



**Latin Ibero-American Federation of  
Plastic and Reconstructive Surgery**

**FILACP**

**CODE OF ETHICS  
OF THE LATIN IBERO-AMERICAN FEDERATION  
OF PLASTIC AND RECONSTRUCTIVE SURGERY**

**APPROVED BY THE BOARD OF DIRECTORS OF FILACP  
AT THE IV CONGRESS  
HELD IN 1982**

**Buenos Aires - Argentina**

## **CHAPTER I GENERAL PROVISIONS**

### **ARTICLE I**

This Medical Deontology Code for the Plastic Surgeon is of mandatory acceptance by all surgeons who are legally in practice in those Nations members of the Latin Ibero-American Federation of Plastic and Reconstructive Surgery. Infringements will be known in the first instance by the National Society of each country, and in the second instance by the Latin Ibero-American Federation of Plastic Surgery, through its permanent Committee of Ethics. If a conflict between the rules established in this Code of Ethics and the Rules in Force governing the National Society of the country where the plastic surgeon is in practice, the Rules Established by the National Society of such country will be of privileged application.

### **ARTICLE 2**

The National Society of Plastic Surgery is compelled to give a copy of this Code to all members who are legally in practice, recommending them to strictly comply with the regulations of the Code.

### **ARTICLE 3**

The National Society of Plastic Surgery will provide knowledge on the Deontology Code to all the plastic surgery trainees, through postgraduate courses, conferences, etc.

## **CHAPTER II PLASTIC SURGEONS DUTIES**

### **ARTICLE 4**

The respect for life and for the physical and mental integrity of the human being, and the promotion and preservation of health, as components of the social welfare, are in all circumstances the fundamental duties of all doctors and, consequently, of the plastic surgeon.

### **ARTICLE 5**

The plastic surgeon should consider as one of his/her fundamental obligations to be well informed in the advances of the Plastic Surgery. A contrary attitude is not ethical, since it hinders the plastic surgeon capacity to give the patient the required help.

#### **ARTICLE 6**

The plastic surgeon must care for his/her patients with equal fervor all, whatever their nationality, race, social or economic position, and religious or political ideas.

#### **ARTICLE 7**

All plastic surgeons unavoidable duty is to abide by the principles of the brotherhood, freedom, justice and equality, and their inherent rights, established in the Charter of the United Nations on Human Rights, and in the Declaration of Principles of the Societies of Plastic Surgery members of the F.I.L.A.C.P.

#### **ARTICLE 8**

The plastic surgeon should avoid practicing in moral and material conditions that jeopardize the quality of the medical practice and the appropriate fulfillment of his/her professional duties, for the benefit of patients.

#### **ARTICLE 9**

The medical confidentiality is an obligation inherent in the nature of the practice and is established on behalf of the persons under its care. Confidentiality may be explicit, expressed by the patient, or implicit as a consequence of the patient's relationship. In both cases, inviolability of the confidentiality is mandatory, with the exception of some circumstances established by the law in those countries members of the F.I.L.A.C.P.

#### **ARTICLE 10**

The medical confidentiality is a right of the patient, but there is no violation when it is disclosed in the following cases:

- A. When the medical practitioner is empowered by a competent authority to evaluate the mental and physical condition of a person.
- B. When acting as a medical examiner.
- C. When acting as a sanitarian.
- D. When a treating doctor submits statements about infectious/contagious diseases before the health authorities.
- E. When a death certificate is issued.
- F. When parents or legal relatives of a minor patient request information, provided that it would not be used to detriment of the minor.
- G. When as an expert, the physician is acting on behalf of an insurance company, rendering reports to its Medical Department about the people sent for checkup.
- H. When acting in any other situation established by the laws of the countries members of F.I.L.A.C.P.



#### **ARTICLE 11**

Narration of the facts noticed during practice is allowed in those cases where possible judicial mistakes could be made. Similarly, the plastic surgeon may refuse to answer questions related to his/her patients' diseases. Notwithstanding, he/she is authorized to disclose the prognosis and also the diagnosis, whenever necessary, to protect his/her respectability or for a better treatment application.

#### **ARTICLE 12**

As for lawsuits, the plastic surgeon will abstain from revealing the nature of the disease, surgeries or special care. These facts would be disclosed privately before the medical experts designated by the Court.

#### **ARTICLE 13**

The medical doctor could inform about the diagnosis, prognosis or treatment only to the closest relatives of the patient. (The professional will proceed otherwise if the patient expressly gives permission to do so.)

#### **ARTICLE 14**

The plastic surgeon may share medical confidential information with other colleague taking part in the case, who is also obliged to keep confidentiality.

#### **ARTICLE 15**

Except in those cases where verified impossibility exists, it is absolutely mandatory for all plastic surgeons to answer a call in the following cases:

- A. In case of an accident or emergency.
- B. If no other physician is available nearby.
- C. When a patient receiving treatment calls.
- D. When another doctor, the wife (husband), the parents, the children, minor brothers or handicapped adults under his/her protection make the call.

#### **ARTICLE 16**

As a general rule, plastic surgeons should avoid, whenever possible, the responsibility to treat themselves.

