

Supplementary file 1. Code of ethics for medical professionals, medical council of Islamic Republic of Iran.

Chapter I: Instrument Generalities and Status

Section I: Introduction

Medical professionals have historically been standard-bearers of professional ethics and have promoted ethical development in societies. The professional ethics' norms for practicing medicine have been developed since millennia ago in the context of history and in myriads documents including medical oaths, which have throughout centuries been among the most famed manuscripts of this sector.

Depending on circumstantial complexities in medicine, all these oaths, advice books and instructions have enumerated ethical virtues expected from medical professionals and sought to apprise them of ethical standards, principles and rules. Meantime, a public declaration of commitment by medical professionals to these professional standards has won public confidence in them and granted a special social status to medical professionals.

These documents require medical professionals to comply with general ethical norms while imposing ethical obligations on them, providing them with practical guidance and answering their questions. In certain cases, what may be considered as commendable but non-obligatory for the public may be an obligatory norm for medical professionals, whose violation will be subject to ethical and professional reproach.

Numerous factors highlight the necessity of introducing new and updated ethical standards to the actors of this sector. Scientific and technological progress in the methods of prevention, diagnosis, therapy and rehabilitation of patients and other beneficiaries of healthcare services have given rise to new opportunities and raised new questions, which did not exist in the history of medical ethics. The emergence of new concepts like "brain death" and "organ transplantation", possibility of prenatal diagnosis of diseases and abnormalities, significant expansion of genetic technologies and the possibility of forecasts for contracting diseases using genetic data and the possibility of modifying human genome in its early stage of inception and many other scientific and technological developments have raised fundamental questions with regard to end-of-life care, abortion and human genome modification.

Establishing "right to health" for all citizens and obligating governments to meet health needs have resulted in the development of sophisticated systems. This sophistication increases with the

expansion of medical technologies. Development of these broad and sophisticated health technologies, whose components are diverse (including pharmaceutical industry and medical equipment, health officials and policymakers, managers), have redefined the status of medical professionals from direct and individual providers of health services to actors working within the framework of a health system and in interaction with other beneficiaries. This change in status inevitably requires new ethical obligations and standards to assist medical professionals in regulating their relations with various health organs.

Providing specialized and subspecialized health services constitutes another change, which creates special ethical obligations for medical professionals. To interact with other specialists and medical teams as well as various state and non-state health sectors, medical professionals are required to comply with precise norms. The change in the category of diseases from communicable infectious diseases to chronic non-communicable diseases, longer human life and ageing of societies in recent years have significantly affected the nature of medical professionals' relation with patients, giving rise to a plenty of ethical fallouts originating from the patients' drawn-out relation with medical professionals. In another change, the recognition of people's right in the administration of state affairs through political and civil partnership and social changes including higher literacy and public awareness have increased social demands at various levels, like demanding the patients' rights and daily-growing involvement in decision-making about individual and social health. The status of medical professionals, as the first responders to public demands, inevitably requires reconsideration of patriarchal approach and creation of a patient-oriented medical structure, which will in turn, requires the establishment of an updated and efficient healthcare systems. Management of this unavoidable change by professional organizations requires presentation of new ethical norms and standards for helping medical professionals for a logical and peaceful transition from the current evolutionary period of healthcare system.

For the purpose of fulfilment of its inherent task which is based on guaranteeing respect for the mutual rights of medical professionals and beneficiaries of healthcare services, and benefiting from the authority delegated to it under the Medical Council governing bylaw (by virtue of which, the Council is the body tasked with revising "disciplinary bylaw for handling professional and syndical infractions by medical professionals), in view of the importance attached by the Constitution of the Islamic Republic of Iran and other governing laws to compliance with good morals in all spheres of public life and to the unique status of ethics in healthcare governing instruments (particularly statute of the Islamic Republic of Iran Medical Council (IRIMC) and national health policies), IRIMC adopted on July 6, 2017 the first edition of the "Code of Ethics

for Medical Professionals, Islamic Republic of Iran Medical Council” outlining guidance for decision-making by medical professionals based on professional ethics under various circumstances, particularly when faced with complicated ethical conditions. This code was set to take effect one year after its enactment. The first edition was revised and completed and the final edition was adopted on August 9, 2018 by IRIMC in 13 chapters and 140 articles. The final edition takes effect as of October 7, 2018

Any violation of the obligations set forth in this code shall constitute a conduct non-compliant with medical ethics, subject matter of Article 6 of disciplinary bylaw for syndical and professional infractions by medical professionals. Therefore, prosecutor’s offices as well as disciplinary committees hearing syndical and professional infractions, based in the office of Medical Council, deal with violations of the provisions of this instrument within the framework of regulations. In light of the sensitivity of the details of this code and in a bid to further improve the process of handling, the body competent to decide about any breach of the provisions of this code shall be the Medical Ethics Expert Committee based in the provincial offices of IRIMC and the Central Expert Committee of IRIMC. Therefore, the preliminary disciplinary boards as well as appellate committees in all cities and provincial capitals are required to refer to the Medical Ethics Expert Committee based in the provincial offices of IRIMC before deciding about cases. Similarly, the Central Expert Committee of the Medical Council of the Islamic Republic of Iran is the source of expertise for the Supreme Council of IRIMC. Meantime, the Central Expert Committee is tasked with monitoring and coordinating affairs among provincial committees and guaranteeing judicial precedent.

