

Colegiul Medicilor din România (The Romanian College of Physicians) – CMR (RCP)

**Code of Medical Ethics of the Romanian College of Physicians from
November
4, 2016**

Will go into effect on January 6, 2017.

Printed in Monitorul Oficial (Official Journal), Part I No. 981 from December 7, 2016.

CHAPTER I
The Fundamental Principles of Practicing Medicine as a Physician

ARTICLE 1 The Purpose and Role of the Medical Profession

The physician's entire activity is dedicated exclusively to protecting the life, health and physical and mental integrity of the human being.

ARTICLE 2 Non-Discrimination Principle

The medical act and the physician's entire activity will be practiced, respectively carried out with no type of discrimination, including in regards to the state of health or the chances of recovery of the patient.

ARTICLE 3 Respecting the Dignity of the Person

In all instances of the medical act, in whatever form or way, it shall be carried out by strictly respecting human dignity as a fundamental value of the body of doctors.

ARTICLE 4 The Pre-Eminence of the Human Interest and Good

In all medical decisions, the physician will ensure that the human interest and good prevail over the interests of society or science.

ARTICLE 5
The Compulsory Nature of Professional Standards and Rules of Conduct

The physician must exercise due diligence in ensuring that his/her medical decision or medical intervention is in compliance with the professional standards and obligations and the rules of conduct, specific for the case in question.

ARTICLE 6 Professional Independence

The physician has the duty to insist upon and defend his/her professional independence, any interference into the medical act or medical decision for reasons of economic rentability or administrative reasons being forbidden.

ARTICLE 7 The Nature of the Doctor-Patient-Relationship

The doctor-patient-relationship is to be an exclusively professional one and is built on the physician's respect for human dignity, understanding of and compassion for human suffering.

ARTICLE 8 Due Diligence Regarding Means

The physician will employ all his/her knowledge and expertise in the patient's interest and due diligence in ensuring that the decision made is the correct one, and the patient shall have all the guarantees in conjunction with the actual conditions, so that his/her health may not be prejudiced.

ARTICLE 9 The Principle of the Medical Specialisation

With the exception of life-and-death emergency cases, the physician will act in accordance with his/her specialisation, competences and medical experience.

ARTICLE 10 The Respect for One's Colleagues

For his/her entire medical career, the physician will respect his/her colleagues, avoiding and abstaining from denigration.

CHAPTER II Consent

ARTICLE 11 Granting and Rescinding Consent

- (1) No medical intervention can be undertaken without the freely given and express consent of the patient, with full knowledge of the facts.
- (2) Under the same conditions, the consent can be rescinded at any time by the patient.
- (3) The rules regarding the rescinding of the consent are also valid concerning the consent given by another person or authority, according to legal provisions.

ARTICLE 12 Consent in the Case of Minors

- (1) In the case when, according to law, a minor cannot give his/her consent for an intervention, the intervention cannot be undertaken without the consent of the minor's guardian, the authorisation of an authority or another, legally appointed, person or court.
- (2) In line with the minor's age and degree of maturity, and strictly in the minor's interest, the physician can choose to take into account the minor's opinion.

ARTICLE 13 The Consent in Case of Persons Who Are Unable to Give Their Consent

In the case when, according to law, because of a mental handicap, a disease or similar reason, an adult is unable to give his/her consent for an intervention, the intervention cannot be undertaken without the consent of his/her legal representative or the authorisation of an authority or another, legally appointed, person or court.

ARTICLE 14 Prior and Ample Information of the Person

- (1) The physician will request and obtain the consent only after, prior, the patient or the person entitled to give consent for the medical intervention, will have received all the pertinent information in regards to the purpose and nature of the intervention, as well as the predictable and generally accepted by the medical society consequences and risks.
- (2) As much as possible, the physician will try to present ample and individualised information to the person giving consent.

ARTICLE 15 Lack of Consent in Emergency Situations

In emergency situations, when a proper consent cannot be obtained, the physician will proceed with any critical medical interventions for the benefit of the health of the person in question.

