

CODE OF MEDICAL ETHICS

Professional Code of Ethics

Accepted by:

**the Medical Research Council
represented by: Prof. Dr. József Mandl**

Approved by:

**Dr. Sándor Pintér
Minister of the Interior**

Budapest, November 2025

CODE OF MEDICAL ETHICS

Professional Code of Ethics

Preamble	2
1. Scope of the Code	4
2. Ethical Medical Conduct	5
3. Ethical Aspects of the Physician–Patient Relationship	6
4. Physicians’ Duty to Inform the Patient	7
5. Ethical Medical Conduct – Birth	9
6. The Ethics of Genetic Testing	10
7. Ethical Medical Conduct – End-of-life Care	11
8. The Ethics of Physician Collegiality	12
9. Ethical Considerations in Physicians’ Business and Commercial Relationships	14
10. Ethical Aspects of Physicians’ Health Education Activities and Public Communication	15

Preamble

The purpose of the medical profession is to preserve, protect, and restore the life, health, and well-being of people. As with other professionals, physicians perform their work in accordance with the applicable legal framework of the profession, but beyond that, their activities, behaviour, and conduct are also fundamentally determined by ethical considerations. The ethical principles of the Hippocratic tradition, which is voluntarily accepted by physicians, form the foundation of medical practice. Therefore, the highest moral standard for all their activities is the Oath. No other commitment of any kind may override the commitments made in the oath, and physicians shall not act in a manner contrary to the ethical standards contained therein.

Ethical medical practice consists of multiple elements, grounded in millennia of tradition and values. The foundation of medical practice is the care of the sick. Every code of ethics begins with the principle of "*Salus aegroti suprema lex esto*" (The well-being of the patient is the supreme law). This ought to be the only proper foundation for ethical medical conduct. Sick people find themselves in a vulnerable position and require help. This makes the physician's position in the physician–patient relationship special, requiring exceptional attention and discretion. Medical practice is mostly collaborative, involving other physicians and specialists, and is increasingly organized in teams. Since several people with different tasks are involved in the treatment of a patient, collegiality is one of the basic foundations of medical practice. As medical and health science advances, the aspects of medical behaviour are becoming increasingly diverse. Working in groups requires physicians to adapt to one other, cooperate, coordinate increasingly specialized tasks, and in many cases perform managerial duties. Therefore, collegiality is an increasingly important professional and ethical criterion in the conduct of a physician, both in relation to other members of the medical community and to non-medical colleagues involved in patient care alongside them.

No matter how diverse the tasks in medical practice may be, trust always remains at the heart of the medical profession. The cultural traditions and customs of a given nation or society are also reflected in the complex, multifaceted, and often changing expectations that physicians encounter in their work. These changes are also linked to scientific progress and social processes. The concept of health has been transformed and expanded by new criteria, which is related to the increase in the number of years of healthy life in affluent societies. Life expectancy at birth has nearly doubled over the past two centuries, significantly as a result of advances in medicine, and with it, the average life expectancy has also risen. Advances in science may bring further changes to which physicians will have to adapt. For example, the widespread use of the internet in the digital society has brought about changes in communication and medical practice for which the medical community was understandably unprepared yet was forced to follow. In their daily medical practice, physicians use and prescribe products from the health industry, meaning that their activities also operate within the business and commercial sphere. All these changes have resulted in the millennial-old ethics of the medical profession being enriched with several new perspectives over the past decades.

Physicians are often in the public eye, this has always been the case throughout history; consequently, their statements and opinions, especially on health and lifestyle issues, often have a greater impact than those of other people. Through their health-education efforts, their actions to counter pseudoscience, and their related conduct, physicians can set an example for those around them, which does not only equal their patients, shaping unwritten social norms.

Furthermore, their actions, public appearances, and social media presence can attract significant attention. Thanks to the special skills, knowledge, and experience gained through their work, they can guide and influence the public. This is a key determinant of the physicians' distinct social responsibility, which requires exemplary behaviour, especially in times of natural or social emergencies, such as epidemics and disasters, and has now become an ethical requirement.

The professional and ethical standards to be followed in medical practice are closely intertwined and difficult to separate from one another. Only through particularly lengthy, high-level theoretical and practical training can physicians master the complex rules of their profession, which must be applied within an extremely complex, multi-level legal environment.

In 1949, the World Medical Association adopted the *International Code of Medical Ethics*, which serves as the basis for the currently applied ethical standards worldwide and is regularly updated, most recently in 2022. In Hungary, the *Code of Ethics of the Hungarian Medical Chamber* was adopted in 2011 and most recently amended in 2022.

