: Medical professionals shall make sure all their assistants know about their obligations to keep professional confidentiality and encourage them to follow.

Medical professionals shall be especially careful so that the people around them do not compromise the confidentiality through professional correspondence.

Article 70: Medical professionals shall prevent the leakage of secrets of personal documents and medical information of the patients they have cared for, examined or treated no matter how significant and useful those documents are.

Medical professionals, when they have to use their experience or documents for scientific advertisement or teaching, shall ensure the patients are not identified, or they have received permission from concerned patients.

Article 71: Medical professionals shall not use pseudonyms unless the provincial/ city medical council's agreement is obtained.

Article 72: Issuance of medical certificates, letters of certification and other related documents shall be defined by law and regulations.

All certificates, prescriptions, letters of certification or documents issued by the physician shall be written clearly, simple to read and in the national language with accurate dates and signatures of the medical professionals. Medical professionals may provide the patients with the documents translated into other national languages.

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Article 73: In the framework of sustainable healthcare, medical professionals are obliged to participate in both day and night-time duties. However, the provincial/ city medical council may be exempt from this duty due to older age, health and condition of the medical professionals.

Article 74: When they are required to participate in being on duty, emergency services or fulfill any obligation, medical professionals shall ensure that they attend the facilities immediately.

In order to facilitate this, medical professionals shall be authorized to post the label, "Emergency medical professionals" on the front windscreen of the vehicle and shall remove this label once the emergency service is over.

The emergency medical professional shall inform the patients' medical professionals about their interventions pursuant to the provisions stipulated in the Article 56 of this sub-decree.

Article 75: Items that medical professionals are authorized to include in prescriptions include:

1. First name, given name, professional address, phone and fax numbers, date and time of consultation.
2. If the medical professionals practice the profession in a group, names of all medical professionals in the group are required.
3. The status of the medical professional's Health Insurance organization if available.
4. Qualifications recognized by the University of Medical Science and medical councils with approval of the Ministry of Health.

Article 76: Items that the medical professionals are authorized to include in public publications:

1. First name, given name, professional address, phone and fax number, date and time of consultation.
2. The status of the medical professional's Health Insurance organization if available.

3. Qualifications, specialist certificates and other competencies recognized by the University of Medical Science and Medical Council with approval of the Ministry of Health.

Article 77: Items that medical professionals are authorized to write on the clinic signboard of the workplace include:

First name, given name, phone number, date and time of consultations, personal Health Insurance organization, certificate, position and qualifications recognized by the University of Medical Science and Medical Council with approval of the Ministry of Health.

This label can be put in front the entrance door to building and the other same label on the door of the consultation room as appropriate for the profession.

Article 78: Upon opening a new location or obtaining additional qualifications or skills, medical professionals can make an announcement on the media, which must not be in the form of an advertisement. Article and announcement method shall be submitted to the provincial/ city medical council as a prior notice.

Article 79: The medical professional practice, in any form, either in industry, collective or institutional setting that falls under the competence of the private law, shall be performed under a written contract. This contract shall be obviously identified concerning the obligation between relevant stakeholders and shall be certified as a means of having the medical professionals authorized to abide by the provisions of this sub-decree.

The entire contract shall be submitted to the provincial/ city medical council for examination and response in a month's time.

Article 80: The practice of the medical profession in any form, either in the state-owned, collective or public institution, shall be carried out under a written contract, except where the medical professional is a legitimate agent of the state-owned, collective or public institution who is not required to sign the contract. Medical professionals shall send that contract to the competent jurisdiction of the medical council. The endorsement of the medical council shall

be submitted to the concerned administrative authority and the Medical professionals involved.

Section 2

PRIVATE PROFESSIONAL PRACTICE

Article 81: In principle, a medical professional shall have a consultation room. The medical professional may have another consultation room as a branch as long as that medical professional can give consultation as usual and regularly in that branch room.

Creation or keeping the branch consultation room in any form shall be possible only if it is permitted by the concerned medical council.

This permission is possible if the other medical professional with the same specialty is far away and unable to satisfy the patient's needs by ensuring emergency, quality and continuity of the healthcare.

This permission shall be provided to the requester and cannot be transferred to the others.

This permission is valid for only 3 years and may be renewed only if a new permission is obtained from provincial/city medical council.

This permission can be removed any time; especially when another medical professional with the same capacity moves in to open a site to serve the patient's needs there.