#### **ARTICLE 17**

All plastic surgeons, even when not practicing, must refrain from committing any injurious act to the professional dignity.



#### **ARTICLE 18**

It is illicit that the plastic surgeon, as well as the Surgery or the Medicine, perform another activity incompatible with the professional dignity.

#### **ARTICLE 19**

The Plastic Surgery is a noble and dignified profession, not a simple trade. The behavior of the plastic surgeon should always, and above all considerations, be in accordance with the moral rules of the justice, the probity and dignity.

#### **ARTICLE 20**

The following are wrongful acts against the medical morale, and therefore against the Plastic Surgery:

- A. Advertising oriented to attract the public attention towards the professional practice, except daily advertising duly authorized by the respective Medical Association or the National Society of Plastic Surgery acknowledged by the F.I.L.A.C.P.
- B. Publications on Plastic Surgery in nonscientist newspapers and magazines (which will always be subject to the provisions of the F.I.L.A.C.P. Code of Deontology.)
- C. Participation in programs, interviews, radio, television, press, and other broadcast media, attending as a plastic surgeon, without previous approval of the respective National Society of Plastic Surgery.
- D. Interviews on the press, radio, television, or other media allowed by this Code, should be adjusted to the principles of the professional ethics, in order to avoid the propaganda or individual references related to the profession of the interviewee looking for professional benefits.
- E. Support or allow statements or journalistic information about works already presented or to be presented at Medical Societies and Congresses.
- F. Regarding union affairs, when declaring to the press or participating in the radio, television or other media, the plastic surgeon will have to strictly abide by the provisions of the Code of Deontology of the respective Medical Association and by the Code of Ethics of the F.I.L.A.C.P.
- G. To sign certificates, give declarations or write articles recommending, explicitly or implicitly, pharmaceutical specialties or other therapeutic means.
- H. Allow lay people to be unnecessarily present at medical or surgical operations related to the specialty.
- I. Allow the exhibition to the lay public of medical or surgical operations that have been televised, photographed or filmed. If such exhibition is considered to be for educational purposes, the approval of the respective Society of Plastic Surgery should be achieved.
- J. Transfer patients from a hospital or other medical care institution to the private services of those institutions, or to private clinics or doctor's offices for profit, unless patients or their relatives give authorization.
- K. Take advantage of privileged situations to make a profit by purchasing medical products -surgical, pharmaceutical or other items- in the institutions managed by them.
- L. Practicing the profession at business facilities engaged in or in connection with the trade or with pharmaceutical or surgical industries, etc.



- M. Participate as a shareholder or a representative agent, while actively practicing, in companies dealing with the elaboration or sale of pharmaceutical or biological products.
- N. Sign certificates distorting the original facts.

#### **ARTICLE 21**

When the professional ethic has been violated, plastic surgeons are compelled to submit before the National Society of Plastic Surgery any conduct by a colleague who has incurred in such violations. This institution will keep absolute confidentiality and will lodge the complaint before the F.I.L.A.C.P. Similarly, the National Society of Plastic Surgery, considering the alleged violation of this code, will be able to proceed ex officio. Both the National Society of Plastic Surgery and the Committee of Ethics of the Federation could take the appropriate actions to raise the professional dignity even more. To this end, if it is noticed that some professional conduct is obviously opposed to the ethical principles, and it has not been provided by the Code, the Board of the Society would be recommended to incorporate such violation, for which an Agreement for addition will be enough.

#### **ARTICLE 22**

All plastic surgeons are obliged to fight against empiricism in all its aspects, reporting to the respective National Society all misconduct intended for exploitation of the public credulity and good faith.

#### **ARTICLE 23**

The plastic surgeon should be in satisfactory psychophysical conditions to render professional services.

SOLE PARAGRAPH: Against this principle are:

- A. The acute or chronic mental disorder.
- B. The manifest incapacity of the senses, with a reduction in the field of consciousness and the thinking activity.
- C. Drug addiction with a nonrecovery tendency.

#### **ARTICLE 24**

To be able to offer professional services, the plastic surgeon should observe the following rules:

- A. Prepare an advertisement for the daily press with his/her name, last name, specialty duly licensed by the Medical Association, the office's telephone number and home address, the days of the week and office hours for consultation.
- B. Submit the advertisement to the Medical Association and the respective National Society for approval. This ad should have the following legend underneath "This advertisement has been approved by the Medical Association and the Society of Plastic Surgery".



- C. This advertisement should not be broadcasted, televised or projected on cinematographic screens.
- D. Exterior plates at the doctors' offices and clinics will show only the data indicated above, and should not exceed 8 x 24 inch (20 x 60 centimeters).
- E. Plates announcing Clinics, Sanatoriums, Doctors' Offices or any other medical or surgical facility will never have more than 39 x 78 inch (1 x 2 meter). The plates should have a simple design, displaying only the name of the establishment and having no luminous devices.
- F. Press advertisements announcing Clinics, Sanatoriums, and other medical and surgical facilities are subject to the same stipulations governing the professional individual advertisement.
- G. The plastic surgeon's business cards and recipes should be adapted to the provisions of this Code of Deontology, which information should not exceed that of Paragraph "A".