The Code of Medical Ethics of the Medical Research Council (hereinafter: Code) summarizes the ethical considerations defining medical conduct, which have developed from knowledge and experience accumulated over thousands of years. Compliance with the ethical principles and rules summarized in the Code, as well as adherence to and enforcement of professional rules and legal regulations governing medical practice, is essential for the proper exercise of the medical profession and for the appropriate attitude and conduct of physicians.

The rapidly changing world and legal environment constantly create new situations for the medical community. On the one hand, the Code is based on the experiences, traditions, and previous codes of the Hungarian medical community, as well as on international literature; on the other hand, it also aims to serve the obligation of ethical compliance with the tasks arising from new professional and social challenges. In addition to the provisions of this Code, the conduct of physicians involved in biomedical research is governed by the professional ethical rules of the Medical Research Council's *Code of Bioethics* (<https://ett.okfo.gov.hu/en/codex-of-bioethics/>), issued in 2022, together with the rules of the *Science Ethics Code*, which was adopted by the Hungarian Academy of Sciences in 2010 and apply to general scientific research.

1. Scope of the Code

1.1 Personal Scope of the Code

The scope of the Code extends to the persons (hereinafter: physicians) referred to in Section 140/B (1) of Act CLIV of 1997 on Health Care.

1.2 Territorial and subject-material scope of the Code

The scope of the Code covers ethical violations committed within the territory of Hungary.

The basic premise is that physicians know and follow the professional rules based on the knowledge necessary for their activities, as well as the laws and regulations governing their work, including the conditions and circumstances thereof. Sanctions for violations of professional and legal rules (such as labour law, regulations relating to health service employment and health care, legislation on data protection, disciplinary matters, criminal law, or administrative offenses) are imposed in the manner specified by law and by the designated authorities, outside the framework of ethical proceedings. Ethical procedures may be initiated in cases not defined in the guidelines or legislation.

2. Ethical Medical Conduct

- 2.1. Due to the nature of their work, physicians encounter vulnerable people and shall not abuse their position or authority.
- 2.2. In the course of their work, physicians shall treat patients, the patients' relatives and representatives, and colleagues without discrimination.
- 2.3. Physicians should avoid any activity that could jeopardize the prestige of the medical profession or public faith placed in physicians.
- 2.4. The professional rules governing medical practice are linked to social expectations and customs regarding the conduct and behaviour of physicians. All physicians are expected to be courteous, well-mannered, decisive, reassuring, and empathetic in the various situations that may arise in their work.
- 2.5. Physicians shall not engage in any act that involves humiliating or harming another person.
- 2.6. Part of medical ethics is that physicians ought to adapt to the constantly changing conditions necessary for the practice of their profession. It is also an ethical obligation for physicians to keep their professional knowledge up to date, continuously improve it and, when necessary, acquire new knowledge. Physicians shall maintain the knowledge required to provide medical first aid.
- 2.7. Physicians shall critically evaluate and consider all the information and findings available about their patients and use this information to make the necessary decisions. Accepting analyses, information, and recommendations generated by artificial intelligence tools does not exempt physicians from personal responsibility for their decisions.
- 2.8. Sharing professional knowledge is an essential part of ethical medical conduct.
- 2.9. Physicians shall not perform medical activities in any situation that impairs their ability to safely practise medicine, such as under the influence of alcohol or drugs, with the exception of urgent cases.
- 2.10. If a physician notices a medical condition affecting their ability to work, they shall seek appropriate medical care.
- 2.11. According to medical ethics physicians shall take part in additional duties arising during social, health, natural crises and/or emergencies.
- 2.12. Physicians should refrain from any conduct intended to solicit patients under the care of other physicians.
- 2.13. Physicians shall use only their professional qualifications, academic titles, and current positions on nameplates, in the media, in advertisements, on business cards, on letterhead, and in similar contexts. Retired physicians may use the designation "retired" or "senior" to indicate their former position.
- 2.14. It is ethically unacceptable for a physician to expect or tolerate a form of address in everyday practice that is not justified by their current position or academic qualifications.