ARTICLE 16 Implicit Consent

In the interest of the patient, the authorisations and wishes expressed prior in regards to a medical intervention by the patient himself/herself are considered valid and will be taken

into account, if, at the time of a new intervention, the patient is no longer able to give his/her consent or the medical act, by its very nature, has a specific succession and repeatability.

CHAPTER III

The Professional Secret and Access to Data Pertaining a Person's State of Health

ARTICLE 17 The Professional Secret

The physician will keep the professional secret and act in accordance with the legal right of any person to privacy in regards to the information pertaining to his/her health.

ARTICLE 18 Extension of the Obligation to Keep the Professional Secret

- (1) The physician's obligation to keep the professional secret extends including in regards to the patient's family members.
- (2) The physician's obligation to keep the professional secret stands even after the person in question ceased to be his/her patient or has passed away.

ARTICLE 19 The Transmission of Data Regarding a Person's State of Health

- (1) The physician will handle medical information according to the stipulations of the present Code, the legislation in force or the patient's mandate.
- (2) The physician's obligation to inform shall no longer subsist if the patient decides, under signature, that he/she no longer wishes to be informed, because the information provided would cause suffering.

ARTICLE 20 Waiver from the Rule of Keeping the Professional Secret

The only waivers from the right of every person to privacy in regards to information pertaining to his/her state of health are those stipulated expressly by law.

CHAPTER IV General Rules of Conduct in Practicing Medicine

ARTICLE 21 Professional and Ethical Conduct

- (1) The physician has to be a model of professional and ethical conduct, permanently preoccupied with bettering himself/herself professionally and morally, a model of the authority and prestige of the medical profession.
- (2) The professional conduct implies, without being limited to it, the constant and permanent preoccupation of the physician to learn, by any means possible, including through continuous medical education programs, the latest medical discoveries, procedures and technologies, assimilated and agreed upon by the medical community.

ARTICLE 22 Unethical Deeds and Acts

Contrary to the fundamental principles of practicing medicine, are, especially, the following acts:

- a) practicing euthanasia and eugenics;
- b) refusing to provide medical services, excepting the cases stipulated by law or professional standards;
- c) abandoning a patient in need of emergency treatment or who is in danger, without ensuring that another medical unit or physician has taken over the care of said patient or that the patient will be treated under the proper conditions, given his/her condition or state of health;

- d) using scientifically unfounded or medically unaccepted diagnostic or treatment methods, putting thus the patient at risk;
- e) with the exception of critical emergencies, practicing medicine under conditions that could compromise or affect the quality of the medical act;
- f) issuing a medical document out of obligingness or to gain an illegal or immoral benefit;
- g) issuing a medical document without having the professional competence to do so;
- h) attracting patients using his/her office or position, or by making onerous promises or pledges that don't comply with the medical advertising standards;
- i) using, invoking or leaving the impression one holds a certain office, has certain specialisations or professional competences, that he/she does not in reality;
- j) non-compliance with the fundamental principles of practicing medicine as a physician;
- k) public rejection, with the exception of debates within the medical community, of diagnostic, treatment and prophylactic methods, recognised by the academic scientific medical community, as well as the public recommendation of scientifically unfounded treatments.

ARTICLE 23 Infringements Upon the Professional Independence

A serious infringement upon the independence of the medical profession are the following acts:

- a) with the exception of the situations stipulated by law and the prior notice to the professional authorities, the association or collaboration, under any form and in any way, direct or indirect, between a physician and a manufacturer or supplier of pharmaceuticals;
- b) the advertising, in any way, of medicines, food supplements, medical equipment or other medical products;
- c) the direct or indirect involvement in the distribution of medicines, food supplements, medical devices, medical equipment or other medical products;
- d) the non-compliance with the transparency principle in the relationship to manufacturers and suppliers of pharmaceuticals and medical products;
- e) the acceptance, from one of the entities prescribed by Letters a)-c), of donations as monetary or in kind gifts, or other advantages, whose value makes them be much more than just symbolic and which can influence the medical act.