#### ARTICLE 25

Announcements with the following characteristics are expressly against ethical regulations:

- A. Those with information about traveling abroad for professional or private functions, or about Congresses on the Specialty involving advertising or enhancing the professional prestige to the public.
- B. Those that offer healing of certain diseases or abnormalities on a set date or infallible period.
- C. Those promising free care or those that explicitly or implicitly suggest fees.
- D. Those ambiguously written that may mislead or cause confusion regarding the identity or professional degree of the advertiser. e) One or more advertisements mentioning several unrelated branches or specialties of the Medicine or Surgery.
- E. Those attracting attention on systems, treatments, or secret or exclusive special procedures.
- F. Those involving a deliberate purpose of attracting customers through new systems or special procedures, treatments or its modifications under discussion, which efficacy has not been proved by public or private scientific institutions.
- G. Those implying advertising through public cards or another expression of gratefulness from the patients.
- H. Those handed out like fliers or cards, or offprints regarding scientific papers published by the plastic surgeon seemingly intending to keep the patient informed. j) Those that, despite infringement of some of the paragraphs of this article, are displayed at inappropriate places jeopardizing the reliability of the specialty, or those in the shape of posters or luminous advertisement.

#### ARTICLE 26

Plastic surgeons are strictly prohibited from rendering services to cooperative or mutual benefit institutions or organizations, projected either by private individuals or physicians. They are also prohibited from rendering services to those organizations planning to exploit medical services for profit.



#### **ARTICLE 27**

The plastic surgeon is expressly prohibited from leading his/her patients towards certain drugstore or organization related to the Medicine or Surgery.

#### **ARTICLE 28**

The plastic surgeon is expressly prohibited from being associated with pharmacists, ophthalmologists or other medical professionals for profit.

#### **ARTICLE 29**

No plastic surgeon will permit that his/her name be used by any other person to practice the profession, neither he/she will be able to practice by means of another surgeon or will allow that his/her office be used by an unauthorized person.

#### **ARTICLE 30**

It is expressly forbidden to practice indefinitely at an office owned by another colleague or that was established under the colleague's denomination.

#### **ARTICLE 31**

Plastic Surgery will not be practiced regularly and indefinitely in a different Federal entity to that where the profession is usually practiced. Only after registered with the Medical Association and acknowledged by respective Society of Plastic Surgery, the plastic surgeon would be able to be in practice. In any case, rules and regulations established by each country will be followed to legally practice medicine.

#### **ARTICLE 32**

If by any circumstance the plastic surgeon ceases the practice or if his/her jurisdiction has been changed, both the previous Medical Association and the Society of Plastic Surgery should be notified.

#### **ARTICLE 33**

All plastic surgeons should adhere to the provisions of the Statutes and Regulations of his/her respective Medical Association, Federation or corresponding National Union, as well as the National Society of Plastic Surgery and Latin Ibero-American Federation of Plastic and Reconstructive Surgery.

**SOLE PARAGRAPH:** The plastic surgeons performing private or public administrative functions are also obliged to comply with the Agreements and Resolutions indicated in the previous article of this Code. They should also assume union responsibilities incumbent upon them with regard to the work conditions and stability in office of those surgeons depending upon them, as long as these responsibilities do not collide with the legal provisions in force.



#### **ARTICLE 34**

Breaking of preceding articles will be penalized by the previously mentioned institutions in accordance with the preliminary declaration of this Code, following procedures of Article No. 120.

#### **ARTICLE 35**

When the plastic surgeon considers that his/her professional or union rights have been undermined, he/she would resort to the competent institutions to submit the complaint, refraining from resorting to alien institutions.

#### **ARTICLE 36**

The plastic surgeon is prohibited from giving biased reports, issuing certificates or prescriptions to please the patient, and in any case, there is infringement when certifications are issued without a previous examination.

#### **ARTICLE 37**

Those performing political functions, administrative duties or union managership are prohibited from take advantage of these positions for professional purposes.

### **CHAPTER III RESPONSIBILITIES OF THE PLASTIC SURGEONS TO THE PATIENTS**

#### **ARTICLE 38**

The plastic surgeon should pay attention to the diagnosis preparation, using as far as practicable adequate scientific procedures. Similarly, the plastic surgeon should make efforts by all means to achieve that therapeutic prescriptions are fulfilled.

#### **ARTICLE 39**

The plastic surgeon may refuse to examine minor patients without the presence of their parents or legal relatives, except for stipulations under articles 8 and 13 of this Code.

#### **ARTICLE 40**

The plastic surgeon, who had justified reasons to give up caring for a patient, could continue the treatment if it is not detrimental to the patient's health, and if he/she is willing to give the necessary information to another plastic surgeon.



#### **ARTICLE 41**

The plastic surgeon should have a dignified and tolerant behavior towards the patients and their relatives, provided that his/her attitude does not result in damage to the special mission undertaken by him/her.

#### **ARTICLE 42**

The plastic surgeon should avoid all unnecessary medical or surgical procedures, and should inform the patients or their relatives that his/her services are no longer required if it is so deemed.

#### **ARTICLE 43**

Serious prognosis may reasonably be disguised. Notwithstanding, if a fatal end is expected, timely notification is mandatory and the plastic surgeon should inform whomever he/she considers appropriate. The patient may prohibit this revelation or appoint a third party to receive the information. Those cases where the doctor is compelled by the law are excepted.