The “code of Ethics for Medical Professionals, Islamic Republic of Iran Medical Council” outlines values, norms as well as principles and rules of ethics drawn up based on human dignity and Islamic and Iranian fundamentals and values. All medical professionals affiliated with IRIMC as well as managers and officials are required to comply with the provisions of this code and make their best efforts to guarantee maximum compliance with the provisions in their practice of medicine and relevant medical activities. The chapters, sections and articles in this code are equally significant and have to be viewed as a whole. Each section has to be construed and interpreted in harmony with other sections including the Introduction.

Section II: Medical Ethics Expert Committee

The Medical Ethics Expert Committee is set up at the central and provincial levels by virtue of Note 4 of Article 35 of IRIMC Act.

Central Committee Members

- Chairperson of Medical Ethics Committee of IRIMC or his/her duly authorized representative;
- Chairperson of Iranian Nursing Organization and his/her duly authorized representative;
- Vice-Chair of Medical Council for Disciplinary Affairs or his/her duly authorized representative;
- Deputy Minister of Health and Medical Education or his/her duly authorized representative;
- Chairperson of Assembly of Scientific Medical Associations or his/her duly authorized representative;
- One medical specialist;
- One general practitioner;
- One dentist;
- One pharmacologist;
- One licensed bachelor holder or midwife;
- A pathologist or medical laboratory scientist;
- Two medical ethics specialists (one as committee chair chosen by IRIMC Supreme Council)
- One jurist with good knowledge of medical law
- One representative of society (Lay person)
- One cleric with good knowledge of medical jurisprudence
- One sociologist with good knowledge of medical sociology

Note: The representative of society shall be chosen among experienced social workers or health NGO actor or advocate of patients' rights or a city councilman. This representative should not be a member of IRIMC.

All full members are chosen among experienced and well-reputed persons as proposed by the chairperson of IRIMC and endorsed by the Supreme Council of IRIMC. Members are chosen for two years.

Provincial Committee Members

- Chairperson of Coordinating Council of Provincial Medical Council as Committee Chairman
- One Vice-Chair of Local Medical Councils for Technical Affairs
- Representative of Provincial Branches of Iranian Nursing Organization
- One Vice-Chair of Local Medical Councils for Disciplinary Affairs

- Vice-Chancellor of University of Medical Sciences in Provincial Capital
- One medical specialist
- One general practitioner
- Two dentists
- One pharmacologist
- One licensed bachelor holder of midwife
- One pathologist or medical laboratory scientist
- Two medical ethics specialists

Note: In case of inaccessibility to medical ethics specialists in provinces, one person shall be chosen among professors of medical ethics upon endorsement by the Central Committee.

- One jurist with good knowledge of medical law
- One representative of society

Note: All committee members are chosen among experienced and well-reputed persons.

Members are chosen for two years.

Chapter II: General Obligations

Article 1: Medical professionals, in their capacity as medical professionals, are required to comply with legal obligations as well as professional, scientific and technical regulations. In cases of conflicts deemed to be unresolvable, they can resort to competent bodies including but not limited to hospital ethics committees, IRIMC or judicial and legal bodies.

Note: In cases where medical professionals consider a law or certain regulations, including but not limited to healthcare tariffs or income tax, to be unfair, they are required to comply with changes in the law or regulations through legal channels.

Article 2: Medical professionals are required to refrain from any act deemed contrary to professional decency, i.e. being prejudicial to medical profession or harming public confidence and trust in medical professionals. Central and Provincial Medical Ethics Expert Committees, set forth in Chapter I, are competent to outline acts contrary to professional decency.

Article 3: Smoking and use of narcotics, psychedelics and alcohol in clinical centers and addition to alcohol, narcotics and psychedelics are counted as acts contrary to professional decency.

Article 4: Any conduct susceptible to cause violation of citizens' rights, including but not limited to the destruction of the environment and commissioning of crimes carrying penalty, shall be deemed as contrary to professional decency if proved in court.

Article 5: Medical professionals are required to register necessary information about healthcare services provided to their patients and health care recipients entirely and legibly in their files.

Looking after files in medical institutes shall rest with the director of the institute and in doctor's offices with the license holder.

Article 6: Taking the oath shall mean accepting a permanent obligation for providing diagnostic and healthcare services to all human beings as much as one can. Medical professionals are required to provide healthcare services to all patients without discrimination on account of sex, nationality, race, ethnicity, religion, social, political and economic status or the kind of disease.

Article 7: Patients and their attendants, peers at various levels as well as individuals, ethnic and social groups must be treated politely with full respect for the human dignity of individuals and status thereof. Any conduct implying insult, humiliation and slander must be avoided.

Article 8: Medical professionals are required to guarantee compliance with professional ethical standards on the part of their subordinates including assistants and every other person interacting in a way or other with professionals (including but not limited to secretaries).

Article 9: Medical professionals are required to show sangfroid at any time and particularly when they are in furor. The professionals susceptible to lose control under fury are required to take preventive measures in this regard. In any case, any forceful, insolent and impolite conduct, even in response to verbal insult and desecration, must be avoided. In cases where there is fear for physical harm due to dispute with patients or attendants thereof, the conduct of medical professionals shall be subject to self-defense regulations.

