

**CODES OF ETHICS AND CONDUCT
FOR STAFF
OF THE
GHANA ATOMIC ENERGY COMMISSION'S
HOSPITAL**

February 2024

1.0: INTRODUCTION

1.1 Background

This Code of Ethics sets out the ethical obligations and principles that should guide the professional and personal conduct of all health staff of the Ghana Atomic Energy Commission. Far more than a mere collection of knowledge and skills, these principles embody the behaviours expected of health staff of the Ghana Atomic Energy Commission as they navigate the intricate landscape of healthcare. To be used together with the Standards of Practice/Care, this Code document defines the essence of ethical conduct and professionalism within the domain of healthcare. Healthcare Providers are not only expected to adhere to the guidelines set forth but also to internalize the underlying spirit and precepts that drive their profession and that of other Healthcare Providers. At the core of the duty of a health staff of the Ghana Atomic Energy Commission lies the responsibility to oversee healthcare provisions aimed at enhancing the health of patients. Collaboration with colleagues and other healthcare providers is an inherent professional obligation, with patient safety and protection reigning supreme in all circumstances.

1.2 Purpose

Studies have found that ethical challenges lead to undue stress on health professionals, waste time and resources, and prolong treatment, adds to, and prolongs the suffering of patients. To reduce to the very minimum the occurrence of unethical conducts and its resultant distress at the GAEC Hospital this Code of ethics and Conduct is set forth to guide the choices, decision making and conduct of all staff of the Hospital. The staff's knowledge, competencies, skills, and conscience are dedicated to the implementation of the code and fulfilment of this duty. This Code is put forth to fulfil several vital roles including but not limited to:

Recognition of Expectations: It serves as a guidance document, making explicit the professional and personal conduct expectations that envelop healthcare practices.

Maintaining Standards: It articulates the minimum standards of professional behaviour and ethical conduct expected from all health staff of the Ghana Atomic Energy Commission.

Universality: This Code applies to health staff of the Ghana Atomic Energy Commission at all times, across all dimensions of professional and personal conduct. It extends its reach from the technical aspects of practice to non-technical realms such as education, administration, quality assurance, and research.

Balance and Evolution: The ethical obligations and principles contained herein are not hierarchically ordered by importance. Rather, they should be balanced against one another, considered holistically,

and weighed in conjunction with the comprehensive set of obligations and principles embodied by this Code. Moreover, it is designed to evolve over time, adapting in response to regulatory, legal, and ethical expectations, and always after thorough stakeholder consultation.

In concert with legislation, regulations, bylaws, Standards of Practice, and practice guidelines, this Code of Ethics establishes a robust framework for the practice of ethical and safe healthcare provision. It underscores our commitment to upholding the highest standards of professionalism and ethical conduct in the pursuit of better health outcomes for all.

1.3 Applicable Principles of Medical and Clinical Ethics

All staff are expected to comply with the following fundamental principles of medical and clinical ethics in the course of their professional practice and in their interaction with patients and the public:

- a) **Principle of autonomy:** a competent and capacitated patient's right to self-determination (to make her/his own decisions and treatment choices). This should be respected and be recognized.
- b) **Principle of beneficence:** treatment, care or procedure would be offered by medical practitioners only if they will potentially be more beneficial than a risk to the patient.
- c) **Principle of non-maleficence:** treatment, care or procedure will not be offered if it will only harm the patient. Additionally, any potentially harmful side effects of treatment, care or procedure should be minimized when possible and for any whose risk outweighs its potential benefits to the patient should not be offered.
- d) **Principle of Justice:** health resources, particularly when scarce, should be fairly and equitably distributed according to medical needs and social needs without any prejudice or discrimination solely based on age, gender, sexual orientation, physical or mental disabilities, religious beliefs, employment, or social status.
- e) **Informed consent** is the fundamental ethical and legal cornerstone of the doctor-patient relationship. For informed consent to be valid, the patient has to be given the following:
 - i. Adequate information regarding nature of illness,
 - ii. Potential benefits and risks, side effects and harms of available treatment options,
 - iii. Their alternatives, their consequences, and complications, and
 - iv. The consequences of no treatment which enable the patients to exercise their right to self-decision.

1.4 Our Vision

To be an excellent, client-centred, holistic healthcare delivery centre.

1.5 Our Mission

To provide quality and affordable healthcare that is accessible to all manner of persons within a responsive environment that promotes clinical excellence, client safety and confidentiality.

1.6 Mandate of GAEC Hospital

To provide medical service to all GAEC staff, their dependents, and the general public.

1.7 Scope of Application

The Codes of Ethics and Conduct sets forth enforceable values, principles, and standards to guide employees' conduct. It is applicable to all employees of GAEC engaged in work at the GAEC Hospital and persons working at the GAEC Hospital. Additionally, it is applicable to the general and professional functions, management roles employees and other persons play with, for or within the GAEC Hospital. This demands a career-long commitment to behaving ethically and to encourage others to do so.

The GAEC and the GAEC Hospital Management shall adhere to and ensure proper dissemination of this Code by means of distribution to all officers and posting it on locations (physical and virtual) accessible by all. All employees must endeavour to uphold the principles in this Code, as violations of same will lead to the imposition of sanctions in line with the Conditions of Service for Senior Members or the Collective Bargaining Agreement as it may apply to the said offender.

1.8 Definitions

Medical Practitioner means a person who holds a valid registration from the Ghana Medical and Dental Council and is thereby entitled to practice medicine in Ghana and is acting within the scope of his/her license. These include but not limited to medical officers, physicians, physician assistants, and specialists.

Nursing Practitioner means a person who holds a valid registration from the Ghana Nurses and Midwifery Council and is thereby entitled to practice nursing and Midwifery in Ghana and is acting within the scope his/her license. These include but not limited to registered nurses, register midwife, public health nurse, community health nurse and nursing assistants.

Pharmacy Practitioner means a person who holds a valid registration from the Ghana Pharmacy Council and is thereby entitled to practice pharmacy in Ghana and is acting within the scope his/her license. These include but not limited to registered pharmacists, pharmacy technicians.

Medical Laboratory Professionals means a person who holds a valid qualification and registration from an accredited professional body and is thereby entitled to practice medical laboratory medicine

within its jurisdiction and is acting within the scope and jurisdiction of his/her license. These include but not limited to medical laboratory scientist, medical laboratory technologist, medical laboratory technicians, and biomedical scientist.

Allied Health Professionals means a group of health care professions that provide a range of diagnostic, technical, therapeutic, and support services in connection with health care, and which are distinct from the fields of dentistry, medicine, nursing, and pharmacy.

Healthcare Professional means a person who holds a valid qualification and registration from an accredited professional body and is thereby entitled to practice any of the health professions in Ghana within its jurisdiction and is acting within the scope and jurisdiction of his/her license.

Health Staff means any person working in, for or at the GAEC hospital.

Clinical Staff includes, but is not limited to, medical practitioners, nursing practitioners, medical laboratory practitioners, therapists, and other individuals involved in the personal care or medical treatment of patients.

Emergency means a situation in which any delay in care, treatment or therapy would result in undue increased morbidity and a heighten risk of mortality.