#### **ARTICLE 44**

No case under the plastic surgeon responsibility should be unjustly given up.

#### **ARTICLE 45**

When a plastic surgeon, in a friendly manner visits a patient who is being treated by a colleague, he/she must refrain from making harmful comments about the diagnosis or treatment that may affect your colleague assertion and the patient's trust.

#### **ARTICLE 46**

The plastic surgeon, in accepting a patient's call, or through a third person, undertakes to:

- A. Have as a primary objective the promotion and consideration of the health of the patient.
- B. Provide all care possible, personally or with the help of third parties.
- C. Behave seriously and gently according to the professional dignity.

#### **ARTICLE 47**

The plastic surgeon is refrained from interrupting a pregnancy at any stage, with the exception of therapeutic purposes. In any case, regulations established by the science and the legal provisions in effect in each country should be observed.



#### **ARTICLE 48**

When therapeutic pregnancy interruption is prescribed, it should be made with the patient and her husband or the legal representative consent in writing. Pregnancy interruption should be certified by the Medical Board, in which at least one of the participants should be specialized in the disease the patient is suffering from.

**SOLE PARAGRAPH:** If the case is extremely urgent, another doctor's opinion may be sufficient if possible.

#### **ARTICLE 49**

When operations require that the plastic surgeon modifies the appearance or identity of the patient, the plastic surgeon should take the necessary measures to avoid a possible obstruction of the law enforcement as a consequence of such physiognomy change.

#### **ARTICLE 50**

Regarding Professional Fees, medical consultations may be:

- A. At regular hours, at the doctor's office
- B. Urgent, required by patients or their relatives.
- C. Home consultation.
- D. Scheduled consultation, at the request of the patient.

**SOLE PARAGRAPH:** These consultations may be diurnal (7 a.m. to 7 p.m.); nocturnal (7 p.m. to 7 a.m.) special (holidays or Sundays).

#### **ARTICLE 51**

Consultation fees will be specified according to the time spent and distances, as the plastic surgeon deem convenient. It is understood that consultations mentioned in subparagraphs A), C) and D) of the previous article, and special consultations in the Sole Paragraph, will be subject to extraordinary fees.

#### **ARTICLE 52**

Fees for surgical operations or medical assistance will be jointly agreed by the professional and patients or their relatives. The treating doctor will include fair fees for other professional physicians collaborating in such operations according to their participation.

#### **ARTICLE 53**

Dichotomy is formally and categorically banned. That is, fees sharing between surgeons and paramedic or auxiliary personnel, as this constitutes a wrongful act against the professional dignity and is expressly condemned by the Deontology. Similarly, acceptance of percentages derived from prescription of medicines or orthopedic apparatus, instruments, equipment, etc. as well as any kind of payment to middlemen is prohibited.

**ARTICLE 54**

Professional fees payment for surgical services rendered in welfare institutions, industrial companies or similar institutes should be made individually and completely to the treating surgeon. Except for an equally dividable pool agreed between surgeons or group of surgeons.

**ARTICLE 55**

Consortium of two or more plastic surgeons to treat a patient without an apparent necessity of collaboration for the exclusive benefit of the patient is morally unaccepted.

**ARTICLE 56**

Medical attention is mandatory for the people referred to in the articles of this Code. Notwithstanding, the plastic surgeon could give service for free to those persons with evident low income or to close friends. However, refusing private assistance if a public medical institution exists in the locality does not constitute a breach of ethics, except for those cases of extreme urgency.

**ARTICLE 57**

All mail consultations resulting in a case study, especially if therapeutic prescriptions are made, should be considered as a doctor's office consultation generating fees.

**ARTICLE 58**

The plastic surgeon is prohibited from setting fees below usual amounts.

**ARTICLE 59**

The plastic surgeon is prohibited from requesting professional fees in advance for a treatment still not applied.

**ARTICLE 60**

In sending the bill, plastic surgeons could refrain from breaking down concepts such as visits, operations or consultations, unless expressly required by the patient or his/her relatives. In such cases where payments are not fairly satisfied, the plastic surgeons have the right to resort to legal means, without prejudice to the surgeons' reputation or dignity.



## **CHAPTER IV COLLECTIVE PRACTICE OF THE PLASTIC SURGERY AND RESPONSIBILITIES OF SURGEONS IN SOCIAL MEDICINE MATTERS**

### **ARTICLE 61**

Collective practice of Medicine consists in giving services through physicians and surgeons recruited by official or private institutions to serve defined groups by virtue of social laws.

### **ARTICLE 62**

Plastic surgeons attending at institutions devoted to the collective practice of Medicine should perform their professional duties in accordance with traditional regulations of the medical practice, which are therefore based on the respect for the dignity of people, on the effective doctor-patient relationship, on the individual responsibility, and on the professional confidentiality.

**PARAGRAPH 1:** If facing any working situation compromising the precise compliance of this article, all physicians are compelled to submit the complaint before the institution where their services are rendered, also before union institutions, and the National Society of Plastic Surgery and the Latin Ibero-American Federation of Plastic Surgery if necessary.