Article 10: Medical professionals are required to treat patients and attendants thereof as kindly, humanely and sympathetically as possible, and healthcare professional staff are required to make maximum efforts to upgrade their personal capacity for empathy and sympathy with patients. Actions implying inappropriate show of feelings, including but not limited to joking with colleagues while patients or their attendants are in serious stress (including but not limited to during cardiopulmonary resuscitation) must be avoided.

Article 11: In dealing with patients, alongside physical health, the psychological aspect (including but not limited to possible anxieties), the social aspect (including but not limited to family and friendly relations, lifestyle, interpersonal communications), the spiritual aspect of patients as well as other possible psychological and social aspects of the disease must be taken into consideration and the necessary pieces of advice be given to them while explaining to them the relationship between these factors and their disease.

Article 12: Every necessary and possible action has to be taken to minimize the patients' pain and suffering. In all steps, it is necessary to use standard palliative methods alongside diagnostic, curative and preventive interventions for the patients.

Article 13: The latest edition of the Patient Rights Charter, signed off on by IRIMC, must be installed in a place visible to the patients and health care recipients in the doctor's office or the place where healthcare services are provided.

Article 14: Respecting human dignity applies to both living and dead persons. Therefore, any action which may be generally construed as "desecration of the decedent" must be avoided and except for legal reasons, dead bodies should not be subject to photography and filming. This issue takes up added significance with regard to medical professionals who are involved in post-mortem autopsy.

Chapter III: Standard and Quality Services

Article 15: Medical professionals are required to make maximum efforts within the framework of legal and professional obligations and accessible facilities to provide the best healthcare services to patients.

Article 16: In cases where medical professionals find themselves scientifically incapable of starting or continuing healthcare services, they are required to seek assistance from peers or refer the patient to a qualified institute or professional.

Article 17: In cases where the patient's life is in imminent threat due to a medical emergency, medical professionals are obligated to make maximum efforts for stabilizing the patient's conditions simultaneously with or prior to seeking advice or referring the patient.

Article 18: Healthcare services are required to be provided based on easily accessible and updated diagnostic and therapeutic methods in compliance with scientific evidence and latest medical knowhow.

Article 19: Medical professionals are required to take action to learn about the latest developments and proceed with continuous study in order to update their knowledge. Participation in refresher courses and acquiring necessary scores for renewal of certificate, which is a legal obligation, may not be sufficient.

Article 20: In cases where clinical guideline has been enacted by official organs (Ministry of Health and Medical Education and IRIMC), medical professionals are required to comply therewith as much as possible.

Article 21: If for whatsoever reason it is impossible to honor the clinical guideline, the issue along with reasons has to be reported to aforesaid organs or the ethics committee of the hospital or local Medical Council. In such cases, patients should not be deprived of emergency or necessary medical services.

Article 22: In cases where there is no official guideline, all medical actions need to be undertaken based on scientific references endorsed by the related scientific association or certification board.

Article 23: Medical professionals are barred from providing any service outside the framework of clinical guidelines, scientific references endorsed or recognized and professional custom, under whatever title, and also referring patients to self-styled non-scientific healers and unlicensed centers. If throughout standard research, the safety and effectiveness of the self-declared healthcare methods is proven that would be considered a novelty in medicine.

Article 24: Merely holding a degree in medical science or every other professional certificate relevant thereto would by no means justify any medical intervention. Medical professionals are authorized to practice only within the domains for which they have received official education and acquired necessary scientific and practical skills. The reference body for acceptable education is IRIMC.

Chapter IV: Priority of Patients' Interests

Article 25: In proposing health interventions to patients (including every diagnosis and therapy), the patients' interests should be favored over every other interest (including interests which may benefit family or relatives due to disregard of patient's interests).

Article 26: Social interests are favored over patient interests only when such priority is decided within an official guideline. In the absence of such guideline, the interests of each patient should be prioritized over the interests of every other person or group.

Article 27: It is necessary to prevent imposing any unnecessary or scientifically unjustified costs on patients under whatsoever title or in whatsoever form. In order to encourage patients to use unnecessary services, producing such reasons as self-defense against possible legal action by the patient or creating interest for a third party or institute will not be justified.

Article 28: In cases where medical professionals accept, the responsibility to provide services to patients and other recipients of health services shall be responsible for the continuation of therapy within the limits of their own capacities and expertise. Refusing to accept the patients shall be acceptable only due to justified restrictions (including but not limited to shortage of time and suitable facilities or lack of sufficient technical and scientific capability).

Article 29: Medical professionals are required to act based on the priority of patient interests in circumstances where there might be conflict of interests (including but not limited to being party to an agreement or contract).

Article 30: In referring patients to peer medical professionals or Para clinical centers like imaging centers, pharmacies, hospital and laboratory, the medical interests of patients should be

prioritized. All referrals must be in the best interests of patients and in compliance with scientific principles and the professional competence of health service provider or the quality of diagnostic and healthcare center to which the patient is referred.

Article 31: It is forbidden to receive and grant any reward or privilege, including but not limited to cash, gift, discount in the doctor's office rental or costs, request for reciprocation of patient referral between medical professionals or diagnostic and healthcare centers including hospital, laboratory, pharmacies, imaging center, rehabilitation center or medical equipment and pharmaceutical companies.