Informed consent means the consent given by a patient who is competent (whose decision-making ability is not being unduly influenced or is limited in any way by a circumstance) and capacitated (has been informed and understands the given information, which should include the risks and benefits involved).

Mentally Sound means a patient is able to understand the information given to them about their illness, care, treatment, therapy, or procedure options (current and potential) and to appreciate the consequences of any choices or decisions the patient makes with respect to the options.

Surrogate Decisionmaker means some other person or people who must provide direction in decision making If a patient is unable to make decisions about personal healthcare. This may include person or people indicated in a healthcare power of attorney document or court-appointed guardian with authority to make healthcare decisions, or in the absence of the law determined person, an ethically determined appropriate person or people including family members.

Euthanasia the act of painless killing, of a patient suffering from an incurable and painful disease.

Competence means a combination of adequate knowledge, appropriate skills, and the right attitudes and judgement.

CHAPTER ONE
CODE ETHICS FOR HEALTH STAFF

SECTION 1: Reduction of Harm and the Risk of Harm

Every staff must,

- a) Seek help from appropriately qualified professionals including colleagues for his/her personal problems that might adversely affect a health profession or the provision of service to a patient or society.
- b) Protect and enhance his/her personal health and well-being to be able to provide adequate service.
- c) Practice only when fit and competent to do so.
- d) Promptly declare to a supervisor any circumstances that may call into question his/her fitness to practice or bring a health profession into disrepute, including ill health that impairs his/her ability to practice, criminal convictions and findings by other regulatory bodies or organizations.
- e) take necessary steps, in case a staff is infected, or carries a serious infectious disease or an emerging infectious agent, either as a regular occurrence or during an epidemic, to
 - i. prevent the spread of such infection to patients and colleagues,
 - ii. immediately seek appropriate investigation and treatment
 - iii. inform all concerned (both internal and external).
- f) report to all concerned authorities if reliably aware that a staff with an infectious disease continues to practice without having informed all concerned authorities.
- g) not misuse or abuse substances, particularly when on duty.
- h) not attend and treat patients and should seek treatment immediately if his/her mental soundness is impaired by psychiatric disorder or substance abuse. If her/his colleague comes to know about the condition, then the colleague may take appropriate step to inform the authorities.
- i) take appropriate steps to prevent the misuse or abuse of substances by patients, co-workers, or other health professionals and attempt to counsel or encourage the person involved to seek treatment, or to restrain from working or report such a person to his/her supervisor.
- j) query or cause to query the judgment of colleagues, healthcare professionals or other staff if he/she has reason to believe that their decisions could compromise the safety or care of patient or impair further or future care.

- k) contribute towards protecting and promoting the health of the public by taking measures to prevent the spread of epidemic, communicable diseases, and notifiable disease by educating the public or informing the health authority.
- l) not abandon his/her duty during an epidemic for fear of contracting the disease.
- m) in an epidemic or when caring for a patient with a contagious diseases, express the right to expect to be provided by the healthcare facility with the protective measures to minimize the risk to his/her own personal health.
- n) avoid and protect patients/the public from misinformation and misinterpretations of health-related information.
- o) in addition to preventing harm to patient, must,
 - i. appropriately report errors made,
 - ii. take steps to correct them, if possible,
 - iii. take steps to prevent any harm that may arise from the errors and disclose it to the patient.
 - iv. initiate steps to mitigate/treat the harm and disclose it to the patient.

SECTION 2: Integrity and Honesty

Dissemination of false or misleading information

- a) A staff providing any information including educational health information to the public through any form of media or direct interaction, or to a patient must comply with the principles of accuracy and objectivity.
- b) Such information (as in section 2(a)) must not be exaggerated, misleading, unjustified, aimed at financially exploiting any patient or any person or promoting commercial medical and health related products and services, and must not be disparaging to other medical practitioners.

Abuse of trust of patient

- c) A staff should not take undue advantage of a patient's trust to promote and sell medical products or substances with health benefits, or any as such that can unnecessarily increase the cost of healthcare to a patient.
- d) No attempt should be made to put undue pressure on or coerce a patient or patient's family or exploit a patient's lack of knowledge to pursue any particular modality of treatment or to force participation in research projects.
- e) A staff should not offer guarantees to cure disease and should not be involved in the contract of 'no cure no cost'.

- f) Actively engage each patient and work with the patient in a manner that builds a relationship of trust and confidence.
- g) A staff must ensure that his/her personal or commercial benefits such as monetary or financial gain or incentive targets do not impair his/her professional judgment.
- h) A staff must be honest in his/her dealings with patients, their colleagues, other health professionals, other staff of GAEC, contractors, suppliers and any other encountered in dealings related to the practice of their profession or in the playing of their roles.
- i) A staff must not participate in efforts to deceive a patient.

SECTION 3: Diversity and Respect

- a) Each health staff must display integrity and respect in all interactions and collaborations with healthcare providers, patients and all others involved in patient care.
- b) A health staff must avoid discriminating against any patient or their family on grounds such as age, gender, marital status, creed, medical condition, national or ethnic origin, physical or mental disability, political affiliation, race, culture, religion, sexual orientation, personal attributes, or socioeconomic status. (This does not restrict the right to refuse to accept an individual as a patient for legitimate reasons).

SECTION 4: Obligations in the interactions with Patients:

- a) Every health staff shall be committed to a patient's interest above his/her personal interest in or during the delivery of care.
- b) A health staff must always respect their patients' individual needs and overall welfare, including the patients' rights, freedom, and autonomy regarding,
 - i. the selection of a provider,
 - ii. their participation in decisions-making towards the selection of the healthcare to be provided,
 - iii. their opportunity for choices against medical advice (such as Against Medical Advice discharges)
 - iv. the need for them to provide free and enlightened consent,
 - v. protecting the confidentiality of all patient information, in accordance with existing legislation.
- c) A health staff must develop and promote trusting relationships with individual(s)

SECTION 5: Obligations in Interactions with the Public:

- a) Every health staff must be dedicated to serving the public's healthcare needs through respectful, accessible, and cooperative interactions with the public, other healthcare professionals, and other professionals.
- b) Every health staff must facilitate awareness and understanding of their profession and that of other healthcare professions.
- c) A health staff should partake in enforcing the sanitary/public health laws and regulations of the country and protect the interests of humanity.

SECTION 6: Conflict of Interest

- a) A health staff must recognize, disclose, and act appropriately to resolve conflicts of interest that arise in the course of his/her professional activities.
- b) A health staff must take part in the provision of health or medical educational activities particularly those directed at the general public or a specific public.
- c) Such educational activities should not arouse unnecessary public concern or personal distress or generate unrealistic expectations or undue fear.
- d) It is expected that information presented in educational activity should be lucid and expressed in simple terms.
- e) It is unacceptable for a health staff or any other staff to use educational activities or related material, either by their contents or the manner they are presented to,
 - i. give the impression that the audience is being encouraged to seek consultation or treatment from him/her or an organization associated with him/her or the educational activity.
 - ii. give the impression that they, or the institutions they are associated with, have unique or special skills or solutions to health problems, if this is not true.
 - iii. further the professional interests of the healthcare professional concerned.
 - iv. provide unverified, unverifiable, or inappropriate information.
 - v. present information in a biased or in a manner that is inconsistent with general experience, which includes exaggerating the positive aspects or omitting a significant negative aspect of any information provided.
 - vi. directly or indirectly promote commercially any health-related products, devices, or services.

