



REPUBLIC OF SOUTH SUDAN
GENERAL MEDICAL COUNCIL

**THE GUIDE TO ETHICS
OF MEDICAL, DENTAL &
PHARMACY PRACTICE**

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ACRONYMS:

CPD: Continuous Professional Development

HIV: Human Immunodeficiency Virus

ICT: Information and Communications Technology

IVF: In vitro Fertilization

MoH: Ministry of Health

SG: Secretary General

SSGMC: South Sudan General Medical Council

STIs: Sexually Transmitted Infections

FOREWORD

The South Sudan General Medical Council (SSGMC) has a vital responsibility: to uphold the highest standards of medical ethics. It is crucial for South Sudanese medical doctors, dentists, and pharmacists to act as exemplary role models in their professional and personal conduct, embodying truthfulness, honesty, and integrity while demonstrating unwavering dedication and self-discipline.

The evolution of ethics and professional behavior has continuously adapted to advances in medical and health sciences, even before South Sudan's independence. As the healthcare sector is influenced by rapid changes in technology and societal behaviors, the SSGMC remains committed to meeting these challenges head-on.

To support this mission, the SSGMC presents this essential booklet on the ethics of medical practice. It addresses the challenges faced by healthcare professionals and provides critical insights into communication skills and best practices in medical and pharmaceutical care. This resource must be integrated into faculties of medicine, pharmacy, and dentistry and included in Continuous Professional Development (CPD) activities. Furthermore, this booklet is to be distributed to medical professionals during their swearing-in for the Hippocratic Oath.

This booklet is a definitive commitment to fostering ethics and professionalism within South Sudan's healthcare community. By equipping our professionals with essential knowledge and tools, we can elevate care standards. Collectively, we must embrace our responsibility to navigate the evolving healthcare landscape ethically and maintain the trust and respect of those we serve.



Prof. Dr. Rose Ajak Costa
Chairperson
SSGMC

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Finally, I grant special thanks to all colleagues, and councilors, for their unwavering encouragement and support throughout the development tenure of this project.

A handwritten signature in black ink, appearing to read 'Isaac Cleto Rial', with a stylized, flowing script.

Prof. Isaac Cleto Rial
Chairperson of
Ethics Committee

1. INTRODUCTION

For every profession, there must be rules that regulate its safe practice. This applies to the medical profession in a very special way, as it affects people's lives, health, families, and savings. Adherence to medical ethics is a pivotal element of the medical profession, instilling trust in society regarding the safety and quality of health care they receive. Therefore, it is understandable for patients, their families, and indeed the entire community to hold a critical view of the medical profession, which deserves respect and gratitude, when they discover that the doctor and their aides have breached medical ethics.

Medical ethics have long received special attention, especially in Greek civilization, which gave birth to Hippocrates. Hippocrates's oath is what doctors are committed to at the beginning of their profession. Because of what came in the oath, he practiced it throughout his lifelong work. The oath was modified over the years to cope with the variation of cultures, norms, traditions, and religions and to absorb successive medical developments.

Medical ethics has gained immense importance in recent decades due to several factors, including complications that have emerged in health systems, the crystallization of the concept of patients' rights, the privatization of medical services, and the implications of economic, social, and cultural variations, as well as advancements in medical information technology and communications. Consequently, medical ethics has taken on dimensions that are not only professional or purely scientific but also relate to social, economic, cultural, legal, and religious values, which have been discussed in conferences, workshops, symposia, and research studies. Additionally, many training institutions with departments focused on medical ethics have been established at both national and international levels' bodies.

Since the establishment of the South Sudan General Medical Council (SSGMC), the prime concern has been the ethics of medical practice. In the same vein, SSGMC prioritizes the ethics of medical practice in its endeavor to make all medical practices in South Sudan safe and provides guideline booklets for practitioners and laypeople.

This booklet will:

1. Define and describe the individuals eligible to practice the medical profession, explicitly excluding those who boast about being medical doctors or imposters. This demonstrates self-regulation, as it involves external oversight from specialized authorities regarding those who incorrectly present themselves in the medical field.
2. Outline the specifications of a trusted and efficient doctor, detailing their responsibilities towards patients, colleagues, other medical teams, as well as their community, relatives, themselves, and their profession, including the necessary education, training, and research.
3. Highlight particularly important issues, including obtaining patient consent for medical examinations and treatments, the confidentiality of the profession, the issuance of crucial documents such as death certificates, medical reports, patient files, prescriptions, and information on abortion, as well as the modern evolution of the medical profession and technology, relevant financial and commercial aspects, and the promotion of a doctor's private practice work.