Article 32: Medical professionals should not favor their personal interests over the patients' in the doctor's office or clinic in using diagnostic and therapeutic equipment (including but not limited to echocardiography, endoscopy, electroencephalography, electrocardiography and every other authorized equipment). The main idea behind the use of such facilities in the doctor's offices and healthcare centers must be the welfare, convenience and interests of patients.

Article 33: Medical professionals are required to refuse any gift from patients or attendants in case it may affect the professional judgment and procedure of providing services to patients. Accepting conventional gifts of low financial value (including but not limited to flowers, pastry and plaque of honor in a sign of appreciation) is authorized. Refusing the gift should not be to make the patient feel offended or ashamed and the reason for refusal must be explained to patients.

Article 34: As far as pharmaceutical medical equipment industry are concerned, medical professionals are obligated to act such that their professional judgment and their loyalty to scientific principles would not be affected. Medical professionals must regulate the quantitative and qualitative aspects of their relations with industries and companies to be ready to declare it openly to patients and public and to make sure informing the public would not harm their confidence in the medical community.

Article 35: Medical professionals should by no means accept financial and welfare incentives from companies and industries in exchange for prescribing their products to patients. Accepting any financial sum for trips and vacations, attending conferences, seminars, workshops and training programs from companies, industries or their representatives for themselves or their family are subject to such ban. Nonetheless, it would be acceptable to accept gifts, which would serve the patients' interests (including but not limited to gratuitous medications for poor patients).

Article 36: Medical professionals are not individually authorized to directly accept bounties from companies and industries to hold scientific conferences or seminars. Only authorized professional

and scientific associations and universities of medical sciences can receive such aid and record transparently in their financial statements.

Article 37: Medical professionals should refrain from writing promotional letters of recommendation about the products of companies and industries upon their request. This obligation shall not apply to releasing the results of research endorsed by a recognized research ethics committee to be conducted for reporting the advantages of a specific medication or product.

Article 38: Medical professionals are required to comply under any circumstances, either in the state or in private sector, with official tariffs approved by IRIMC. Any non-compliance with these tariffs on account of such arguments as low pay, unrealistic tariffs or offering better and faster services is forbidden.

Article 39: Medical professionals should not receive any sum in exchange for the services, which have not been provided by them in person or under their direct supervision. The basis for any sum payable by patients or money received by medical professionals or healthcare service centers should be services provided directly by said persons or institutes.

Article 40: In emergency cases, medical professionals are obligated to use, regardless of costs, all facilities at their disposal and in case of absence of necessary facilities, facilitate the transfer of patients to suitable healthcare centers for saving the patients.

Article 41: Medical professionals are required to be available throughout the period of diagnosis and therapy to patients whose therapy they handle, and inform patients of channels of communicating with them or their scientifically competent assistants for seeking guidance in emergency cases. In cases where medical professionals are unavailable for whatsoever reason, including trips, they are required to make necessary arrangements to find a scientifically competent replacement. Such substitution should be announced in written form to patients.

Article 42: Medical professionals are not authorized to convince patients to shift from state-owned healthcare centers or charitable institutes to their personal office or private hospitals and healthcare centers and vice versa for financial benefits.

Article 43: Medical professionals are required to prescribe as much as possible the medications endorsed by the Ministry of Health and Medical Education and recorded in Iran's pharmacopoeia. Such obligation does not bar medical professionals from giving advice to patients about other effective medications.

Article 44: Abandoning a patient in need of healthcare services without referring him to other qualified professionals for such reasons as the end of working shift is by no means acceptable.

After the end of their working shifts, medical professionals are required to make sure about non-abandonment of patients and handling of patients by another professional.

Article 45: It is forbidden to prescribe psychedelics or narcotics, except for patients suffering from incurable pains or in cases of medical necessity of administration of such drugs to patients.

Article 46: Medical professionals are not authorized to propose or have personal emotional relationship or sexual relations with patients or their attendants as long as doctor-patient relationship stands. Medical professionals are obligated to refrain from taking advantage of their status as doctor to exploit patients and their attendants (including but not limited to sexually, economically or administratively).

Article 47: Medical professionals are not authorized to promote medical and pharmaceutical products either directly or indirectly (including but not limited to installing promotional items in their offices for commercial purposes or delivering speeches for commercial products).

Chapter V: Fairness and Neutrality

Article 48: Medical professionals are required to respect the principles of fairness and justice in dealing with patients and health care recipients. In prioritization of patients and distribution of resources available to health professionals, clear, well-defined and morally justified indicators (like emergency conditions, effectiveness of measures and healthcare costs) must be taken into consideration.

Article 49: Medical professionals should not tamper with turns taken by patients or offer faster services to certain patients due to financial and non-financial motivations as otherwise shall constitute discrimination against patients.

Article 50: Subject to application of the principle of fairness and justice, medical professionals are required to give especial notice to vulnerable groups including but not limited to children, pregnant women, the elderly, mentally ill patients, prisoners, mentally and physically disabled persons and guardian-less persons. Prioritizing vulnerable persons may be justified under certain circumstances.

Article 51: Medical professionals are obligated to provide healthcare services to persons suffering from special diseases including but not limited to transmissible diseases in compliance with safety regulations and principles, like every other patient. It is forbidden to dissuade patients from requesting healthcare services in whatsoever form.