SECTION 7: Maintenance of Competence

It is appropriate for each health staff to

- a) evaluate or participate in the evaluation of his/her individual practice and assume responsibility for its improvement.
- b) respond constructively to the outcomes of competence assessment and practice visits, as well as other appraisals and reviews of his/her professional performance and undertake further training when necessary.
- c) maintain and improve to a higher standard his/her competence through academic education, or professional training, and self-study.
- d) demonstrate collegiality, practise mentorship, share and facilitate the sharing of new and emerging professional knowledge, skills and judgment/decision-making processes with colleagues, students, and other healthcare professionals.
- e) restrict his/her practice within the limitations of their individual competence.
- f) initiate and utilize opportunities for self-development.

SECTION 8: Resourcefulness and Collaboration

All health staff are to uphold,

- a) improvement in healthcare provision through an application of process-orientation and focus on quality contributions.
- b) the maintenance of access to health services and care.
- c) their accessibility and making resources available for the care of patients and the mitigation of further risk during public intervention.
- d) the provision of service, as an individual or with others, to patients who seek care unless limited by competence or the lack of information or resources necessary to do so.
- e) team efforts and roles in a team in rendering care by cooperating, coordinating, and collaborating as required with members of the health team to meet the needs of patients, other health staff.

SECTION 9: Accountability

- a) Every health staff is accountable and responsible for his/her professional, ethical, and personal conduct.
- b) Every health staff must practice within his/her scope of professional competence and recognize their professional, ethical, and personal limitations.
- c) The head of each healthcare professional unit must

- i. ensure appropriate assignment and supervision of human resources to comply fully with the laws governing the practice and operations of health professionals and patient healthcare.
- ii. ensure the reduction to the barest minimum losses and wastage of medications.

SECTION 10: Confidentiality and Privacy

- a) A health staff should maintain the confidentiality of all patient information, communication with a patient and all data obtained in the course of the provision of healthcare including investigation and treatment.
- b) A health staff must not disclose information or data obtained in the course of the provision of healthcare to a third party without prior consent of the patient except in case of necessity to disclose such confidentiality for
 - i. protecting the larger public interest
 - ii. where disclosure is necessary to avoid serious harm to the patient or other persons,
 - iii. when disclosure is required by law.
- c) A health staff involved in the patient's care may only share Information with another medical practitioner if such information and the other medical practitioner are relevant to the care being provided.
- d) When information or data is to be appropriately shared and unless otherwise duly requested, staff must maintain the anonymity of the shared information, specifically when the data or information is required for quality assurance, academic, or non-patient-related legal reasons.
- e) A health staff must use information obtained in the course of professional practice only for the purposes for which it was obtained unless otherwise authorized by law.
- f) A health staff must inform a patient to whom and for what purpose the patient's personal information will be disclosed unless otherwise authorized by law.
- g) A health staff must Inform each patient about the use that will be made of the patient's personal information, unless otherwise authorized by law.
- h) A health staff must seek only information that is necessary to make informed decisions about the patient's health and the treatment alternatives that align with the patient's treatment goals, unless otherwise authorized by law.
- i) Protect each patient's privacy during any interaction with the patient.

SECTION 11: Advance Public Health and Prevent Disease

- a) A health staff must participate in programmes to educate the public about being healthy and preventing disease.
- b) A health staff must incorporate in their work practices that prevent the growth and transmission of pathogens.
- c) A health staff must act as a steward for the environment by providing safe disposal of prescription medications, non-prescription medications, biological specimens and health-related products and support other environmental initiatives related to healthcare.

SECTION 12: Adherence to Research Ethics

- a) A health staff is encouraged to value research as a means of developing oneself and their respective profession and engage in research either as an investigator or a participant.
- b) A health staff engaged in research (as an investigator) must obtain ethical clearance and specifically adhere to,
 - i. the ethical guideline of the World Medical Association
 - ii. the principles of good clinical practice set out in the guidelines of the Ghana Health Research Council.
 - iii. the codes set out in the GAEC Codes of Ethics and Conduct
- d) A health staff who intends to become a participant in a research study conducted in the hospital must,
 - i. ensure the investigators have duly obtained ethical clearance for that particular study before participating in the study.
 - ii. have been given enough information to understand the benefits and risks of the study.
 - iii. ensure that consent is provided before data is collected.
- e) The Hospital Administrator, Medical Superintendent and the heads of units or professional categories must ensure that any research project to be conducted at the hospital has been granted GAEC's institutional permission and ethical approval from an ethics committee.
- f) No health staff must provide data or access to data to any researcher who does not provide evidence of GAEC's institutional permission and ethical approval from an ethics committee.

SECTION 13: Additional Moral Obligations and Responsibilities

- a) All health staff are to comply with the laws that govern the various healthcare professionals and their operations, this codes of ethics and conduct and the GAEC Codes of Ethics and Conduct.
- b) All health staff are to take appropriate action in responding to situations which may jeopardize or compromise patient care, patient safety, or public safety or harm any medical or health profession, including but not limited to
 - i. reporting without fear to the appropriate body impaired, incompetent, corrupt, dishonest or any other unethical conduct by other staff in accordance with legal requirements or requirements of this codes of ethics and conduct or the GAEC Codes of Ethics and Conduct.
 - ii. raising concerns to the appropriate body regarding policies, systems, working conditions, professional performance, or health of others in accordance with legal requirements or requirements of this codes of ethics and conduct or the GAEC Codes of Ethics and Conduct and the ethics of the related profession.
 - iii. reporting any illegal practice or the practise of unregistered healthcare personnel to the concerned authority.
 - iv. not condoning unprofessional conduct by other health staff.

SECTION 14: Professionalism as Health staff

Every health staff, as a matter of upholding professionalism,

- a) must practice only under conditions where the freedom to exercise professional judgment is not compromised.
- b) must strive for excellence in his/her professional practice, and ethical conduct through life-long learning.
- c) Maintain appropriate professional boundaries and relationships with patients, colleagues, and other healthcare providers while working within the hospital, particularly while delivering patient-centred care.
- d) Must contribute to the future of the profession by participating in the education of provisional healthcare providers and students, including multi-disciplinary and collaborative experiences.
- e) Must contribute to the current development of the profession through collaboration, mentorship, self-development, and support of its institutions.

- f) Must take appropriate action, including responding honestly, openly, and courteously to complaints, criticism, reports of concerns, or when something goes wrong that comes to his/her attention.
- g) Must recognize that self-regulation of the profession is a privilege, and that each healthcare professional has a continuing responsibility to merit this privilege.
- h) Must recognize, disclose, and resolve conflicts of interest to safeguard patient care.
- i) Must carry out their professional duties competently and with integrity.
- j) Must understand, respect, and comply with laws and regulations, and the codes of ethics and conduct, Standards of Practice, by-laws, and practice guidelines approved by their regulatory body.
- k) Must cooperate and maintain harmonious relations with, and promptly reply to all correspondence from the regulatory body at all times.

