

ARCHIVED: WMA STATEMENT ON THE TWELVE PRINCIPLES OF PROVISION OF HEALTH CARE IN ANY NATIONAL HEALTH CARE SYSTEM

*Adopted by the 17th World Medical Assembly New York, USA, October 1963,
and amended by the 35th World Medical Assembly Venice, Italy, October 1983
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PREAMBLE

Medical care is organized throughout the world in many different ways, from the most complete *laissez-faire*, to medical services organized exclusively and completely by the State.

It would be impossible to describe all the systems in detail, but one may say that while some countries only help those in dire need, others have organized a system of health insurance, and others have gone even further in organizing complete medical care. Personal initiative is associated in varying degrees with government policies and action in the health care field, and this serves to multiply indefinitely the ways in which medical care is provided.

The ideal, in this field, is certainly the “provision of the most up-to-date medical care while entirely respecting the freedom of both physician and patient”.

A formula of this nature is however too imprecise to be of use in solving the problems which arise in the daily application of the various national systems (which exist whether one likes it or not).

The WMA has a duty to safeguard the basic principles of medical practice and defence of the freedom of the medical profession. In consequence it cannot be expected to produce valued judgement on the different systems, but has an overwhelming duty to decide as far as it is possible, upon what terms the medical profession can collaborate with State Health Services.

PRINCIPLES

- I. The conditions of medical practice in any system of health care shall be determined in consultation with the representatives of organizations of physicians.
- II. Any health care system should allow the patient to consult the physician of his choice, and the physician to treat only patients of his choice, without the rights of either being affected in any way. The principle of free choice also should be applied in cases where medical treatment or a part of it is provided in treatment centers. Physicians have a compelling professional and ethical duty to attend to a patient in an emergency.
- III. Any health care system should be open to all licensed physicians; neither the medical profession nor the individual physician should be forced to take part if they do not so wish.
- IV. The physician should be free to practice his profession where he wishes and also to limit his practice to a given specialty in which he is qualified. The medical needs of the country concerned should be satisfied and the profession, wherever possible, should seek to orient young physicians toward the areas where they are most needed. In cases where these areas are less favorable than others, physicians who go there should be aided by appropriate incentives so that their equipment is satisfactory and their standard of living is in accordance with their professional responsibilities.
- V. The profession should be adequately represented on all official bodies dealing with problems concerning health or disease.
- VI. The confidential nature of the physician-patient relationship must be recognized and must be observed by all those who collaborate at any stage of the patient's treatment or in the control thereof. This should be duly respected by authority.
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- /III. When the remuneration for medical services in any national health care system is not fixed by direct agreement between physician and patient the remunerating authority must adequately compensate the physician.
- IX. The remuneration of medical services should take into consideration the services rendered and should not entirely be fixed according to the financial status of the paying authority or as a result of unilateral government decisions and should be acceptable to the agency which represents the medical profession.
- X. The review of physician's services for the purpose of quality safeguards or the utilization of services both as to the number and cost, should be carried out by physicians only and should be measured against local or regional rather than national standards.
- XI. In the higher interest of the patient there should be no restriction of the physician's right to prescribe drugs or any other treatment deemed appropriate by current medical standards.
- XII. The physician should be encouraged to participate in any activity directed toward improving his knowledge and status in his professional life.