Chapter VI: Honesty and Probity

Article 52: Medical professionals are required to make efforts to win the patients' trust in the healthcare professionals and their practice of profession. To that end, they are required to provide patients with necessary information in all honesty throughout all phases of diagnosis and therapy and refrain from any direct or indirect speech or conduct which may be aimed at deceiving the patients (albeit in a goodwill gesture to patients).

Article 53: For the purposes of convenience of patients and their attendants, medical professionals are required to make their best efforts with regard to setting appointments in order to be as precise as possible and answer their needs as soon as possible. In cases where patients have to wait for medical visitation, basic facilities (including but not limited to water, seat and restroom) should be available to them.

Article 54: Medical professionals are required to use their precise professional title as recognized in their authenticated certificates. Using any other title (including but not limited to membership in various associations with no relevant scientific or professional content) just for influencing the patients' decision-making is forbidden.

Article 55: Medical professionals are obligated to refrain from issuing any certificate containing unreal contents contrary to legal and scientific principles (including but not limited to certificate of death, certificate of rest, clean bill of health, certificate of illness, certificate of birth and certificate of disability).

Article 56: Striking fear into the hearts of patients through unreal explanation about the critical stage of disease or describing the disease as critical is forbidden.

Article 57: Medical professionals, while making sympathetic efforts to allay the patients' concerns and fear, are required to inspire realistic hope into patients as well as their family and relatives without giving any unrealistic promise or hope.

Article 58: Medical professionals are obligated to refrain from attracting patients by practicing methods requiring misleading publicity, unreal or exaggerating information in any form deemed contrary to professional ethics.

Article 59: Medical professionals are obligated to proceed with any publicity campaigning (including but not limited to publication in mass media and pasting advertisement in public passages) after getting necessary authorizing from IRIMC and subject to provisions of IRIMC bylaws.

Chapter VII: Respecting Healthcare Recipients' Autonomy

Article 60: In providing healthcare, the personal and religious beliefs and mindset of patients must be respected.

Article 61: All disease information based on which a decision is to be adopted on how to proceed with the process of therapy should be provided to patients or other decision-makers based on the level of education and status of patients to be comprehensible to patients.

Article 62: In cases where releasing information about patients may require bad news about patients' health, the process has to be carried out in compliance with standards defined for "breaking bad news". Nonetheless, depriving patients of the right to have all information related to their own health is not justified.

Article 63: Medical professionals are required to provide as much guidance as they can to patients to learn about regulations and predictable costs through the process of diagnosis and therapy.

Article 64: Alongside diagnostic and therapeutic interventions, patients should be provided with necessary education about the continuation of therapy, administration of medications, follow-up on disease, future referrals, side-effects of medications, conditions during which patients have to rush to hospital, and lifestyle changes.

Article 65: Upon request, a copy of the information recorded in the patients' file should be handed over to the patient or his legal representative everywhere (including but not limited to hospital, doctor's office and healthcare center). Fulfilling this request shall not need any authorization from any organ (whether judicial or non-judicial).

Article 66: All diagnostic and therapeutic options whose scientific and technical bona fide have already been approved should be introduced to patients by recalling strengths and weaknesses, advantages and possible side-effects. Medical professionals are required to answer questions raised by patients and make their best efforts to reach a decision in consultation with patients.

Article 67: Medical professionals are obligated to respect the patients' right to freely and consciously choose healthcare method. The patients' choice will be limited to the options deemed to be scientifically and technically reasonable and authentic. Nonetheless, respecting the patients' right does not mean that medical professionals should do whatever the patients demand; rather, it means recognizing the patients' right to choose.

Article 68: Medical professionals are obligated to respect the patients' right to choose a doctor or consultant and make their best efforts to transfer the patients' health data to other professionals in charge of health services.

Article 69: Medical professionals are obligated to respect the patients' right to refrain from choosing among the proposed methods. It is forbidden to apply methods requiring dishonesty to convince patients to accept the therapy. In cases where patients refuse to accept a life-sustaining treatment and is likely to die or suffer serious harm due to refusal, the doctor is obligated to make

his best effort to convince patients. Finally, in case patients are not yet convinced the doctor shall inform relevant authorities including the hospital ethics committee. Excepted from this article are vital emergency cases where there is no possibility of exchange of information and obtaining consent from patients or their representatives due to the endangered life of patients.

Article 70: Medical professionals are obligated to favor the patients' life on every other ethical rules, including but not limited to informed consent and provide necessary services without wasting any time if the patients' life is in danger. In emergency cases where the patient refuses therapy despite serious threat to his health and life, medical professionals are obligated to make their best efforts to convince the patient to accept the therapy.

Article 71: In cases where medical professionals are in doubt over the patients' competence for decision-making, they are required to seek advice from specialists. In case the patients' incompetence in decision-making is proven, informed consent should be taken from legal representatives. In case the professionals fail to endorse the legal representatives or the decision taken by them (including agent and guardian) are deemed to be illogical and harmful to patients, the issue should be referred to the hospital's ethics committee or other relevant bodies. Until a decision is taken, necessary care must be meted out to patients.

Article 72: Medical professionals are obligated to take informed consent in person from patients before starting medical interventions. Informed consent is taken by the attending physician or a member of therapy team representing the attending physician and could not be assigned to other persons. In return for informed consent, patients should not be charged any cost.