CHAPTER TWO
CODE OF ETHICS FOR MEDICAL PRACTITIONERS

SECTION 15: Reduction of Harm and Risk of Harm

- a) A medical practitioner should not delegate authority or functions to an unqualified persons or unregistered medical practitioner.
- b) Only a medical practitioner who has acquired the necessary training and qualification regarding the complementary and alternative treatment modalities shall practice such treatment modalities.
- c) Every medical practitioner should be well trained before applying any new method of care, therapy, or procedure, or an innovative idea, approved new medical equipment, diagnostic procedures, or medications.
- d) Every medical practitioner should clearly explain to a patient that a care, therapy, or procedure, or an innovative idea, approved new medical equipment, diagnostic procedures, or medication is new or is an innovation and that the risks and benefits may not be entirely known.
- e) A medical practitioner may, thoughtfully apply a new method of care, therapy, or procedure, or an innovative idea, approved new medical equipment, diagnostic procedures, or medications to patients,
 - i. under appropriate circumstances.
 - ii. that the new/ innovation benefit the patient.
 - iii. patients' human rights and dignity are not compromised.
- f) A medical practitioner's request to other facilities, is permissible for the reason of second option and/or additional expertise but not for financial gains.

SECTION 16: Integrity of Medical Practitioner

- a. A medical practitioner should be a qualified person competent in practicing the art of scientific healing.
- b) The medical practitioner should practice evidence-based medicine and should encourage his colleagues to do the same.
- c) A medical practitioner should work with utmost dedication to achieve the main aim of the medical profession, which is to render a service to humanity.

- d) A medical officer has duty to do the following in an unbiased, ethical and honourable manner.
 - i. disseminating information to help patients to make informed choices,
 - ii. disseminating information about options for care, treatment, procedures, or therapy, including those under trial.
 - iii. advising patients on the choice of specialist,
- e) A medical practitioner or groups of medical practitioners and related organization must not solicit patients directly or indirectly (Self-advertisement) during the provision of medical education.
- f) It is unacceptable for a medical officer to receive or offer any gratuity, commission, or bonus in consideration of or in return for referring or recommending a patient, for prescribing medical and surgical treatments, investigations, or consultations.

SECTION 17: Respect for Autonomy and Informed Consent

- a) A general informed consent taken during admission of a patient in a hospital does not serve to address all the diagnostic, care, therapy, examination, and other procedures that will be undertaken for the patient.
- b) An attending medical practitioner must, at each occasion, obtain valid informed consent and record each in writing in the patient's medical record.
- c) New informed consent, in writing, has to be taken before each and every invasive procedure, and before any new or for any additional care, therapy or procedure within the initially consented original treatment plan, when these additional treatments carry significant risks, are going to be painful, invasive, or will have significant consequences on short or long-term prognosis and quality of life.
- d) A medical officer should discuss with the patient's surrogate decisionmaker, member(s) of family, or primary caretaker the process of informed consent and decision-making regarding care, treatment, therapy, examination and other procedural options in the following situations, where a patient is incapacitated or not competent to make decision.
 - i. If the patient is a minor, informed consent has to be taken from her/his parents or guardian or legal guardian.
 - ii. If the patient has a mental illness, any mental impairment, or impaired decision-making ability, informed consent has to be taken from the surrogate decisionmaker (who may be the next of kin) who knows the patient as a person, the patient's values

and treatment goals, and can make decisions in the patient's interests by placing the patient's interests before her/his own.

- e) A mentally sound patient has the right to refuse to consent to treatment, provided that he is able to exercise his judgment freely. The refusal should be respected and clearly documented.
- f) In case of a Hunger strike, medical practitioner may intervene and provide lifesaving treatment to the striker without her/his consent if the striker becomes unconscious or his ability of fair judgment is compromised due to physiological changes brought by starvation. The treatment of such a striker should be done according to the World Medical Association's Declaration on Hunger Strikers.
- g) In case of implied consent, where the behaviour or action of the patient implies willingness (for instance, when a patient extending his arm for a blood sample to be taken) to undergo a care, therapy, examination, or other procedure,
 - i. the medical practitioner has an obligation to explain to the patient, the reason for the tests, the potential differential diagnosis and/or the patient's actual ailment and subsequent potential modalities of care, therapy, or procedure.
 - ii. a written informed consent may not be necessary.
- h) Patient preference for medical officer should be negotiated for the best treatment to be achieved.
- i) A medical practitioner must on request give each patient access to information in that patient's record unless restricted by law or unless it is not in the patient's best interest.
- j) A medical officer must respect the autonomy of a patient who is an emancipated minor, who is able to make decisions about his/her health and healthcare, and those of a minor in his/her care and is able to consent to care.

SECTION 18: Conflict of Interest and Disclosures

- a) A medical practitioner shall not offer, or accept from, any person or organization (including pharmaceuticals, medical equipment manufacturers, diagnostic laboratories, hospitals, nursing homes, health centres, beauty centres or similar institutions) any financial or other inducements (including free or subsidized consulting premises or secretarial support) for referral of patients, consultation, investigation, or treatment.
- b) A medical practitioner must not allow any interest he/she has in a commercial product or organization (including but not limited to organizations providing healthcare or pharmaceutical or biomedical companies), affect the prescriptions, treatments, or referrals of patients by him/her.

- c) A medical practitioner may only receive sponsorship for conference or other academic activities, from pharmaceuticals companies, medical goods manufacturers only when it has an ultimate benefit directed at patient benefit.
- d) A medical practitioner should not accept any monetary or other gifts or services from pharmaceuticals or other such companies for individual or familial purposes in his/her own capacity.
- e) Medical practitioners can only accept as gifts medical appliances and books that contribute towards patients' benefit.
- f) Funding for medical research grant can be received with prior disclosure to the hospital and or health research committee.
- g) A medical practitioner should fully disclosure all accepted sponsorship, gifts, and endorsement to the hospital.

SECTIION 19: Ethics of End-of-Life Care

- a) A medical practitioner should make sure that where death is imminent, the patient dies with dignity and with as little as possible pain and suffering.
- b) Every medical practitioner is prohibited from practising Euthanasia since it is not legalized in Ghana.
- c) A medical practitioner may administer narcotics and sedatives titrated to alleviate pain and distress in a terminally ill patient receiving palliative care, which should be provided for and clearly documented in the patient's medical record.
- d) The advanced directive "Do Not Resuscitate" or "DNR" particularly of a terminally ill patient,
 - i. actually signifies the no administration of "Cardiopulmonary Resuscitation (CPR)" in case of sudden cardiac arrest.
 - ii. does not mean Do Not Treat and hence all the required treatment should be continued as usual except the CPR.
- e) Every medical practitioner needs to consider whether care, therapy, examination, or any other procedure for a terminally ill patient is fruitless and should not offer it, if it will
 - i. fall outside the medical standard of palliative care.
 - ii. not work.
 - iii. offer no benefit to the patient at all.
 - iv. increase suffering.
 - v. make death more painful.
 - vi. only cause harm in the patient's situation.