ARTICLE 24 The Transparency Principle

(1) The physician will request and accept only the sponsoring of the strictly professional activities and will conclude the contract only if there are no conditions whatsoever in regards to the sponsors obtaining illegal gains or benefits that could influence the medical decision or prescript.

(2) The physician employed or contracted by a provider of medical services will inform the latter in regards to an offer of sponsorship and indicate the name of the sponsor before concluding a sponsorship contract. If the employer or beneficiary make a timely written offer to finance themselves the activity for which the sponsorship was requested, the physician will discard the initial offer of sponsorship.

(3) The physician will keep a record of the sponsorships and inform the territorial college within 60 days, if the value of a sponsorship or that of all sponsorships surpasses the amount set by the decision of the National Council of the Romanian College of Physicians.

(4) In all cases in which activities intended to take place abroad are sponsored, before the execution of the sponsorship contract, the physician will submit a copy of it to the territorial college where he/she is registered.

(5) The sponsorship contracts will be kept for a period of 1 (one) year from the date of their execution and, upon request, will be made available to governing bodies of the medical profession.

(6) The stipulations of Par. (3), (4) and (5) are to be also applied if the physician is a service provider or a transferee of copyrights to a manufacturer or supplier of pharmaceuticals, medical products or medical devices.

(7) The territorial colleges can set up an information service for the physicians regarding the conclusion, execution and legal implications of sponsorship contracts.

ARTICLE 25 The Unmediated Character of the Doctor-Patient-Relationship

With the exception of objective and exceptional and impossible to circumvent situations, any medical decision is based primarily upon the personal and unmediated consultation of the patient by the physician in question.

ARTICLE 26 The Limits of Professional Engagement

In any situation, the professional engagement of the physician cannot surpass his/her professional competence, the technical and equipment capabilities of the medical practice or medical establishment, or the material resources affected, including through conventions or firm collaborations with other medical establishments.

If the physician does not have sufficient knowledge or the necessary experience to ensure the proper medical assistance, he/she will request an appropriate consultation or will send the patient to another medical establishment to get the needed consultation. The same is valid in the case of improper technical and material equipment, in establishing a diagnosis or undertaking a medical intervention, of the medical establishment in which the consultation or medical intervention are undertaken.

ARTICLE 27 Diligence of Clarity

The physician who responded to a medical request will make sure that the person in question has fully understood the prescription, recommendation or any other requirement imposed by the physician, as well as regarding the patient being transferred to another medical establishment or under the supervision of another medical specialist, as the case may be.

ARTICLE 28 Collaboration with Other Medical Specialists

(1) If the patient was transferred or sent to another medical specialist, the physician will collaborate with the latter, providing him/her with any medical data or information concerning the person in question and inform him/her in regards to any other issue pertaining to the patient's state of health.

(2) The written recommendations by other medical specialists, including in the form of a doctor's letter, are not mandatory for the attending physician, who has the freedom of decision, in accordance with his/her own professional competences and the patient's particular situation.

ARTICLE 29 Team Consultation

If he/she deems it necessary, the physician, with the patient's consent or, if the case may be, that of the authorised person or institution, will request the medical opinion of one or more physicians, whom he/she can confer with for taking the most appropriate measures in the patient's interest.

ARTICLE 30 Taking a Decision and Communicating It

(1) In the case of a consultation organised by the attending physician under the conditions or Art. 28, the final decision is taken and communicated by the physician who organised the consultation.

(2) If the opinion of a majority of the physicians taking part in a consultation organised in accordance with Art. 28 differs from the organising physician's opinion, the patient or, if the case may be, the authorised institution or person will be informed in this regard.

ARTICLE 31 The Right to a Second Medical Opinion

In all situations the physician will respect the patient's right to seek out a second medical opinion.

ARTICLE 32 Long Distance Medical Act

The long distance medical investigation or intervention, in any of its existing forms and modalities, is admissible only in situations where the patient is directly assisted by his/her physician, and the goal of the investigation and procedures, to which the patient is submitted, is to help the physician in determining the diagnosis, establishing the treatment or taking any other medical measures, necessary for completing the medical act or the medical intervention in the case of surgeries. Exceptions to this rule are emergency cases.