Article 73: In any medical intervention, in case the patient has reached legal age and is competent to make decisions, his personal informed consent will be sufficient and no other person (including but not limited to spouse or father) is required to give consent. If the patient is proven to be competent, health professionals are required to not insist on obtaining consent or testimony from close relatives (including but not limited to spouse and father) if it is susceptible to delay health services to the patient. In non-therapeutic medical interventions that are likely to leave serious and irreversible effect or poorly reversible on fertility or matrimonial relationship, in case the patient is married, the intervention shall depend on the spouse's consent. In any case, no therapeutic medical intervention should depend on the consent of any person other than the patient or his/her legal representative.

Article 74: In cases where the patient's decision to not inform a third party endangers the third party's life or the patient's refusal to cooperate threatens public health, medical professionals are obligated to make their best efforts to convince the patient to think twice. Should they fail to convince the patient to change mind, they shall report the case to the hospital ethics committee or

as the case may be to a relevant division at the local University of Medical Sciences or local healthcare facilities.

Article 75: It shall rest with the patient to obtain consent from spouse or any other source to which the patient is committed. In cases where medical professionals maintain for whatsoever reason including but not limited to preventing future problems that persons other than the patient should be informed of the affairs related to health services and related decision-making, they shall be authorized to inform others only with the patient's consent.

Chapter VIII: Confidentiality and Privacy

Article 76: Medical professionals are obligated to respect the patient's right to confidentiality of his/her information, be it sensitive or not in any form, which is gathered throughout the process of diagnosis and treatment. Except for the patient in person or authorized persons around him/her, releasing information to anyone else is forbidden.

Article 77: Only medical professionals who are members of the patient's medical team shall have access to confidential information and others are not authorized to access confidential information just on the ground of being physician or health professional.

Article 78: Authorization for "overriding of the principle of confidentiality" by medical professionals is limited to cases stipulated in the law, in which case, before any data gathering the patient should be informed of the legal obligation.

Article 79: Obligation for medical professionals to provide the patients' confidential information to judicial and police authorities shall depend on court request.

Article 80: Medical professionals are obligated to respect the privacy of patients. Respecting the privacy of patients requires refraining from whatever the patient considers to be invading his/her privacy. IRIMC members should avoid actions including but not limited to examining patients before others, asking sensitive questions from the patients in the presence of others so as to cause shame and observing or touching the patients, particularly the opposite sex, for unnecessary reasons.

Article 81: Medical professionals are obligated to avoid any meddling with personal and family affairs of patients. They should refrain from asking personal questions that may be irrelevant to diagnosis and treatment. In case there are medical grounds for asking questions, which the patient would consider as invasion of privacy, the necessity of questions must be explained to the patient in a simple and comprehensible language.

Article 82: Upon the patients' request, it would be necessary to allow one or more persons to accompany him/her unless their presence may hinder standard medical interventions.

Article 83: With the patient's consent, sensitive examinations on the body of opposite-sex patient are carried out in the presence of same-sex staff or an attendant of the patient. In case such examination is scientifically and practically possible by a same-sex peer without causing any problem to the patient, the same-sex peer shall proceed with the examinations and report the result.

Article 84: Medical professionals are obligated to avoid simultaneous examination and visit of more than one patient in their office.

Article 85: Media communications with medical professionals and IRIMC staff, including news conference, televised interview or any other form of reporting to media, shall be authorized only if it not invade the privacy of patients or disclose their confidential data; in the meantime, it should not harm public confidence in medical professionals and the practice of medicine.

Article 86: Medical professionals are obligated in their media interviews referring to patients well known to society to speak in a way so as to respect their privacy, not offend their family and close relatives and not disclose unnecessary information about their health conditions.

Article 87: Photography and filming on patients for the purpose of preparing education content, using in research (like report of special cases) or therapy (photos taken for plastic surgery), producing movies, documentaries, news reports and similar contents shall be authorized with the consent of patients. In cases where the patient's identity is known, the consent must be in written form. The responsibility for any misuse of film or photos designed for education or research shall rest with medical professionals who have taken the film or the photo.

Article 88: In case a film or photo is to be taken and made public or be provided to mass media the case should be endorsed by the director of hospital or institute.

Article 89: The patient's information and samples like radiography images, tissue samples, blood specimen, biological liquids and genetic contents taken from the body are considered as private for each patient and may be used for medical or research purposes with the patient's consent or be used unnamed.

Chapter IX: Medical Errors Management

Article 90: Patients', peers' and other persons' right to take legal action with competent bodies should be respected. Medical professionals who are summoned are required to appear before any judicial or disciplinary organ on due date and answer questions in all honesty.

Article 91: Fears of facing legal action should not impose substandard intervention and unnecessary costs on patients. Meantime, it is forbidden for medical professionals to refuse to admit high-risk patients for fear of legal consequences and possible harms.

Article 92: Medical professionals are obligated to make their best efforts to provide standard healthcare without any medical errors. To that end, all members are required to learn about common medical errors in a bid to prevent them as much as possible.

Article 93: Within the framework of the patients' right to know about their own health information, medical professionals are obligated to acknowledge their responsibility in case any harmful error appears. In such cases, the professionals are required to offer their apology, undertake preventive and corrective measures, and outline the error and its details, including causes and complications, for the patients.

Article 94: In order to safeguard mutual trust between society and medical profession, medical professionals, whenever an error susceptible to cause physical, psychological, social and economic damage to patients occurs, should prevent any secrecy and should instead with the patient's consent volunteer to compensate for damage caused by their error.