- vii. only prolong the process of dying.
- f) A medical practitioner should empathically discuss with a terminally ill patient's family, as soon as possible, the discontinuation of life- supportive measures keeping in mind the best interest of the patient. when it becomes clear that caring for a terminally ill patient for whom any treatment, which is not palliative in nature, is futile.

SECTION 20: Moral Duties with Limits

Service Provision

- a) A Medical practitioner is not bound to treat each and every patient asking for his services except in emergencies, but he/she should be ready to respond to the calls of the sick and injured, upholding the honour and integrity of the medical profession.
- b) In an emergency situation, care, therapy, or procedure should be started, and consent should be obtained from the patient once the patient is stable. Otherwise, when the patient is not capacitated, consent should be obtained from a surrogate decisionmaker or a member of family to continue care, therapy, or procedure.
- c) Irrespective of the number of patients waiting for treatment and irrespective of being busy or not having much time, a medical practitioner in accordance with the standard of care and as a matter of ethical obligation, must adequately inform the patient about,
 - i. their ailment, the method of administration of interventions, potential adverse effects, warning signs of problems and contraindication of any prescribed medicines, signs of deterioration and how these should be addressed.
 - ii. what to do if an emergency arises, what is appropriate in view of the illness and proposed care, therapy, or procedure and when to follow up next with the medical practitioner.
- d) An intimate examination of a patient should be conducted in the presence of a chaperone. If the patient requests to be examined without a chaperone, the request should be recorded in medical records.

Conflict Situation

- e) A medical practitioner should allow the patient to express and communicate their grievances unreservedly to avoid mistrust and conflict between medical practitioners and patient.
- f) In case of any conflict, a medical practitioner should make the effort to understand the cause of the conflict and seek to resolve it by sincere and honest communication with the patient/and/or patient's family.

Doctor-patient Care Relationship

- g) A medical practitioner should not deny continuing care and terminate their doctor-patient relationship, except in situations where,
 - i. it is in the best interest of the patient for such medical care to be provided by another medical practitioner.
 - ii. the attending medical practitioner is duly limited by law, or professional or ethical codes of practice.
 - iii. there is a loss of trust between the medical practitioner and the patient.
 - iv. the treatment requested is beyond the competence of the medical practitioner or the treatment is considered futile by the treating medical practitioner.
 - v. the patient refuses to pay the fee for service (unless in an emergency situation in which case the medical practitioner must continue to treat until the emergency is resolved).
 - vi. the patient does not comply with the consented recommended treatment after reasonable attempts have been made to understand and fix the reasons for noncompliance.
 - vii. the patient is exerting undue pressure for the medical practitioner to prescribe unnecessary medications.
 - viii. the patient is forcing the medical practitioner to do an immoral act in the patient favour.
 - ix. the medical practitioner is unwell or unfit to practice in which case notice should be provided as soon as possible to patients and a referral to another practitioner should be made if at all possible.
- h) A medical practitioner is engaged in professional misconduct if he or she terminates a doctor-patient relationship on grounds of age, gender, religion, political beliefs, physical or mental disabilities, sexual orientation, or social status.

Special Medical Records

- i) A medical practitioner should maintain or demand to be maintained in a safe location a special confidential medical records of a patients' history, physical findings, investigations, treatment, and clinical progress in both private and government settings. It may be handwritten, printed, or electronically generated.
- j) Special medical records in the form of audio and visual recordings can also be maintained.
- k) Medical practitioners should keep and maintain such confidential medical records for at least 7 years from the date of the last visit of the patient.

- l) Medical practitioners should be able to present such medical records upon the request of the patient, in response to a court order, or from the order of the Medical and Dental Council or any other regularly or authorized body.

Scientifically Reproduction, and Related Procedures

- m) Medical practitioners who perform any human reproductive technology procedure or conduct research on human embryos should ensure that they comply with relevant guidelines issued by the World Medical Association on Assisted Reproductive Technology.
- n) The interest of both the pregnant woman and her foetus should be taken into consideration before undertaking any prenatal intervention and these should be performed by appropriately trained specialists with the informed consent of the pregnant woman.
- o) A medical practitioner shall respect the right of a pregnant woman to decline prenatal screening for common congenital, genetic, and chromosomal disorders as part of antenatal care.
- p) A medical practitioner should ensure that a recommended prenatal diagnostic procedure is reasonably safe and will provide reliable results for the detection and confirmation of a foetal disease.
- q) Medical practitioners performing termination of pregnancy must follow national guidelines.

SECTION 21: Professionalism by a Medical Practitioner

- a) A medical practitioner while practicing should act in a manner that contribute towards upholding the nobleness, dignity, and honour of medical profession to the highest standard.

In consultation

- b) A medical practitioner should not hesitate to seek second opinion from colleagues, when necessary, and provide his/her opinion when consulted.
- c) when serving as a consultant, a consulting medical practitioner
 - i. should not have or express him or herself in a manner that may imply the feeling of rivalry, envy, or insincerity; instead, he or she
 - ii. should have due respect towards the treating medical practitioner and should not make any remarks which would impair the confidence between the treating medical practitioner and patient.
 - iii. should not take over the case from a treating medical practitioner but should discuss with the treating medical practitioner the treatment approach, keeping in mind the best interest of the patient.

- iv. should ask for any other diagnostic investigation judiciously, when requested by the patient or family and not in a routine manner.
- d) Medical practitioners representing the patient/patient's family should be permitted to discuss matter with the treating medical practitioner and can discuss the treatment modalities.

While prescribing medicine.

- e) Every medical practitioner should prescribe medicine to a patient only if and when the drug treatment is necessary for patient's benefit.
- f) Proper explanation should be made in plain language, to the patient and/or patient family about the dose, route of administration and duration of treatment.
- g) potential adverse effects of the medicines and the need for follow up should also be discussed. It is highly important that such prescriptions be printed or written in entirely legible handwriting.
- h) Every medical practitioner should sign the prescription and should also mention her/his name. Failure to sign and mention her/his name and MDC registration number is a professional misconduct.
- i) A medical practitioner can receive physician's sample medications from drug companies for the benefit of patients and not for resale.
- j) Every medical practitioner should endeavour to prescribed Medicines in generic name as far as possible.

Towards Other Medical Professions

- k) Medical practitioner should recognize and promote the practice of paramedical services such as pharmacy and nursing as professions and should seek their cooperation wherever required.

CHAPTER THREE
CODE OF ETHICS FOR NURSES, MIDWIVIES AND NURSING ASSISTANT

SECTION 22: Reduction of Harm and the Risk of Harm

- a) A nurse should advocate special provision to protect vulnerable individuals/groups being the first health professional to interact with a patient at the hospital.
- b) A nurse must ensure that patient information is properly and accurately collected and recorded.
- c) A nurse must professionally question doubtful information related to the care of a patient that is either measured, determined, or provided by patient or other health professional.
- d) A nurse must be prudent in the assessment of what an emergency case is, and the progression or deterioration of a patient whilst waiting to be attended to by a medical practitioner.