ARTICLE 33 Completion of Assumed Obligation

(1) The physician will make sure that the patient has understood the nature and extension of the doctor-patient-relationship, that he/she has the right expectations regarding the results of the medical act and the medical services he/she is about to receive.

(2) The doctor-patient understanding once established, the physician is bound to fulfill all assumed obligations, as they arise from the parties' understanding, an existing written document or the medical profession's common practices.

ARTICLE 34 Refusal to Grant Medical Assistance

(1) The refusal to grant medical assistance can occur strictly according to legal provisions or, if by the request of the person in question, the physician is asked to perform acts which would infringe upon his/her professional independence, would prejudice his/her image or moral values, or if the request does not comply with the fundamental principles of practicing medicine as a physician, with its social purpose and role.

(2) In all cases, the physician shall explain to the person in question the reasons for his/her refusal, will ensure that the refusal to grant medical assistance does not put to risk the life or health of the person in question, and, if the refusal was based on upholding his/her moral convictions, he/she will refer the person in question to a colleague or another medical establishment.

CHAPTER V Related Activities to the Medical Act

ARTICLE 35 The Legality and Reality of the Content of Medical Documents

The physician will issue to the entitled persons only the documents permitted by law and which attest to the medical reality, as it results from the data and information the physician

holds legally, or as it resulted from the practicing of medicine in the case of the person in question.

ARTICLE 36 The Correspondence of the Medical Document with the Medical Specialisation

(1) The medical documents pertaining to the patient's state of health, written by the physician following the medical act, will be within the bounds of the respective physician's specialisation and professional competences.

(2) Any medical activity will be recorded using the proper forms and will be concluded in a medical certificate.

ARTICLE 37 Obligations Pertaining to Public Health

(1) The physician has the professional and legal obligation to comply with the hygienic and prophylactic norms. For this purpose, any time he/she has the chance or the case demands it, he/she will point out to the respective persons their responsibility to themselves, but also to the community and the collective body in this regard.

(2) The physician has the moral obligation to inform the competent authorities of any situation he/she has knowledge of and that represents a danger to public health.

ARTICLE 38 Flagging Professional Errors

(1) The physician who takes notice of acts, that in his/her opinion, could constitute professional errors, will inform by medical letter the physician who committed the error.

(2) If the error is not corrected or he/she finds that not all appropriate measures were taken, the physician will inform, as detailed as possible, the institutions of the body of doctors and, excepting the cases stipulated by law, will not make the information public.

ARTICLE 39 The Pre-Eminence of Conciliation

In any litigious situation or professional divergence, prior to any public approach, the conciliation procedure within the body of doctors is mandatory.

ARTICLE 40 The Peer Support and Loyalty Obligation

In all situations and circumstances concerning the practice of medicine, the physicians will support each other and act in loyalty to one another. The peer support and loyalty obligation subsists in relation to the body of doctors and its institutions as well.

ARTICLE 41 Loyal Competition

(1) In the case of independently practicing physicians, the payment for medical services can be direct or indirect. In the case of direct payment, the display within the practice of the applied rates is mandatory. The rates will be set by each physician, with the exception of medical services provided on the basis of a contract.

(2) The independently practicing physician can refuse to provide further services in case of non-payment of due fees by the requester, with the exception of cases that need emergency medical assistance or are in imminent danger.

(3) The practicing of disloyal competition within the practicing of medicine or related to it is forbidden.