3. Ethical Aspects of the Physician–Patient Relationship

- 3.1. Physicians may have very different worldviews from the general public, but they shall not discriminate in any way when treating patients and shall carry out their duties equally in the service of all their patients.
- 3.2. One of the basic conditions for effective medical practice is a cooperative patient. The physician shall take into account, within professional limits, any specific religious, ideological, or moral requests the patient may have regarding treatment.
- 3.3. The physician shall respect the patient's right to self-determination.
- 3.4. Physicians shall not impose their personal opinions including worldviews, religious convictions, or political opinions on patients.
- 3.5. During physician–patient encounters, patients often find themselves in a vulnerable position. The physician must not violate the patient's human dignity or sense of modesty and shame.
- 3.6. The physician shall respect the patient's privacy.
- 3.7. When communicating with patients, physicians shall always treat them as individuals rather than mere cases.
- 3.8. When providing medical care, physicians shall adhere to the principles of fairness, equal treatment, and equal access.
- 3.9. The physician's professional activities must not conflict with considerations of personal gain or advantage as this constitutes an integral part of the physician's professional independence.
- 3.10. Physicians shall relieve patients' pain and fears to the extent reasonably expected of them.
- 3.11. If a physician lacks the appropriate professional skills or necessary conditions to undertake or continue the treatment of a patient, they shall inform the patient and refer them to an appropriate institution or another physician.
- 3.12. When assessing the patient's behaviour, the physician shall take into account the nature of the illness and the patient's heightened emotional state caused by their suffering, as well as the specific circumstances of the individual case.
- 3.13. It is ethically unacceptable for a physician to carry out an invasive examination on a patient solely for educational purposes.
- 3.14. It is incompatible with medical ethics for a physician to establish a direct or indirect commercial relationship with a patient that places the patient in a vulnerable position or could influence the physician's professional impartiality.

4. Physicians' Duty to Inform the Patient

- 4.1. The physician shall inform the patient objectively about his or her condition, while demonstrating strength and offering comfort when necessary.
- 4.2. When providing medical care, the principle of informed consent shall be applied so that the patient can make an informed decision.
- 4.3. The physician shall inform the patient of the facts and data relating to their illness and condition, in the manner prescribed by law. Where a patient is treated by more than one physician, this shall be clarified when providing information to the patient.
- 4.4. The information provided shall be accurate, objective, and honest. The physician shall strive to ensure that the information does not cause harm to the patient and, as far as possible, does not undermine the patient's confidence in the treatment.
- 4.5. When providing information, the physician shall not present the disease as more serious than it is, nor promise results that the patient cannot expect based on the current state of medical science. It is unethical for a physician to create false expectations in a patient when recommending a treatment. When providing information, the physician shall consider the patient's personality, resilience, condition, and other circumstances.
- 4.6. In the patient's best interest, it is recommended to provide information gradually in the case of serious or incurable diseases.
- 4.7. Information shall only be provided by a physician, and consent may only be validly given in the presence of a physician who has the necessary training and experience to adequately explain the nature of the treatment, its benefits, risks, and possible alternatives.
- 4.8. The patient shall be adequately informed before consenting to treatment, during treatment, and after treatment. This obligation includes providing information about unforeseeable consequences, possible undesirable side effects, and any errors made during the course of treatment.
- 4.9. If the physician suspects that the patient has not understood the information provided, they shall ask for the patient's consent to disclose it to another person authorized to receive such information. This procedure is particularly recommended for treatments that involve serious risks or significantly affecting the patient's condition.
- 4.10. The physician shall obtain the patient's consent before performing a physical examination and shall provide a separate explanation of the need for examinations that may compromise the patient's privacy. Regardless of age or gender, the patient shall be offered the option to have a designated companion present during the examination.
- 4.11. Special care should be taken when informing sensitive patient groups, such as children, the elderly, psychiatric patients, patients with limited mental capacity, and patients exhibiting threatening behaviour.
- 4.12. When preparing for a living donor organ transplant, the physician shall refrain from making statements that could give the intended donor the impression that they are being coerced or pressured into donating an organ. If the donor changes their mind, the physician should endeavour to find a solution that allows the donor to withdraw from the organ donation without experiencing moral distress.

- 4.13. Ethical information also serves to promote cooperative patient behaviour; during physician–patient encounters, patients receive information about prevention, potential screening tests, and current vaccination options.

5. Ethical Medical Conduct – Birth

- 5.1. Ethical medical conduct serves human life, aims to ensure the best possible quality of life, and preserves its dignity and respect.
- 5.2. Before performing a permanent sterilization procedure, the patient shall be informed that the procedure will result in permanent infertility. Every physician has the right to refuse to perform or take part in permanent artificial sterilization on grounds of conscience. They shall not be subject to workplace discrimination as a result.
- 5.3. In cases of elective abortion, it is the physician's ethical duty to counsel the patient to continue the pregnancy.
- 5.4. When applying assisted reproductive techniques, it is an ethical requirement to strive to ensure that those involved in procreation share equal responsibility. Particular attention should be paid to the interests of the unborn child. In addition to supporting patients in childbearing, the physician shall respect the patient's human dignity, as well as their emotional needs.
- 5.5. The development of professional procedures for the medical and genetic screening of gamete donors also requires ethical considerations.