SECTION 23: Diversity and Respect for Persons

- a) A nurse must respectfully direct a patient's action when collecting data or information particularly as part of the OPD procedures taking into account the patient's values and limitations.
- b) A nurse should individualize his/her interactions with care to patients or the related family member considering the beliefs, values and cultural sensitivities of the patients and family.
- c) A nurse must recognize and adapt accordingly to the uniqueness in the response of patients or family members to routine interventions, interactions, and other care related procedures.

SECTION 24: Respect for Autonomy and Informed Consent

- a. A nurse must appreciate the place and the role played by the family and the community and facilitate their participation in the care of a patient.
- b) A nurse must give adequate and accurate information to a patient or his/her family member to enable them to make informed choices related to the patient's care.
- c) A nurse must not deny a patient's right to make decisions about his/her care and must respect the decisions made by the patient.

SECTION 25: Professionalism As a Nurse

- a) A nursing assistant must work under the supervision and responsibility of a registered nurse.

- b) Every nurse, in addition to the GAEC Hospital Codes of ethics and conduct, must also adhere to code of ethics and professional conduct for nurses in Ghana developed by Ghana Nurses and Midwives Council.
- c) A nurse must demonstrate personal etiquettes and professional attributes whilst interacting with patients or their family.
- d) A nurse must avoid personal communications with others whilst attending to a patient or their family member.

CHAPTER FOUR
CODE OF ETHICS FOR PHARMACY PRACTITIONERS

SECTION 26: Reduction of Harm and Risk of Harm

- a) A pharmacy practitioner must ensure that medications are dispensed strictly in accordance with the prescription of the attending medical officer, nurse prescriber, or physician assistant to the patient.
- b) A pharmacy practitioner must ensure that medications to be dispensed are properly labelled before they are handed over to the patient.
- c) A pharmacy practitioner must ensure that whilst medications are being handed over to a patient, the mode of administration and dosage for each medication are clearly described to the patient, one medication at a time and in a language the patient will understand.
- d) A pharmacy practitioner must dispense medications, and only promote prescription medications, non-prescription medications or health-related products that meet the following standards.
 - i. are from safe and proven sources,
 - ii. are of good quality,
 - iii. are not outdated.
 - iv. are not expired.
- e) A pharmacy practitioner must actively seek out information to make informed decisions and provide appropriate guidance to patients related to contraindication, and side effects of the medication.
- f) A pharmacy practitioner must advocate for appropriate drug therapy that meets each patient's values and health needs.
- g) A pharmacy practitioner must take appropriate action in emergency situations to deliver pharmacy services and reduce risks to his/her patient and the public, taking into account the limit of his/her competence and other available options for assistance or care.
- h) A pharmacy practitioner who is unable to provide pharmacy services to a patient shall assist the patient to obtain appropriate services from another pharmacist or health professional within a timeframe fitting the patient's medical needs.
- i) A pharmacy practitioner does not abandon the professional relationship with his/her patient in situations where the patient is unable to pay (However, there is no obligation to provide medications, drugs and services for free.).

- j) A pharmacy practitioner must recognize the limitations of him/herself and the GAEC hospital, and when indicated, refer a patient to other health professionals whose expertise can address the patient's need.

SECTION 27: Integrity

- a) A pharmacy practitioner must not exploit a patient for his/her personal advantage.
- b) A pharmacy practitioner shall not enter into any arrangement with a patient, where he/she provides an inducement to the patient that is conditional to the patient obtaining a medication or professional service from outside this hospital, for what is available at this hospital.
- c) A pharmacy practitioner must be accurate and impartial when providing or publishing information to ensure that others are not misled or that any claims made can be justified.
- d) A pharmacy practitioner must not enter into any arrangement with a prescriber of medications that could reasonably be perceived as affecting the prescriber's independent judgment in the prescribing of medications.

SECTION 28: Respect Patient's Autonomy and informed Consent

- a) A pharmacy practitioner must properly inform each patient about drug therapy and reasonable alternatives.
- b) A pharmacy practitioner must on request give a patient access to pharmaceutical information in that patient's record unless restricted by law or unless it is not in the patient's best interest.
- c) A pharmacy practitioner must listen to each patient and the patient's caregivers and seek to understand the patient's values and health goals.
- d) A pharmacy practitioner must effectively communicate to meet a patient's pharmaceutical needs.
- e) A pharmacy practitioner must provide and discuss with each patient any information that the patient needs to make informed decisions about the use, handling, storage, and precautions regarding medications being handed to a patient.
- f) A pharmacy practitioner must respect the right of a competent patient to accept or reject any medication or other pharmaceutical service being provided.
- g) A pharmacy practitioner must respect the autonomy of a patient who is an emancipated minor, who is able to make decisions about his/her health, healthcare and that of a minor in the care of the emancipated minor and is able to consent to care.

- h) A pharmacy practitioner must respect the intentions of a patient who is not competent where those intentions were expressed before the patient became incompetent (e.g., through directions provided in a personal directive or through the appointment of an agent under an advance directive).

SECTION 29: Confidentiality

- a) A pharmacy practitioner must not share the identities of medications that are important to the care of a specific patient with others who do not need to know.
- b) A pharmacy practitioner must handle information about and dispensed medication that is associated with a stigmatized disease, behaviour or lifestyle in manner that does not expose the identity of the patient or make the information available to others who do not need to know.

SECTION 30: Professionalism by a Pharmacy Practitioner

- a) A pharmacy practitioner must continue to provide professional services until they are no longer required or wanted by a patient, until another suitable pharmacy practitioner or other regulated health professional has assumed responsibility for the patient or until the patient has been given reasonable notice of the practitioner's intent to terminate the relationship.
- b) A pharmacy practitioner must limit the provision of medication to self or members of his/her immediate family only for minor conditions, emergency circumstances or when another appropriate health professional is not readily available.
- c) A pharmacy practitioner must comply with the laws and regulations that govern the practice of pharmacy and the operation of pharmacies.

CHAPTER FIVE

CODE OF ETHICS FOR MEDICAL LABORATORY AND OTHER ALLIED HEALTH PROFESSIONALS

SECTION 31: Harm and Risk of Harm

- a) A medical laboratory practitioner must practice in accordance with the standard or established technical and safety protocols, safety guidelines, environmental considerations relevant current policies and procedures.
- b) A medical laboratory practitioner must in his/her practice protect patients, colleagues, all healthcare providers, society, the environment, and themselves from any potential infection, immediate or future harm while acting in the best interest of the patient and the healthcare delivery system.
- c) A medical laboratory practitioner must participate in any remedial action to save lives, avert harm, or reduce risk should an event occur that poses or increases the risk of harm to patients, colleagues, all healthcare providers, society, the environment, and themselves.
- d) A medical laboratory practitioner shall protect and ensure strict access to chemical, and bioweapon related dual use items, reagent or equipment and shall only use such for the purpose of healthcare delivery.