(4) Disloyal competition constitutes every action, position or form of manifestation by the physician, the employed staff, collaborators or their intermediaries, undertaken with the purpose to preserve or attract customers or to increase the income obtained through medical activity, to the detriment of competitors, for example:

- a) the appropriation or trying to appropriate customers by discrediting a peer;
- b) charging lower fees than the average fees or the quality of the services, both from the point of view of the profession's prestige, and that of honesty toward the patient, with the purpose to attract customers or to increase the income obtained through medical activity, to the detriment of competitors, with the risk of providing inferior quality services, as well as granting discounts/dispensations/staggered arrangements in regards to outstanding fees;
- c) attracting/building consumer loyalty by offering any kind of material advantages;
- d) head hunting staff trained and formed at a competing medical establishment;
- e) determining the representatives of any authorities/institutions to advise all requesters to turn to a certain medical establishment;
- f) not issuing or issuing irregularly vouchers/fiscal receipts/invoices for the services charged;
- g) participating or collaborating in events (radio, tv, electronic, etc.) with the purpose of advertising in view of attracting customers, under any other conditions than those stipulated by law and the present Code;
- h) tasking a professional, even if pro bono, to procure customers or to advertise;
- i) granting material advantages to any person for attracting customers;
- j) any other acts or actions in the sense of the present paragraph, which will be deemed as such by the disciplinary committee, ex officio or following an intimation.

(5) Free services for philanthropic purposes and not to preserve or attract customers, or increase the income obtained through medical activity, to the detriment of competitors, are allowed in the following cases:

- a) medical assistance to extended family (up to and including the 3rd degree of kinship) or to another physician;
- b) medical services granted to poor people, who cannot pay for them;
- c) other exceptional situations regulated by law.

CHAPTER VI Medical Research

ARTICLE 42 The Principle of Legality and Ethics of Medical Research

Any medical research activity will be carried out in strict compliance with the fundamental principles of practicing medicine as a physician, in full respect of the human being and race and strictly observing the conditions stipulated by law and the professional standards.

ARTICLE 43 Research on Human Beings

The research on human being is exceptional and can be done only if, cumulatively, the following conditions are met:

there is no other comparatively efficient alternative method to research on human beings;
the risks the person is exposed to are not disproportionate in comparison to the potential benefits of research;

the research project was approved by the competent court or authority, following an independent investigation into its scientific pertinence, including an evaluation of the importance of the research objective, as well as a pluridisciplinary probe into its ethical acceptability;

the person submitting to being researched upon is informed regarding his/her rights and guarantees stipulated by law, pertaining to his/her protection;
the consent was given expressly, specifically and in writing. This consent can be withdrawn expressly at any given moment.

ARTICLE 44 Research Upon a Person Unable to Give Consent

Medical research cannot be done upon a person who is unable to give consent, only if, cumulatively, the following conditions are met:

- a) the conditions prescribed by Art. 43 Letters a)-d) are met;
- b) the results of the research have the potential to bring real and direct benefits for the person's health;
- c) the research cannot be done with a comparable efficiency upon subjects capable of giving consent;
- d) the necessary authorisation as prescribed by Art. 43 Letter c) was given specifically and in writing;
- e) the person in question has no objections.

ARTICLE 45 Physician's Due Diligence

The physician must exercise due diligence and insist upon ascertaining all actual and legal circumstances when involved in medical research. If necessary, for complete understanding, the physician has the duty to request the help of the institutions of the medical profession.

ARTICLE 46 Intervention Upon a Person

No person can be submitted to experiments, tests, samplings, treatments or any other research related interventions, except under the conditions expressly and restrictedly stipulated by law.

ARTICLE 47

The Harvesting and Transplant of Human Organs, Tissue and Cells from Live Donors

(1) The harvesting and transplant of human organs, tissue and cells from live donors is made exclusively in the cases and under the conditions stipulated by law, with the written, free, prior and express consent of the donors and only after the donor was informed prior to the intervention in regards to the risk of the intervention. In all cases, up until the moment of harvesting, the donor can withdraw the consent given.

(2) With the exception of the cases expressly stipulated by law, the harvesting of human organs, tissue and cells from minors, as well as mentally incompetent persons, due to a mental handicap, serious mental disorder or a similar reason, is forbidden.

ARTICLE 48

The Harvesting of Human Organs, Tissue and Cells from Dead Donors

The harvesting of human organs, tissue and cells, for therapeutic or scientific purposes, from deceased persons, is made only under the conditions stipulated by law, with the written consent, expressed while alive, of the deceased person or, in lack of it, with the written, free, prior and express consent of the surviving spouse, parents, descendants or, last, the extended family (collateral relatives of up to and including the 4th degree of kinship).