Article 95: Medical professionals are obligated to monitor their own physical and mental capabilities to conform to the requirements for professional work. In case for whatsoever reason, including but not limited to fatigue, physical or mental weakness, the hold out the possibility of harming the patient they should try to avoid intervention. Emergency interventions in the absence of replacement are excepted from this article.

Article 96: If medical professionals find out other peers are not ready enough for professional obligations due to reasons including but not limited to fatigue, physical or mental weakness, and it is likely to harm patients they should try to convince their peer to opt for a procedure to safeguard the patients' health (including but not limited to voluntarily refusing to carry out intervention under such circumstances). In case the peer refuses to do so the issue shall be reported in written form and confidentially to the hospital ethics committee or the management of the healthcare institute.

Article 97: In case where a patient claims to have been harmed due to error by health professionals. Medical professionals are obligated to make their best efforts to safeguard the dignity and professional status of their peers, avoid any judgment and inexpert view, and help the patient refer to competent bodies.

Article 98: In case medical professionals find that a peer with physical or mental problem is likely to hinder their therapeutic activities they are required to report the case to Medical Council.

Chapter X: Communication with Peers

Article 99: Medical professionals are obligated to respect the rights of peer and medical team at all levels and show maximum courtesy in their interactions. Seniors and experienced persons should be particularly respected by IRIMC members.

Article 100: Medical professionals are required to show maximum cooperation with peers and health professionals to resolve problems regarding professional conduct, clinical and health performance.

Article 101: Medical professionals are obligated to make maximum efforts in sharing knowledge and experience with peers and health professionals. In cases where peers demand advice from other IRIMC members, professionals are required to provide precise and comprehensible response to be used in the process of therapy.

Article 102: Medical professionals are obligated to prevent any non-constructive criticism, denigration, insult and humiliating gesture vis-à-vis other professionals in any case and particularly in the presence of patients and their attendants.

Article 103: Professional misconduct by peers or their physical and mental disability in professional service, if not serious, should be reflected to them. However, should they be serious and should they fail to correct their conduct, the issue should be confidentially reported to the managers of the institute or IRIMC.

Article 104: IRIMC members who hold management posts in state-run or private organs at any levels, including but not limited to executive, technical or medical posts, are required to treat all peers, particularly subordinate professionals, fairly and justly, and respect the material and intellectual rights of staff under their authority.

Chapter XI: Social and Organizational Responsibilities of Medical Professionals

Article 105: When natural disasters or infectious diseases epidemics occur, medical professionals are required to show up on the site as soon as they are called in and fulfil their obligations in compliance with legal and professional criteria.

Article 106: Medical professionals are required to favor prevention over therapy in fulfilling their professional tasks and as the case may be present necessary preventive training to recipients of health services.

Article 107: Medical professionals are obligated to announce any change in the office address or closure of their medical offices and institutes to local Medical Council.

Article 108: Due to the self-regulatory capacity envisaged in law for medical community, medical professionals are obligated to actively contribute to the election of their representatives at IRIMC in order to benefit further from legal capacities, as much as it is possible for them.

Article 109: Medical professionals are required to show as much cooperation as possible with IRIMC expert committees within the framework of visiting expert. Medical professionals who are working as committee or subcommittee members specializing in professional affairs, including expert committee for professional misconducts, are required to comply with all ethical standards governing membership in committees (including but not limited to confidentiality, neutrality, disclosure of possible conflict of interests, respecting privacy and moral norms stipulated in the Statute or bylaws attached thereto).

Article 110: Medical professionals are required to stick with organizational ethics, particularly in their capacity as director of healthcare organizations and institutes, for the purposes of planning and carrying out measures facilitating professional conduct.

Chapter XII: Professional Uniform in Clinical Environments

Article 111: In choosing a professional uniform, medical professionals are required, in addition to complying with national general regulations, to wear a uniform that would safeguard the dignity and status of medical professionals, elicit respect for medicine and win confidence of beneficiaries of medical services. Furthermore, such uniforms shall prevent infection and protect the safety of health professionals and patients.

Article 112: In providing services to beneficiaries and patients, simple and clean uniforms without images, unconventional promotional signs and messages emblazoned thereon, should be put on.

Article 113: Medical professionals are required to comply with the clinical environments' regulation on buttoned uniforms.

Article 114: Medical professionals are not authorized to put on scrubs outside places where scrubs are obligatory, or they can put on a white uniform over scrubs.

Article 115: ID cards carrying photo should be installed on the uniform to be visible to patients and visitors.

Article 116: A uniform hindering healthcare services should not be put on. In clinical environments, there should not be anything over uniform to hinder clinical work.

Article 117: Medical professionals are required to be without unconventional makeup and jewelry in the clinical environment.

Article 118: Medical professionals are required to comply with individual health instructions as much as possible for the sake of patients' health. These instructions include but are not limited to cutting nails and not wearing artificial nails.

Chapter XIII: Medical Education and Research

Article 119: Medical professionals who intend to conduct research on patients or other persons throughout their practice of medicine at any place (including but not limited to their personal office or teaching hospital and ordinary hospital) are required to draw up a plan and receive ethical approval from a research ethics committee certified by the Secretariat of the National Committee for Ethics in Biomedical Research affiliated with Ministry of Health and Medical Education. Research should not start before receiving final approval by the research ethics committee.