**PARAGRAPH 2:** An unavoidable duty of all plastic surgeons is to hinder some methods within the collective medicine that may diminish the physicians' dignity or the professional prestige that are adversely affecting or deceiving the patient.

### **ARTICLE 63**

The plastic surgeon should collaborate unselfishly, except for justified reasons, with the competent authorities in activities designed for the protection of the health of the population.

### **ARTICLE 64**

It is illicit that the plastic surgeon performing a preventive free campaign (E.g.: Prevention, Treatment of Burns) takes advantage of this for increasing his/her clientele.

### **ARTICLE 65**

Plastic surgeons rendering services at institutions devoted to the collective medicine should not accept that any person or group of the society enjoy special privileges for treatment at such institutions, either external consultation or hospitalization.

### **ARTICLE 66**

The plastic surgeon performing administrative functions violates this Code if permitting simultaneity of work hours at two different institutions by a plastic surgeon; or another

surgeon's failure to fulfill his/her duties or the violation of established regulations in social medicine matters in the country where the plastic surgeon is in practice.

#### **ARTICLE 67**

All plastic surgeons should thoroughly comply with the services agreed upon. Noncompliance is considered a serious deontological breach.

### **CHAPTER V BROTHERHOOD RESPONSIBILITIES**

#### **ARTICLE 68**

In a good professional brotherhood plastic surgeons are obliged to keep reciprocal collaboration. It is prohibited to bring discredit on a colleague and repeat statements or opinions that may be harmful either morally or professionally. It is also prohibited to issue certifications that may give rise to harmful situations.

#### **ARTICLE 69**

The plastic surgeon is entitled to receiving free services from his/her colleagues, whatever their specialties may be, as well as the plastic surgeon's wife, widow, father, mother, and children under 18 years of age. His/her single sisters would only enjoy this privilege while they are dependent on the plastic surgeon.

#### **ARTICLE 70**

No fees would be charged on account of consumable materials (X-rays and electrocardiographic plates, laboratory materials, isotopes, etc.) to those persons enjoying the free services mentioned above.

#### **ARTICLE 71**

When the plastic surgeon or his/her close relatives hold insurance covering surgical benefits, the plastic surgeon attending the case has the right to receive payment for professional fees without constituting a violation of Article 69 in this Code.

#### **ARTICLE 72**

The family or the patient's plastic surgeon is their usual plastic surgeon. The general practitioner is the doctor who treats the current disease of the patient.

#### **ARTICLE 73**

In a probate proceedings case of a doctor without heirs in the first degree, payment of fees is for the attending doctor of the deceased.

#### **ARTICLE 74**

The plastic surgeon that, on account of justified reasons, is provisionally attending other colleague patients should care and perform his/her responsibilities through valid methods guaranteeing the reputation of his/her colleague.

#### **ARTICLE 75**

To constitute societies, incorporated companies, clinics or similar professional associations, the contracts or working stipulations should be approved by the professional unions of the country where the specialty is practiced, and the National Society of Plastic Surgery should be informed.

#### **ARTICLE 76**

The plastic surgeon attending an urgent case when the family doctor or the general practitioner is not available, should give up the case unless the usual doctor requests his/her collaboration to assist the patient.

#### **ARTICLE 77**

If the presence of several plastic surgeons is simultaneously requested in a case of sudden or accidental disease, the patient should be attended by the doctor who arrived first, unless the patient or his/her relatives decide otherwise. In any case, present plastic surgeons are free to set their fees as they deem reasonable and convenient.

#### **ARTICLE 78**

When the usual plastic surgeon of a family is absent, the substitute doctor called to assist the patient is compelled to leave when the former returns, unless the patient or his/her relatives expressly agreed on the contrary.

#### **ARTICLE 79**

Plastic surgeons performing managerial functions -professional, administrative, educational, sanitary or of assistance- should address his/her subordinates in a colleague-collaborator manner. Similarly, all subordinate plastic surgeon, of any type, is obliged to show consideration for their hierarchical seniors. Above all, relationship between them should be governed in accordance with the provisions of this Code.



#### **ARTICLE 80**

If a plastic surgeon has examined a patient, and has made a diagnosis prescribing the right treatment, to be applied by another professional, and the patient without communicating the former visits another professional, the latter is obliged to request authorization of the former to make use of the studies before proceeding to apply the treatment, provided that the patient has requested to do so. If the patient refuses to accept that the plastic surgeon complies with this ethical and confraternity obligation, the plastic surgeon should not be compelled to carry out treatment.

#### **ARTICLE 81**

Plastic surgeons receiving referred patients by another colleague into their private office or at the department of the hospital where they render services, should inform the sender in writing, or at least verbally, all details of that case study, the therapeutic prescriptions and their outcomes.

#### **ARTICLE 82**

A medical board is the meeting of two or more colleagues with the purpose of exchanging opinions with respect to diagnosis or treatment of a patient under responsibility of one of them. There are two types of medical boards: one is promoted by the treating doctor and the other one is requested by the patient or his/her relatives.

#### **ARTICLE 83**

During the medical board meeting, the mutual comprehension, culture, good faith, honesty, and broad-mindedness should prevail as an obligation within the professional relationship. Intolerance, immodesty and rivalry are forbidden.