In any case, a medical professional cannot have more than one branch consultation room.

Article 82: The medical professional or medical trainee working in place of a certain colleague for at least 3 months shall not open a consultation room, before 2 years, at a location conducive to direct competition with the physician whom he/she has substituted and with medical professionals working with the medical professional he/she has substituted unless all parties agree by sending a written notice to the provincial/city medical council.

If all parties fail to reach an agreement, the opening of the location needs to get a permission from the provincial/ city medical council.

Article 83: The use of one medical professional or one medical student in a consultation room for personal interests shall be prohibited.

But, a medical professional may ask for help in case they are overloaded with patients in a designated area. In such case, if the assistants are medical professionals, permission from the provincial/city medical council is required. If the assistants are medical students, permission from the concerned provincial/city authority must be sought as defined by law.

Provisions of this article do not prohibit the engagement of the medical trainee in university training with the practicing medical professionals under the requirements of law.

Article 84: In contrast to paragraph 1 of the article 83 of this sub-decree, a medical professional may be replaced in his/her job by another medical professional in such special circumstance as outbreaks of infectious diseases or due to ill health of the medical professional. This permission shall be especially given by the provincial/city medical council for three months and may be extended.

Article 85: The medical professional shall not allow any colleague to take over his/her consultation room. But, the medical council may allow a medical professional to take over the consultation room of deceased colleague for three months (can be extended by another three months).

Article 86: A medical professional shall not locate a consultation room in any building where a fellow medical professional is practicing the same specialist profession without the consent of that medical professional or if no permission is given by the provincial/city medical council.

Article 87: An association or a company formed between the medical professionals to practice the profession shall be functioning under a written contract, which complies with the professional independence of the individual medical professional.

Contracts and relevant documents shall be submitted to the provincial/city medical council for examination of their compatibilities with the provisions of this sub-decree along

with fundamental, essential clauses of the sample contracts prepared by the National Medical Council, if available.

Article 88: The medical professionals may not accept any contract with clauses involving the industry's interests with awarding or duration of contract and, which may result in consequences impacting the medical professionals' independence in making decisions or the quality of healthcare.

Article 89: In a consultation building where many medical professionals work together, under whatever legal conditions, the performance of medical job shall remain a personal assignment. Individual medical professionals shall maintain their professional independence.

The patients' rights to choose physician shall be respected.

Each medical professional shall provide consultation only in their own room, except where there is an emergency or when they are on duty.

Each medical professional can use papers with logos of the association or company to which he/she belongs. The signature of a medical professional shall be accompanied by his/her name and address attached.

Article 90: In the medical association and in a joint consultation room, division of fees earned among medical professionals shall be prohibited, except for cases where medical professionals in the association perform the same general medical profession or are specialist medical professionals in the same fields.

Section 3

PAID MEDICAL PROFESSIONAL PRACTICE

Article 91: If a medical professional agrees to engage in the profession under a contract or a statute with the state, community or public or private organizations s/he must maintain professional confidentiality and independence in decision-making.

In all circumstances, medical professionals may not accept to have his/her independence of professional practice restricted by the industries and organizations that employed them. Medical professionals shall always perform their work by placing priority on the interests of public health, the interests and safety of those working in the same industrial or collective settings where they work.

Article 92: Without taking the provisions for health institutions into consideration, medical files shall be kept under the responsibility of the medical professionals, who compile them.

Article 93: The paid medical professionals, under any circumstances, may not receive bonuses on the grounds of production standard, output standard or other assignments that may compromise independence or quality of health care

Article 94: The medical professionals practicing the profession either in public or private services for curative care or prevention may not use their position in order to increase their patient numbers.

Article 95: Except in emergency cases or defined by law, the medical professionals in charge of preventive medical services for any collective organization shall have no rights to provide treatment in such a setting.

This medical professional shall refer the patients to the medical professionals or other medical professionals assigned by the collective entity.

Section 4

PROFESSIONAL PRACTICE OF THE MEDICAL PROFESSIONAL SUPERVISORS

Article 96: The medical professionals responsible for supervision may not serve as preventive medical professionals or medical professionals for the patients they examine, except in an emergency situation.

This prohibition shall apply to the members of patients' families living together and members of the collective body if the medical professionals work in a collective body.