ARTICLE 49 Restrictions on Medical Research

The following activities in the field of medical research are contrary to the purpose and role of the physician's profession:

- a) any medical intervention upon the genetic characteristics with the intent to modify a person's descendancy. Exceptions are the situations concerning the prevention or treatment of a genetic disease, in which cases all the necessary authorisations must be obtained;
- b) any intervention that seeks the creation of a human being genetically identical with another human being, alive or dead;
- c) creation of human embryos for the purpose of research;
- d) any intervention to determine the sex of a future child. Exceptions are the situations where objectively the determination of the sex is necessary to avoid a serious genetical disease related to the future child's sex;
- e) the examination of the genetical characteristics of a person for other than medical purposes and strictly under the legal conditions and procedures;
- f) any intervention that would seek or determine the selection of humans or would prejudice the human race;
- g) taking part or being involved in an activity to identify a person based on his/her genetic fingerprints, other than within a criminal or civil court procedure or for strictly medical or medical research reasons, both strictly under the conditions of the law;
- h) participating in any actions whose purpose is conferring patrimonial value to the human body, its parts or products, with the exception of the cases expressly stipulated by law.

CHAPTER VII Advertising of Medical Activities

ARTICLE 50 Purpose of Advertising

- (1) The advertising of the forms of medical practice are meant to offer the public the necessary information about the activities carried out by them.
- (2) The advertising must be true, undeceitful, it must observe the professional secret and be designed with dignity and circumspection.
- (3) Regardless of the means of advertising employed, all complimentary or comparative mentions and all information regarding the patients' identity are forbidden.
- (4) The means of advertising of the forms of medical practice cannot be used as advertising with the purpose to gain customers.

ARTICLE 51 Means of Advertising

- (1) The forms of medical practice as a physician can employ one or more means of advertising, respectively:
 - a) affixing a signboard;
 - b) ads, according to the present Code of Medical Ethics;
 - c) ads and mentions in almanacs, phone books and data bases where medical professionals are listed;
 - d) invitations, brochures and notices of participation at medical and medical specialisation conventions, events, etc.;
 - e) business correspondence and business cards;
 - f) internet address.
- (2) Employing following means of advertising is forbidden:

- a) offering services by personally showing up or sending a representative to the home or residence of a person or in a public place;
 - b) individualised offer of services by a form of practicing medicine, without it having been requested in this regard, regardless if it was employed to gain customers or not;
 - c) granting medical consultations on any kind of material support, as well as by any other means of mass communication, including radio or tv shows, with the exception of those approved by the Romanian College of Physicians or other institutions authorised in this regard by the latter.
- (3) During his/her appearances in the media, the physician may present diagnostic and treatment procedures, specific medical technologies or any other investigation procedures and means, but cannot use this opportunity to self-advertise or to advertise any other company involved in the production of medicines, food supplements or medical devices.

ARTICLE 52 The Signboard

- (1) The proportions of the signboard can be at most 40 x 80 cm and will be affixed at the entrance into the building and/or the premises of the main or secondary office of the medical practice.
- (2) The signboard will contain the following:
- a) Romanian College of Physicians;
 - b) territorial structure of the Romanian College of Physicians;
 - c) denomination of the form of medical practice, including the name and given name of the physician, if they are not included in the denomination;
 - d) details regarding the exact location (floor, apartment);
 - e) details regarding the medical specialisations and competences and, optionally, the professional, academic, scientific titles;
 - f) identifying the premises as the main or secondary office.

ARTICLE 53 Media Advertising

- (1) The forms of medical practice can publish classified advertisements and use display advertising.
- (2) The ads in professional almanacs concern the activity of the forms of medical practice, the name and main specialisations and competences of the physicians, as well as their schedule.