SECTION 32: Confidentiality and Privacy

- a) Unless otherwise required by law a medical laboratory practitioner shall, regarding the collection, use, disclosure and disposal of information and specimens, particularly those of test requests, test results, and potential diagnosis;
 - i. Not share or disclose such information to any other person who is not party to the patient healthcare delivery team, or who does not need to know even if he/she is a party to the patients' healthcare team.
 - ii. Protect the identity and privacy of the patient, particularly when it has to do with a stigmatized condition, a legal process or where that information may cause social, economic, or psychological harm to the patient.

SECTION 33: Integrity and Conflict of Interest

- a) A medical laboratory practitioner must maintain the integrity of personal health information, maintain transparency, and deliver unbiased patient-centred care.

- b) A medical laboratory practitioner must not use, regarding the collection, use, disclosure and disposal of information and specimens, particularly those of test requests, test results, and potential diagnosis, to benefit themselves or another person.

SECTION 34: Dignity, Respect and Diversity

- a) A medical laboratory practitioner shall provide medical laboratory services having respect for the rights, values, welfare, and dignity of the patients regardless of race, ethnicity, religion, language, sexual orientation, age and socio-economic status, mental or physical well-being of the patient.

SECTION 35: Informed Consent

- a) A medical laboratory practitioner must not in any way assume that a patient consent for healthcare implies consent for all and any action for or on the patient, particularly invasive action for specimen collection or test performance.
- b) A medical laboratory practitioner must obtain valid (voluntary, free and competent) informed consent from patients before undertaking any action, recognizing that consent can be withdrawn at any time.

SECTION 36: Accountability and Responsibility

- a) A medical laboratory practitioner must exercise independent judgment, accept responsibility for their actions and the foreseeable consequences of their actions, and be accountable for the reagents, specimen, equipment, and medical laboratory service they provide.
- b) A medical laboratory practitioner must ensure that the quality and safety of all reagents and input they use for every medical laboratory service are of the required standards.
- c) A medical laboratory practitioner must only communicate test results that are verified, accurate and not biased to the patient in line with the limit of their reporting.
- d) A medical laboratory practitioner must communicate to a patient a well estimated waiting time or time to return for test results having in mind influencing factors such as but not limited to the duration for a test procedure, available logistics, need for additional patient specimen and availability of practitioners.

SECTION 37: Professionalism

- a) Communicate effectively with patients, the public, colleagues, and other healthcare providers, contributing to a healthy and positive work environment.

- b) A medical laboratory practitioner must use a combination of knowledge, skills, judgment, and behaviour to adjust to changing circumstances and evolving environments.
- c) A medical laboratory practitioner must maintain and enhance professional practice and augment their knowledge, skills, judgement, and behaviour through self-reflection and self-directed professional development and by demonstrating continued competence.

CHAPTER SIX

CODE OF ETHICS FOR ADMINISTRATION AND ADMINISTRATIVE SYSTEM

SECTION 38: Disclosure

- a) Tentative consultation, investigation, and procedural fees, as much as possible, should be made known to patients before the treatment begins.
- b) An exhibit of notice of cost is desirable to be kept for demonstration at hospital practitioner's place of practice.

SECTION 39: Dignity

- a) A hospital administrator must ensure that patients who are not able to pay for the services they have received, will be treated humanely in the effort to get them to pay for the services.

SECTION 40: Harm and Risk of Harm

- a) The hospital administration shall not recommend for employment unqualified persons or unregistered health practitioners to attend, treat, or perform any diagnostic or therapeutic procedures upon patients.
- b) A hospital administrator should safeguard and restrict or modify, the status and rights of a hospital staff with ill health, and this must be done on a case-by-case basis.
- c) The hospital administration shall ensure a safe and conducive working environment for all staff and clients, and this must be done on a case-by-case basis.

SECTION 41: Staff Support

- a) Hospital administration must support hospital staff to regularly attend training, seminars, workshop, and consultations in clinical, medical, and public health ethics.
- b) Hospital management and GAEC Management must protect any staff who in good faith reports a violation of law, regulation, standard, Hospital policy or the GAEC Hospital Codes of Ethics and Conduct.

CHAPTER SEVEN
CODE OF CONDUCT

SECTION 43: PROFESSIONAL INTEGRITY

Health staff

- c) Must avoid all forms of professional malpractice and perform their duties in a professional manner.
- d) Must adhere to the provisions in the Code of Ethics of the various Health Regulatory Bodies, Commission of Human Rights and Administrative Justice, Code of Conduct for Public Officers of Ghana, and Guidelines on Conflict of Interest for Public Officials.
- e) Are encouraged to regularly attend training, seminars, workshop, and consultations in clinical, medical, and public health ethics.

SECTION 44: VIRTUE

Health staff

- a) Should have and show compassion for patients and their families.
- b) Should exhibit the highest possible standard of care to patients.
- c) Should be sympathetic to patients and their families.

SECTION 45: CONFIDENTIALITY, NON-DISCLOSURE AND USE OF CONFIDENTIAL INFORMATION

Health staff

- a) Should ensure and protect the privacy, confidentiality, and integrity of medical records, other patient information, other official hospital records (including those electronic) and ICT systems in accordance with policies and governing procedures.
- b) Should not discuss any patient's information with or in the presence of other patients, bystanders, visitors, or hospital staff who do not need to know.
- c) Shall not disclose any official, client, patient or patient relatives' information to unauthorized persons, or persons who do not need to know except required by law.

SECTION 46: STAKEHOLDER AND PATIENT SATISFACTION

Health staff

- a) Must refrain from using social media while interacting with a client, or patient during working hours, or with another person or in any manner which will hinder the quality of service being or is to be delivered.

SECTION 47: SEXUAL HARASSMENT

Health staff

- a) While on duty or at any time while wearing an indefinable uniform/apparel of the hospital, must not indecently or in sexually suggestive manner, display or present, or expose parts or all of their body.
- b) shall not be engaged in seduction of patient, client, supplier, or their relations/representatives while under the care of the hospital or during an official interaction or any interaction on the premises of the hospital.

SECTION 48: ACCOUNTABILITY

Health Staff

- a) must record attendance, reporting and closing times accurately and work productively while on duty.
- b) shall be accountable for handing over administrative and official duties as well as official properties according to procedure or in a proper manner.
- c) should not fail to handover administrative duties, projects, and official properties properly.
- d) have an obligation to promptly report any information on missing or diverted drugs, pharmaceuticals, laboratory reagents and consumables, or equipment to the appropriate supervisor.
- e) must not use the property of the GAEC hospital, which shall include office, medical equipment, materials, stationery, medication, laboratory consumables, and other supplies and equipment inappropriately, destructively and/or without authorization for unofficial and/or for personal purposes.
- f) who receives any payment from Government funds on behalf of, or, as agent for any member of the public in his/her personal or official capacity should follow due process in the reporting, use and accounting for the funds.
- g) should put in place and ensure the appropriate safeguards for the physical security and monitoring of electronic and computing devices assigned to employees for work related use.

SECTION 49: DILIGENCE

Health staff

- a) must quickly seek redress for any action and decision that violate his or her rights, any law, rule, regulation, safety standard, quality standard, hospital policy or GAEC Codes of Conduct to an immediate supervisor, hospital management, or GAEC management.