Article 97: In the position of the mission, the medical professional supervisors shall refuse if he/she finds the questions raised are beyond their medical technical fields, capacity, the medical professional's ability or likely to drive the medical professional to act contrary to the provisions of this sub-decree.

Article 98: the medical professional supervisors shall tell those who are to be supervised about the mission and legal framework in which this mission shall apply and identify their scope.

The medical professional supervisors shall be careful about their words and shall not disclose confidentiality or shall not comment about the mission.

The medical professional supervisors shall not be biased in making a conclusion.

Article 99: The medical professional supervisors shall not interfere in treating or changing medical treatment unless otherwise stipulated by law. While supervising, if the physician supervisors do not agree with the medical professionals on diagnosis of symptoms or think that the medical professionals do not take into account of critical and useful factors of treatment, the medical professional supervisors shall inform the medical professionals personally. If there is any difficulty in this matter, the medical professional supervisors may make suggestions to the provincial/ city medical council.

Article 100: The medical professional supervisors shall uphold confidentiality of institutions that invited them to perform this work. The medical professional supervisors may provide the the institution with administrative conclusions but not medical conclusions noted throughout the visit.

Medical information with names or that may have names identified in the files compiled by that medical professional may not be provided to anyone outside the medical field, authority or body.

Section 5

PRACTICE OF THE FORENSIC MEDICAL PROFESSION

Article 101: A medical professional may not serve as both specialist forensic physician and medical professional for the same patient. The medical professional shall not accept a forensic mission in connection with his/her personal interests and those of individual patients, relatives, friends or collective body, who always seek services from him/her.

Article 102: In mission's position, specialist forensic medical professional shall refuse if he/she finds the questions raised are beyond the medical technical fields, capacity, the medical professional's ability or likely to drive the medical professionals to act contrary to the provisions of this sub-decree.

Article 103: Before beginning to carry out the forensic analysis, the specialist forensic medical professional shall tell the person to be examined about the mission and legal framework which the medical professional shall comment.

Article 104: In writing a report, the specialist forensic medical professional shall highlight only critical points which can provide answers to the questions asked of them. Aside from this report, s/he shall not declare anything else s/he may know about the case.

The specialist forensic medical professional shall certify to have fulfilled this mission by themselves.

Section 6
FINAL PROVISIONS

Article 105: All medical professionals, when applying for registration, shall confirm before the provincial/city medical council: they have already understood this Sub-decree on the Code of Medical Ethics and pledged under an oath of allegiance and in writing that: they will comply with this code of ethics.

Article 106: Intentional false or incomplete statement made to the provincial/city medical council by a medical professional may result in a disciplinary sanction.

Article 107: The medical professional, who changes his/her conditions of professional practice or abandons the profession, shall give notice to the provincial/city medical council. The provincial/city medical council stands witness to such change and notifies the national medical council.

Article 108: Decisions of the medical councils at all levels to comply with this sub-degree shall provide clear reasons.

Article 109: The provincial/city medical council's decision may be revised or nullified by the national medical council, by provisions or at the request of the concerned persons. Such request shall be made within 2 months after receiving the decision.

Article 110: According to the Article 26 of the Royal Decree No. NS/RKT/0200/039, dated 1st February 2000 on the Establishment of a Medical Council in order to gather all medical professionals with adequate skills and qualifications to practice medical profession in the Kingdom of Cambodia, the Medical Councils at all levels have the obligation to monitor the compliance with these provisions. Violations of these provisions shall result in disciplinary punishments by the Regional Medical Council with participation of the disciplinary unit of the National Medical Council. In this case, the Regional Medical Council's president shall enforce the decision.

Article 111: The Minister in charge of the Council of Ministers, the Minister of the Ministry of Justice, the Minister of the Ministry of Interior, the Minister of the Ministry of Health, the Minister of Ministry of Social Affairs, Vocational Training and Youth Rehabilitation, the Minister of the Ministry of Environment, the Minister of the Ministry of Rural Development, Ministers, Secretary of State in all relevant ministries shall implement this sub-decree from this day of signing onwards.

Phnom Penh, 28 August 2003

Prime Minister

HUN SEN

CC:

- Cabinet of the Royal Palace
- General Secretariat of Senate
- General Secretariat of National Assembly
- Cabinet of Samdech Prime Minister
- As stipulated in Article 111
- Royal Gazette
- Records-archives