6. The Ethics of Genetic Testing

- 6.1. Genetic testing and interventions, and the physician's participation in them, shall be undertaken solely for curative, therapeutic, and/or preventive purposes and shall not lead to discrimination based on genetic characteristics.
- 6.2. Human genetic data shall be treated as sensitive personal data: they are innate, do not change during a person's lifetime, and the information obtained from an individual's sample may have implications for other individuals, family members, and in some cases ethnic groups.
- 6.3. Every effort shall be made to ensure that human genetic data cannot be used for discriminatory purposes or in a way that leads to discrimination against individuals, families, or groups.
- 6.4. Prior to sampling for genetic testing, the individual concerned should receive detailed, unbiased, culturally adapted genetic counselling.
- 6.5. The person providing the sample must give free, informed, unambiguous, and uninfluenced consent before their human genetic data and biological samples are collected, stored, processed, or used.
- 6.6. When providing information at the time of consent, it should be indicated that the person concerned has the right to decide whether or not they wish to be informed of the results. The right of the individual not to be informed may, where necessary, be extended to relatives who might be affected by the results.
- 6.7. At any stage of genetic sample processing, the data subject shall be able to withdraw their consent. If consent is withdrawn, the sample and data shall be managed in accordance with the data subject's decision.
- 6.8. Disclosing human genetic data or making biological samples available in a form that can be linked to an identifiable person to third parties, in particular employers, insurance companies, educational institutions, or family members, is ethically objectionable unless authorised by law.
- 6.9. Denying access to one's own genetic data is ethically objectionable unless such access is restricted by the laws of the country concerned for reasons of public health, public safety, or national security.
- 6.10. Prenatal diagnosis and therapy should only be used to protect the health or cure the mother and foetus; any other use of such procedures is ethically objectionable.
- 6.11. It is ethically inappropriate to give the impression that foetal impairment automatically justifies termination of pregnancy.
- 6.12. Using prenatal diagnostics solely to determine foetal sex and to terminate the pregnancy on this basis is ethically unacceptable, except in cases of serious sex-linked diseases.

7. Ethical Medical Conduct – End-of-life Care

- 7.1. An ethical physician acknowledges the finiteness of human life and strives to alleviate the suffering of patients nearing the end of life.
- 7.2. The physician has taken the oath and is authorized to heal and alleviate the suffering of patients, not to take the life of another person. The physician shall not assist in suicide or facilitate a patient's death, even at the patient's request.
- 7.3. According to current medical opinion, the use of palliative care for incurable, terminally ill patients is justified to alleviate their physical and mental suffering in the final stages of life.
- 7.4. Terminal palliative care shall only be provided with the consent of the patient or their legal representative, preferably in writing. The physician, acting in accordance with ethical requirements, and after careful consideration, may recommend discontinuing ineffective treatments and provides care that ensures essential nursing, comfort, symptomatic treatment, and emotional support.
- 7.5. Withholding life-sustaining treatment that a patient has refused after receiving adequate information is ethically permissible, in accordance with applicable legislation, since death will then occur as a result of the natural course of the disease.
- 7.6. It is ethically permissible for a physician to give the minimum effective dose of an opioid to a patient in the terminal stages of an illness, and to gradually increase the dose if the suffering intensifies, as the physician's duty is to alleviate the suffering of the patient.