#### **ARTICLE 84**

The treating plastic surgeon is compelled to promote medical boards in the following cases:

- A. When a precise diagnostic has not been achieved.
- B. When treatments applied have fail to produce satisfactory results.
- C. When another specialist services are imposed.
- D. When due to the patient's gravity or the lack of prognosis the plastic surgeon decides to share his responsibility with one or more colleagues.

#### **ARTICLE 85**

The patient or his/her relatives have the right to request a medical board meeting if they are unsatisfied with the results of treatments applied by the treating plastic surgeon, or if they want to confirm the opinion of the plastic surgeon. Information provided by the plastic surgeon should precede the request.



#### **ARTICLE 86**

If the treating plastic surgeon promotes the medical board, it is his/her privilege to appoint the colleague/colleagues that he deems are capable of helping with the solution of the clinic or therapeutic problem. The patient or his/her relatives are entitled to request the presence of one or more plastic surgeons by choice.

#### **ARTICLE 87**

Plastic surgeons are compelled to be present at the medical boards on time. After waiting for a reasonable period, no less than 30 minutes, if the treating plastic surgeon fails to attend or request other short wait, he/she or the rest of the medical board members have authorization to examine and treat the patient.

#### **ARTICLE 88**

During the medical board meeting, speculative dissertations would be avoided and the discussion will be focused on the objective resolution of the clinical problem.

#### **ARTICLE 89**

Medical board deliberations should not take place before the patient or his/her relatives, and no opinion will be allowed regarding the diagnostic, prognosis and treatment that are not the result of the board conclusions.

#### **ARTICLE 90**

Medical board resolutions could be modified by the treating plastic surgeon if necessary. Notwithstanding, modifications and the original causes should be revealed and explained at the next board, if the case may be. Same procedure could be done by any of the consultants if urgency arises and the treating plastic surgeon is not available.

#### **ARTICLE 91**

Consultant doctors should not visit the patient at home once consultation has finished, except for extreme urgency cases or if the treating plastic surgeon gives authorization, provided that the patient and his/her relatives are in conformity.

#### **ARTICLE 92**

Deliberations from the medical board are confidential. Responsibility is thus collective and the doctors are prohibited to express criticism or censure contradicting their colleague's opinion or scientific legitimacy of the treatment approved by the board.



#### **ARTICLE 93**

In case that all opinions within the medical board are in disagreement, new consultation should be promoted, with the addition of other judgments and requesting other colleagues' opinions. If evident divergences exist regarding the treatment, the criteria of the majority should prevail.

#### **ARTICLE 94**

If the medical board members are in agreement, but they differ from the treating doctor, this doctor is compelled to notify the patient or his/her relatives for them to decide if they choose another doctor or the treating doctor may continue.

#### **ARTICLE 95**

The treating plastic surgeon is authorized to draw the minutes with all the opinions, and to have the minutes signed by himself/herself and the other members of the medical board, when the he/she deems convenient, on account of personal reasons or if he/she wants to protect his/her responsibility against false interpretations or to safeguard his credibility before the patient, his/her relatives or the general public.

#### **ARTICLE 96**

The consultant plastic surgeon should not be the treating doctor during the course of the illness for which he/she was consulted. Although, there are the following exceptions:

- A. When the treating doctor voluntarily passes the case to the consultant doctor.
- B. When the consultant is a specialist to whom the treating doctor should trust the final care of the patient.
- C. When the patient or his/her relatives state their decision in the presence of the medical board members.

#### **ARTICLE 97**

Except for urgencies, the plastic surgeon called to substitute the treating doctor is not authorized to promote medical boards.

#### **ARTICLE 98**

The treating plastic surgeon has the right to decide the appropriate time for the board meeting.

#### **ARTICLE 99**

Fees could be satisfied immediately after the medical board has been adjourned and at the patient's home, unless the members of the board and the patient or his/her relatives agreed otherwise. The plastic surgeon is responsible for reminding the patients their obligation before scheduling the consultants' appointment.



#### **ARTICLE 100**

The plastic surgeon may consider that certain illness in his patient requires the attention of a specialist, which information will be passed along to the patient or his/her relatives, and these would have the freedom to choose the specialist by mutual agreement or from a list presented by the treating doctor.

#### **ARTICLE 101**

The specialist taking care of a patient, in accordance with the previously established, assumes the treatment administration with respect to his/her specialty. Notwithstanding, the specialist should always be under the treating plastic surgeon direction, and will suspend his/her attention as soon as the reasons by which his/her services were requested come to an end.

**SOLE PARAGRAPH:** If two or more specialists have been consulted, the treating plastic surgeon will indicate which of the consultants should be in charge of applying the treatment, with the previous consent of the patient and his/her relatives.

#### **CHAPTER VI**

#### **PLASTIC SURGEONS RESPONSIBILITIES TOWARDS THE MEMBERS OF PARAMEDICAL AND AUXILIARY PROFESSIONS OF THE MEDICINE**

#### **ARTICLE 102**

In their relationship with the members of paramedical professions and auxiliary personnel, plastic surgeons should have an understanding attitude and good manners, showing respect for their professional independence within the rules indicated by the technique.