Article 120: Medical professionals conducting research on human participants are required to take into account upgrading humans' health while respecting their dignity and rights. They are required to favor the health and safety of every single participant in research throughout and after the implementation of research over every other interest.

Article 121: Medical professionals should conduct human research only when they are assured they have necessary and relevant clinical expertise and skills for that purpose. Designing and implementing research conducted on humans has to comply with the recognized scientific principles and be based on a full review of current scientific references and previous research.

Article 122: Medical professionals can carry human research when they are assured that potential advantages of participation in research will favor over risks. In non-therapeutic research, the level of trauma to which subjects are exposed should be more than whatever ordinary people are exposed to in their everyday life. In this regard, before any medical research starts, preliminary measures should be undertaken for minimizing risks which are likely to be inflicted on participants and guaranteeing their health. Such reasons as pace and facility of research, convenience of researcher, lower costs or purely practical nature of research could not be referred to for exposing research subjects to risks or unjustified loss.

Article 123: In case medical professionals conducting human research find out through research that risks of participation will be more than potential advantages for participants, the research should be halted immediately.

Article 124: Medical professionals are required to respect the research ethics committees' right to regularly monitor the process of research in order to make sure about compliance with ethical obligations, and should provide the committees with any information and documents required for monitoring.

Article 125: Medical professionals should act fairly in choosing potential participants from the population of patients or every other population such that distribution of risks, costs and

advantages of participation in research would not be discriminatory in the population and in the entire society.

Article 126: Medical professionals are obligated to obtain written informed consent from participants or their surrogate decision-makers for conducting research on humans.

Article 127: Medical professionals should be assured the consents are informed. To that end, they are required to appropriately inform participants in research of every piece of information that may affect their decision-making.

Article 128: Informed consent forms should be written in a simple language to be comprehensible to all participants. They should contain the following information: subject and objectives of research, term of research, methodology of research, financing modality, and possible conflict of interests, organizational affiliation of researcher, and possible benefits and risks of research. Participants in research should be assured that they could drop out of research anytime they want.

Article 129: Medical professionals should be assured about the free flow of information. Any conduct which may in any way threaten, seduce, deceive or force the patients for participation in research is forbidden. Given the patients' dependence on their doctor, this issue must be taken into consideration with more precision with regard to patients under therapy by medical professionals who intend to conduct therapeutic research on their patients.

Article 130: The patients' refusal to participate in research or the patient's decision to drop out of research should by no means affect the diagnostic and therapeutic services provided to them by medical professionals-cum-researchers. This issue must be notified to the research participants during acquisition of informed consent.

Article 131: Medical professionals who conduct research should provide particular protection to some vulnerable groups including but not limited to mentally disabled persons, children, newborns and prisoners who have limited capacity for signing informed consent. Such restrictions should not serve as criteria for selecting these groups within the framework of preferred participants in research. To conduct research on vulnerable groups, in addition to acquiring informed consent from the substitute decision-maker, the participants in person should also give informed consent if possible and their decision to not participate in research must be respected.

Article 132: Medical professionals willing to conduct research should make their maximum efforts to respect the privacy of patients and guarantee the confidentiality of all information about the patients and participants in research, and prevent any unjustified dissemination of information obtained and gathered throughout research by adopting appropriate measures. In such

circumstances as reporting rare cases, more sensitivity is required for the purpose of confidentiality of the identity of patients.

Article 133: Researcher professionals are obligated to undertake all necessary measures to compensate for any possible harm on patients due to participation in research. In cases where research is protected by pharmaceutical companies, research should start after assurances about full insurance cover of participants by their financial sponsor.

Article 134: Medical professionals conducting research are required to tap research budget allocation for all purely research-based costs and refrain from imposing any research expenses on patients or using their health insurance for covering research costs.

Article 135: Researcher professionals are required to comply with ethical standards governing release of research results (including but not limited to honest, precise and complete report on the research results, be it positive or negative) in releasing and refrain from any kind of data fabrication or data falsification.

Article 136: Medical professionals should contribute to articles only if they meet all authorship requirements. Furthermore, in their research articles they should refrain from mentioning names of individuals who do not meet authorship requirements explained hereunder: An author is required to first, have a significant share in the presentation of research idea or designing the study or gathering, analyzing and interpreting the data; second, have a role in authorship by contribution to the draft or its critical review that would end in correcting the scientific content of the article; third, have studied and confirmed the finalized article; and finally, account for compliance with ethical standards throughout the process of research conducted by peers.

Article 137: Medical professionals willing to conduct research are required, in addition to complying with ethical standards stipulated in this instrument, to get information about ethical standards in research and comply with the general and specific code of conduct appertaining thereto, which is announced by the National Committee for Ethics in Biomedical Research.

Article 138: Medical professionals who are faculty members at universities and higher education institutes are required to make their maximum efforts to present the best possible education to students and learners and treat the learners respectfully.

Article 139: In cases where there is a conflict between fulfilment of education obligations and provision of diagnostic and therapeutic services to patients, the priority shall be with the patients' interests, and the necessity of education for students can by no means ignore the patients' rights or interests.

Article 140: It is obligatory to respect the patients' right to refuse cooperation in the education of students and learners. It is not possible to force the patients to participate in the education

processes by invoking the educational nature of teaching hospitals. The healthcare services which are officially provided by learners at different ranks are not subject to this article.