8. The Ethics of Physician Collegiality

- 8.1. Physicians shall promote respect for their fellow colleagues and foster confidence in the medical profession through all their actions.
- 8.2. Ethically, it is acceptable for a physician to give constructive critical feedback on the professional or scientific work of a colleague at professional conferences, provided that the personal rights and human dignity of colleagues are respected, and good collegial relations are maintained.
- 8.3. Physicians should not criticize the qualifications, medical activities (examination methods, diagnoses, treatment methods, surgical skills, etc.) or conduct of other physicians in front of patients or their relatives, nor make disparaging, belittling, condemnatory or discrediting statements.
- 8.4. If a physician observes that a colleague is treating patients while in an impaired condition, they shall provide their colleague with appropriate medical assistance and urge them to cease their medical activities. If the colleague fails to comply with the request, the observing physician shall immediately report this case to the competent workplace manager or other authorized person.
- 8.5. During the treatment of a patient, the physician may review and modify the prescription and dosage of medications prescribed by another physician. However, doing so in a manner that undermines the professional prestige of an institution or a colleague is ethically unacceptable.
- 8.6. When on call or acting as a substitute, the physician shall act in accordance with the treating physician's considerations and make only those changes that are necessary to treat the illness. Upon request, the physician shall provide objective information about these changes to the patient or their relatives.
- 8.7. If a physician is asked to provide a reference about another physician, the information must be objective, unbiased and limited to the other physician's professional expertise. It is unethical to convey any false or misleading information likely to damage, directly or indirectly, the reputation of another physician or undermine trust in them.
- 8.8. It is ethically unacceptable for a physician to excessively praise or advertise another person or their activities, either in writing or verbally.
- 8.9. If a physician observes a professional error in the work of another physician with whom they are cooperating, they shall bring this to the attention of the colleague concerned. The physicians involved shall first attempt to resolve any differences of opinion among themselves. If necessary, especially if the error detected may endanger the patient's life or aggravate their condition, the opinion of a professional superior or consultant shall be sought. If this is not possible, or if the consultation is unsuccessful, the case must also be reported to the health authority. This provision does not prevent the physician from providing an opinion on the treatment at the patient's request.
- 8.10. General criticism of another physician's expertise, activities, abilities, or conduct, unrelated to a specific case, is ethically unacceptable, especially if the criticism is intended to or results in taking over the patient's care.
- 8.11. It is ethically unacceptable to conduct professional discussions about a patient's condition or treatment in the presence of the patient or an uninvolved lay people.

- 8.12. A physician shall not provide any advantage to a colleague in return for referring a patient for consultation or treatment, whether for diagnostic or therapeutic purposes.
- 8.13. A physician shall not jeopardize the livelihood of another physician by attempting to unfairly take over their position, practice, or patients.
- 8.14. A physician shall not accept a referral fee or any other financial or personal advantage from another physician, any person, or organization, nor shall they offer a referral fee to anyone in exchange for referring a patient for consultation or treatment.

9. Ethical Considerations of Physicians' Business and Commercial Relationships

- 9.1. The relationship between physicians and pharmacists shall not be aimed at making a profit, nor at increasing sales.
- 9.2. When sales representatives recommend medicines, physicians shall only accept scientifically sound information backed by statistical data and with the source indicated.
- 9.3. Visits from medical representatives should take place at times that do not interfere with patient care.
- 9.4. Physicians shall not accept gifts or financial benefits in exchange for prescribing, using, or recommending medicines or health products to patients.
- 9.5. Physicians shall ensure that the information they provide about medicines is not intended to increase the use of any particular medicine.
- 9.6. Physicians shall not advertise medicines to the patients they treat.
- 9.7. A physician who promotes a treatment whose effects are unknown to them is committing an ethical violation.
- 9.8. If a physician refers a patient for treatment or other medical services to a provider in which they have a financial or personal interest, they shall inform the patient of this fact.

10. Ethical Aspects of the Physician's Health Education Activities and Public Communication

- 10.1. According to ethics, physicians are expected to be familiar with and support the various possibilities of general health protection and prevention, and this responsibility should not be limited to their immediate field of expertise.
- 10.2. Physicians shall not participate in any way in the dissemination or advertising of medical knowledge that has not been scientifically proven.
- 10.3. Physicians shall not participate in the dissemination of pseudoscientific knowledge presented as scientifically proven, which may mislead patients and reduce the likelihood of cooperative patient behaviour.
- 10.4. Physicians shall not establish professional relationships with individuals who offer alternative treatments that are insufficiently scientifically substantiated and who require the cover of a medical degree to do so.
- 10.5. Physicians shall not participate in the promotion or advertising of scientifically unproven treatments or diagnostic procedures.
- 10.6. Physicians shall not participate in any way in undermining or discrediting proven and accepted preventive and curative procedures.
- 10.7. Physicians shall not create the illusion of curing diseases or raise unfounded expectations regarding scientifically unproven treatments in any form of public communication, including social media.
- 10.8. If there is suspicion of ethical misconduct in a matter related to medical treatment, or if an investigation is ongoing, the physician involved in that matter shall not comment on their conduct, actions, errors, or other relevant aspects before the investigation is concluded, nor shall they publicly express their opinion regarding the specific case.
- 10.9. Conduct that violates epidemiological regulations is regarded as unethical.
- 10.10. Physicians shall not support the rejection of officially approved vaccines or make statements that reinforce such behaviour.
- 10.11. Physicians shall not present their personal opinions in a manner that might suggest it is the position of a professional body.
- 10.12. Physicians shall not abuse their medical authority and the trust placed in physicians by promoting pseudoscientific views in any form of public communication, including social media platforms.