#### **ARTICLE 103**

The plastic surgeon should be completely impartial as regards the utilization of pharmacies and laboratories in the locality where he/she is in practice, and should refrain from giving preferential recommendations or selling secret formulas only known by some pharmacist in the locality.

#### **ARTICLE 104**

It is illicit to pass responsibility on paramedics or auxiliary personnel for solving diagnostic and therapeutic problems that require the judgment and active participation of the plastic surgeon.



#### **ARTICLE 105**

Distribution of professional fees among paramedical or auxiliary professionals of the Medicine is illicit. As it implies dichotomy or receiving a commission, which constitute a vicious practice highly condemned.

### **CHAPTER VII RESEARCH ON HUMANS**

#### **ARTICLE 106**

Research on humans should be inspired by the highest ethical and scientific principles. Its outcomes should not be applied on the human race until an adequate and rigorous experimentation on animals has been performed, proving minimum noxious effects for humans and that its outcomes tend to increase the well-being of people.

#### **ARTICLE 107**

Clinical research is only allowed when is performed or supervised by trained technicians duly qualified scientifically by the corresponding jurisdictional institution.

#### **ARTICLE 108**

Regarding mentally disabled persons, who are not responsible for their behavior, approval from an appointed Scientific Commission should be obtained. A doctor appointed by the patient relatives could participate in this commission with the purpose of determining the needs for experimentation, the scope and the risks for the patient.

#### **ARTICLE 109**

All individuals subject to experimentation should fulfill the following requirements to protect the physical and mental integrity of the human being:

- A. Every person should express freely his/her willingness to accept or reject his/her condition of being a subject for experimentation.
- B. The subject should be able to request, at any moment, suspension of the experimentation when his/her conditions so require.
- C. The subject should be sufficiently informed about the nature, scope, purposes and the expected consequences of the investigation to be performed.
- D. Medical and psychological assistance should be provided at all times during experimentation, and at the end of this, due to the consequences that may arise from such experimentation.
- E. Procedures should be established to compensate the subject for the risks originated during the experimentation.



**SOLE PARAGRAPH:** The students of Medicine, soldiers, incurable patients, and minor offense prisoners should be subjects for experimentation, provided that all requirements mentioned above are fulfilled.

#### **ARTICLE 110**

The double-blind experimentation may be used only when previous experiences have been carried out, and all requirements set in the previous article of this Code have been achieved.

### **CHAPTER VIII ORGAN TRANSPLANTATION**

#### **ARTICLE 111**

The medical profession acknowledges that organ transplantation implies a significant advance in the scientific knowledge, which is beneficial to the mankind health and well-being.

#### **ARTICLE 112**

In the relationship between the doctor and the patient, the fundamental objective is to promote the patient health, taking extreme measures to protect the donor and the recipient rights. If not possible, no plastic surgeon should accept responsibility for participating in organ transplantation operations.

#### **ARTICLE 113**

The prospect of an organ transplant does not justify lowering the levels of the medical care universally accepted at the present time.

#### **ARTICLE 114**

When a vital organ is going to be transplanted, the donor death should be certified by three doctors different from the recipient doctors. Death shall be determined by clinic judgment and complementary utilization of the required instrumental procedures.

#### **ARTICLE 115**

All particulars must be discussed by the donor, the recipient and responsible relatives. The plastic surgeon should be eminently objective clearly revealing the options and risks involved.

#### **ARTICLE 116**

Transplantation procedures should only be carried out:

- A. After careful assessment of the effectiveness or inefficacy of different therapeutic measures.



- B. By specialized doctors with technical capacity as the result of an intensive training at the laboratory, experimental testing on animals and, if possible, direct learning through previous participation in such procedures.
- C. At medical institutes with adequate facilities guaranteeing the utmost care of the individuals subjected to these procedures.

#### **ARTICLE 117**

The general public has the right to be accurately informed on the significance and the outcomes of the organ transplantation. As a rule in our profession, all scientific reports about such procedures should be submitted in the first place before the medical institutions accredited to revise and evaluate them. So dramatic issues related to the medical advances could only be disclosed to the public in an objective fashion not implying:

- A. Friendship and misconception development.
- B. Selfish medical advertisement.
- C. Any other objective different from a concise report with the aim of procuring the required public collaboration.

#### **ARTICLE 118**

Procedures involving organ transplantation should be respectful to the sick person keeping in private the doctor-patient relationship, not disclosing the patient identity without his/her express consent.

### **CHAPTER IX**

#### **DISCIPLINARY REGULATIONS: PENALTIES IMPOSED ON THE PLASTIC SURGEON AS A MEMBER OF A NATIONAL SOCIETY OF PLASTIC SURGERY**

#### **ARTICLE 119**

Proven breach of the medical moral by ignorance, negligence, inexperience or bad faith will be object of penalties from the National Society of Plastic Surgery and the F.I.L.A.C.P. These institutions would recommend and submit the professional practice suspension before the competent institutions, in accordance with the Law of Medicine in each country. In case of repeated lack of skills, which indicates a state of ignorance, the University conferring the grade will be informed.