- b) shall comply with official dress code of their profession and of the GAEC Hospital.
- c) shall not charge, demand, nor extort illegal or unauthorized fees from clients, patients or their relatives or representatives and other person who do business with the GAEC Hospital.
- d) should not impersonate, misrepresent, knowingly present, or use false documents, or assist anyone impersonate, misrepresent or present false documents in the conduct of his/her duties and immediately report any such acts at the GAEC hospital that comes to their notice.
- e) should refrain from any act of retaliation or reprisal against another employee who in good faith reports a violation of law, regulation, standard, Hospital policy or the Code of Conduct.
- f) must ensure that they adhere to the GAEC's overtime policy.
- g) should ensure to procure, maintain, prescribe, dispense, transport, and dispose drugs and controlled substances intended for use or used in or for the treatment of patients in accordance with applicable laws and regulations.
- h) should keep to their shifts and duty, report to duty on time, record their attendance accurately and attend to work productively.

Clinical Staff and Non-clinical Staff

- i) involved with research conducted with or at the GAEC Hospital, she/he should ensure the adequate keeping of all records related to the research project.
- j) participating in human-subject research must ensure the protection of participants and adhere to all requirements in research ethics.
- k) must collect and maintain complete and thorough records of relevant and standard patient information in accordance with the GAEC Hospital's policies, insurance requirements, accreditation standards and applicable laws and regulations.
- l) have a moral duty to safely store, secure, and take regular stock of all drugs, pharmaceuticals, laboratory reagents and consumables, or equipment used in their line of work.
- m) shall not absent him/herself while on emergency duty without authorization.
- n) shall not refuse to attend to, or respond late to an emergency duty call, without duly obtained permission or authorization.

SECTION 50: HUMAN DIGNITY

Health staff

- a) shall respect the human rights and uphold the dignity of patients at all times.

SECTION 51: HARM AND RISK OF HARM

Health staff

- a) working at the GAEC Hospital should avoid any conduct that impacts negatively on the health or health outcome of a patient/client, by-stander, or visitor to the hospital.
- b) working at the GAEC Hospital should avoid any conduct that may cause damage to or lead to the loss of property of a patient/client receiving care at the GAEC Hospital.
- c) should promptly report to a supervisor or the hospital's safety officer all spills, undue contact that is potentially infectious or other accidents involving clinical samples, medical waste or hazardous materials and take immediate action to help prevent harm and/or further damage.
- d) working at the GAEC Hospital are required to immediately inform their immediate supervisor at any time when they are injured, contract an occupational illness or a nosocomial infection as a result of work.
- e) Led by the hospital administrator, shall ensure, and follow all aspects of human-subject research ethical requirements during research that take place at the hospital.

Clinical staff

- f) shall adhere strictly to all regulations and procedures for disposing of medical waste and hazardous material. (refer to the waste management policy).
- g) In the rationing of resources, which shall include financial, logistic, human, drugs, laboratory consumables, medical equipment, and treatments for the delivery of healthcare should be done in ways as to ensure the best possible outcome for the patients and the patient in most need.
- h) The decision to or/and the act of reusing of medical equipment, or consumables should be in a manner that does not cause or risk harm to patients.
- i) must report all incidences of medical error, including those due to wrongful action and or poor decision by oneself, or any other health worker, and those due to equipment and/or system failure, negligence, recklessness, or incompetence irrespective of the outcome.

SECTION 52: CONFLICT OF INTEREST

Health Staff

- a) must decline a gift if it is purposed or intended to influence personal or professional judgement or any action in respect of a case/patient/hospital by-stander/patient relative the health personnel is dealing with or will or may handle in the future.

- b) shall exercise good moral discretion as to whether to decline an offer of a gift, or make a decision after consulting a superior officer, consult the hospital's ethics consultant or GAEC ethics committee chairperson.
- c) must not act as an agent for giving a gift to another health personnel who is dealing with or may handle a case/patient/ patient's relative in the future, if the gift is purposed or perceived or perceivable to influence personal or professional judgement or induces any actions.
- d) While employed by GAEC, must not set up a company or enter into any enterprise whose objectives conflicts with the interest of the GAEC Hospital.

Clinical staff

- e) must not use the provision of healthcare to influence personal or professional judgement or induce an action in his/her favour presently or in the future.
- f) must not use his/her professional qualifications or position in the promotion of commercial products and interest.
- g) do not have to give undue advantage, beyond or outside the priorities available to a member of his/her/other staff's family, a member of the hospital's staff or affiliate, or a member of GAEC staff in the provision of healthcare.
- h) shall not withhold information (particularly vital information) with the intention of misleading, coercing, unduly nudging, or unduly influencing a client's action or decisions.

SECTION 53: RESPECT AND CONSIDERATION

Health staff

- a) A staff working at the GAEC Hospital shall not ignore or wilfully refuse to follow through with any lawful order or instruction given by their supervisors.
- b) A staff shall not fail to appear before a disciplinary committee without prior permission in writing. Anything otherwise is an act of disrespect.
- c) A staff who fails to comply with disciplinary penalties, awards or answer queries commits a misconduct.
- d) A staff must not leave their shift until the other personnel to take over from them have reported to work and there has been proper handing over.

Clinical staff and Non-clinical Staff

- e) A staff shall not be loafing, engaged in casual/personal conversations, spending time on social media, or be on long personal phone calls during working hours.

SECTION 54: PATIENT PREFERENCES AND SHARED DECISION MAKING

Clinical staff

- f) must respect patient's right to refuse or demand treatment in accordance with acceptable professional standards.
- g) must ensure competent and capacitated patient are involved, fully informed, their views respected, and their consent sought in respect of decisions and actions regarding the futility, withholding or/and withdrawal of treatment.
- h) must ensure the appropriate surrogate and substituted judgment (including a court order or a judge's order) act on behalf of the patient in all issues of decision making and consenting where a patient is not competent and incapacitated.
- i) must inform patients or the patient's surrogate regarding decisions of the hospital's limitations of services regarding the treatment needed by the patient.

ATTESTATION

GAEC HOSPITAL CODES OF ETHICS AND CONDUCT

I, the undernamed, understand and agree that the **GAEC Hospital Codes of Ethics and Conduct** Policy addresses medical/clinical, and public health professional conduct required of members of Staff of GAEC’s Hospital, and the **GAEC Codes of Ethics and Conduct** address general conduct required of all staff of the GAEC.

I also understand and agree that all Staff members working in the GAEC Hospital must treat others with respect, courtesy and dignity and conduct themselves in a professional and cooperative manner and in line with the ethical principles of 1) respect for autonomy, 2) nonmaleficence, 3) beneficence, 4) justice and 5) virtue.

I further understand and agree that inappropriate conduct, sexual harassment, and other forms of harassment will not be tolerated by the GAEC Hospital.

By my signature below, I (i) acknowledge that I have received a copy of the **GAEC Hospital Code of Conduct Policy**, and (ii) agree to comply with this Policy.

Name:

Profession:

Signature:

Date