ARTICLE 54 The Correspondence

- (1) The correspondence of the form of medical practice can contain:
- a) phone, fax number, internet address and e-mail address;
 - b) location of the main and, if the case may be, the secondary office of the medical practice and/or another place of employment;
 - c) medical specialisations and competences;
 - d) academic, scientific and professional titles;
 - e) sign/logo of the form of medical practice in question.
- (2) The business cards of the physician practicing medicine within the respective form of medical practice can contain the above, as well the physician's quality within the form of medical practice.

ARTICLE 55 The Website

- (1) The physicians, as well as the forms of medical practice can have a website that will contain details in regards to the activity carried out, as well as those allowed for the correspondence and advertising.
- (2) The content and display of the internet address must respect the dignity and honour of the profession, as well as the professional secret.
- (3) The website cannot contain any advertising insertion or ads for products or services others than those the physician or the form of medical practice have a right to provide.
- (4) The website cannot contain links to other addresses whose content would be contrary to the essential principles of the profession as physician.
- (5) For fulfilling the conditions mentioned in Par. (4) the physician or form of medical practice that owns the website must ensure a regular accessing and assessing of their own website and of the websites linked on their website and must dispose immediately their elimination in case their content and form are contrary to the essential principles of practicing medicine as a physician.

CHAPTER VIII Judgement of Medical Ethics Cases

ARTICLE 56 Expedience

- (1) The investigation and analysis of any complaint regarding a possible non-compliance with the provisions of the present Code of Medical Ethics is made with expedience by the persons appointed with the investigation of the deed or those petitioned for information regarding the settlement of the complaint, all having the duty to act with maximum diligence, not procrastinating or prolonging carrying out their responsibilities, respectively communicating the requested information.
- (2) In the petition for data and information necessary for the settlement of a disciplinary case, the date, until the requested data and information will be communicated, must be indicated.

ARTICLE 57 The Presumption of Innocence

- (1) The investigation and analysis of any complaint will be made taking into account and respecting the presumption of innocence of the physician.
- (2) The persons appointed with the investigation of the complaint or the member of the disciplinary committee will act tactfully and moderately, without prejudging or emitting personal opinions, in no way and in no regard during the investigation and settlement of the complaint.

ARTICLE 58 Impartiality

- (1) The person appointed with the investigation of the denounced deed or the members of the disciplinary committee who has/have any kind of personal interest in the case or is/are related to the physician being investigated or the person who made the complaint, will bring this to the attention of the president of the disciplinary committee, who will decide whether to keep on or replace the person in question.
- (2) The provisions of Par. (1) apply in the case of conflictual situations as well.
- (3) No person involved in the investigation or settlement of a disciplinary case is allowed to make public statements in regards to the case in question until its final settlement.

ARTICLE 59 Audi Alteram Partem in Writing

- (1) The disciplinary committee will insist upon obtaining the written position of each party involved in the disciplinary case.

(2) The direct oral audi alteram partem will take place only if it is strictly necessary for the settlement of the case, its settlement being impossible otherwise. In this case, the president of the hearing will act tactfully and understandingly, the parties involved not being allowed to address each other directly, and the members of the disciplinary committee not being allowed to emit considerations or opinions in regards to the case in question.

ARTICLE 60 Specialised Opinion

(1) Depending on the case investigated disciplinarily, the Committee for Professional Jurisdiction and/or the Disciplinary Committee can request a specialised opinion from medical specialists, who have an excellent reputation in this field.

(2) The provisions of Art. 57 apply in regards to the medical specialists as well.

ARTICLE 61 Hearing Agenda

(1) In the case submitted for settlement, the members of the disciplinary committee will address the persons heard exclusively through the committee's president or requesting from him/her the permission in this regard and this only to ask the person in question questions useful and relevant to the settlement of the case.

(2) During the hearing, the members of the disciplinary committee are not allowed to emit personal opinions or any kind of considerations. If needed, the committee's president can intervene and bring the hearing under control, including by suspending the committee's meeting.

CHAPTER IX Concluding Provisions

ARTICLE 62 Application of the Provisions of the Code of Medical Ethics

The provisions of the present Code of Medical Ethics apply to all physicians practicing medicine on the territory of Romania, regardless of the legal form, source of financing or the permanent, temporary or occasional nature of their activity.