#### **ARTICLE 120**

Penalties or punishment that the National Society of Plastic Surgery and the F.I.L.A.C.P. may apply should vary according to the nature and recidivism of the breach. These would not necessarily be applied in the following order:

- A. Written admonition.
- B. Public admonition at the assembly.
- C. Suspension of privileges and honors related to the union affairs.



- D. Suspension of privileges and honors related to the professional practice.
  - E. Expulsion from the respective the National Society of Plastic Surgery and from the F.I.L.A.C.P.
  - F. Submission of the suspension from the professional practice in accordance with the Law of Medicine.
  - G. Imposed penalties will be published in the F.I.L.A.C.P. bulletin or in any of its organs.
- SOLE PARAGRAPH:** All documentation submitted before the National Society of Plastic Surgery and the F.I.L.A.C.P. for consideration or study of the plastic surgeon alleged actions, will be handled confidentially.

#### **ARTICLE 121**

Decisions from the National Society of Plastic Surgery and the F.I.L.A.C.P. will be informed to the respective Medical Associations and National Society of Plastic Surgery in each country.

#### **CHAPTER X**

#### **PENALTIES IMPOSED ON THE NATIONAL SOCIETY OF PLASTIC SURGERY**

#### **ARTICLE 122**

Penalties would not necessarily be applied in the following order:

- A. Written admonition addressed to the Society and published in the F.I.L.A.C.P organs.
- B. Public admonition at the Assembly of the Latin Ibero-American Federation of Plastic and Reconstructive Surgery.
- C. Exclusion of privileges and honors. The punished Society or any of its members (directors or others) will not be able to present works, or take part in symposiums, Round Table workshops, etc., or be a part of Committees (Foundation, Cilapaq, Ethics, etc.) or Congresses, Journeys, Courses, etc., and in general, of any scientific or professional activity dependent on the F.I.L.A.C.P. or the I.C.P.R.S.
- D. Expulsion from the F.I.L.A.C.P. and from I.C.P.R.S. for two years.
- E. Expulsion from the F.I.L.A.C.P. and from I.C.P.R.S. for four years.
- F. Definitive expulsion from the F.I.L.A.C.P. and from the I.C.P.R.S.

## **CHAPTER XI FINAL PROVISIONS**

### **ARTICLE 123**

Provisions of Chapter VII related to organ transplantation and other issues not addressed in this Code will be temporary, and will be kept permanently under study with the purpose of timely introducing the necessary modifications.

## **CHAPTER XII DEFENSE OF THE PLASTIC SURGEON IN PRACTICE**

Proposed in Fortaleza – Brazil, on November 1980

The Secretary of the F.I.L.A.C.P., Dr. Aymar Edison Sperli, member of the Ethics Committee of the Brazilian Society of Plastic Surgery, and the President of the Ethics Committee of F.I.L.A.C.P., were invited to a Round Table related to the Legal Affairs of the Practice of Plastic Surgery. The Round Table was held on November 1980, in Fortaleza – Brazil, on the occasion of the Congress of the Brazilian Society of Plastic Surgery. In this Table were present two lawyers, both residing in Fortaleza with a large experience in the Medical and Legal Affairs of the Practice of the Medicine.

Statements of the lawyers were as follows:

Lawsuits against plastic surgeons are very common in some countries. In the United States “malpractice” cases, as they are called in this country, are routinely found. In the country members of the F.I.L.A.C.P. this kind of cases are infrequent. Notwithstanding, Brazil, Spain, Colombia, Venezuela, etc., are nations where this is becoming an alarming issue. With the passing of time we have no doubts that these cases may become routine, as we recall some lawyer who was talking to a group of plastic surgeons in Venezuela that said: “This is a gold mine not conveniently exploited yet”.

Summarizing the practical conclusions of the Table, we are able to state the following: The plastic surgeon is likely to be sued if he or she is not cautious in the following aspects:

- A. Hold a Medical Liability Insurance or Malpractice Insurance covering these issues.
- B. Surgical procedure authorization (this was largely discussed, and according to the lawyers it lacks of legal value.)
- C. Give a thorough written explanation to the patient, detailing all related aspects of the operation, the necessity or not of the operation, the clinical examination, the photographic exam, laboratory exams, pre-operative exams, the more important steps of the operation, type of the anesthesia, immediate post-operative, prolonged post-operative, complications, outcomes, post-operative deformities that may occur, etc.

As to this detailed information to be handed out to the patient, the Brazilian Society of Plastic Surgery has prepared explanatory brochures for the patients itemizing important information about the operation or operations to be performed.

It seems that written and itemized information on the operation and all aspects involving the process constitute the best defense of the plastic surgeon nowadays, as long as the Medical Liability Insurance.

The Committee of Ethics has deemed convenient and of concern to send as an Addendum, along with this draft of the Code, some outlines used by the Brazilian Society of Plastic Surgery, which should be considered by the F.I.L.A.C.P and the National Societies members of the Federation, to make relevant modifications according to customary practices or the distinct philosophy in each country, to make consultations with the legal consultants of each Society, to inform the plastic surgeons and to take them up, since we believe that the plastic surgeon should be protected against all aspects that may be detrimental to the Specialty Practice, such as legal matters, lawsuits, and slander.