This booklet serves as a guide to the ethics of the medical profession as an application of professional ethics in general, that means any set of values, principles, and concepts that govern appropriate behavior in any professional activity. It also addresses the specific ethics of the medical profession that have gained a global consensus, which include the following core values:

- Beneficence.
- Non-maleficence.
- Autonomy.
- Dignity.
- Honesty.
- Truthfulness.

A doctor's behavior outside the medical profession does not intrude upon ethical medical practice. However, the ideal behaviour of a doctor in any setting is to be free from faults, as society views them as role models. It is worth noting that the ethics of the medical profession cannot all be codified into laws and regulations; many herein serve as behavioral guidance, which will be detailed in this booklet.

2. MEDICAL DOCTOR'S ETHICS

2.1 General Duties of a Medical Doctor.

Medical doctors ought to commit to the following duties:

- 2.1.1 Always be committed to the ideals of professional conduct as set out in the oath before SSGMC at graduation.
- 2.1.2 Must not let material motives be predominant when discharging medical work.
- 2.1.3 Refrain from acting or providing advice to anyone if that act or advice is harmful to that person.
- 2.1.4 Report any infectious disease to the health authorities and devise possible strategies to curb its danger, as public health law requires.
- 2.1.5 Desist from giving up on work or the performance of duty in cases of epidemics and disasters and taking precautions for their safety and the safety of others.
- 2.1.6 Initiate relief assistance for urgent cases at anytime and anywhere, regardless of their specialization, until the specialized doctor is available in that setting.
- 2.1.7 Uphold punctuality at work to care for the sick when possible and to ensure that another doctor takes care of his/her patients in his/her absence.
- 2.1.8 Maintain adequate familiarity with the public health laws in force in the country, comply with them, and act upon them.
- 2.1.9 Demonstrate respect for their teachers and senior colleagues while appreciating the care they provide.
- 2.1.10 Exude humility while performing professional work and documenting scientific achievements, and refrain from releasing statements that diminish the stature of colleagues or degrade their contributions.
- 2.1.11 Avoid the interference of differences in religion, gender, ethnic, political considerations, and social levels in affecting patients' care.
- 2.1.12 Refrain from discussing new discoveries he/she has made in the field of medicine unless that discovery is recognized and approved by the medical community.

2.2. Medical Doctors' Duty Towards Patients:

- 2.2.1 Refrain from participating, whether voluntarily or involuntarily, in any practices that cause harm to an individual, including acts of torture or any actions that weaken a person's physical or psychological resistance or that violate the rights established in human rights charters and the nation's constitution.
- 2.2.2 Refrain from implementing or participating in the implementation of any punishment on an individual convicted by the competent judicial authorities.
- 2.2.3 Professional secrecy: Regarding keeping the patients' secrets, the doctor should commit to the following:
 - a) Avoiding voluntary disclosure of any information obtained from a patient, whether directly or indirectly, during professional interactions. This ensures the preservation of the patient's confidentiality. It is important to note that this duty of confidentiality persists even after the patient's death.
 - b) Professional confidentiality may be disclosed under specific circumstances:
 - i. To the patient's guardian, sharing this information is beneficial for managing the patient's medical condition, particularly in instances where the patient is non-cognizant.
 - ii. When it is necessary to protect the physician's interests, for instance, if the physician is pursuing legal claims for payment owed by the patient for services rendered. This also applies in cases of self-defences against allegations of negligence or medical errors during the patient's treatment.
 - iii. When the disclosure serves the public interest, for example, if the patient has an infectious disease that poses a threat to public health. In such instances, the information should be reported to the appropriate specialized official end.
 - iv. If the disclosure is requested by a legal authority. In this situation, the doctor is required to comply with the request. Refusal to disclose the information may result in legal consequences, such as imprisonment, fines, or both. The doctor does not have immunity from these consequences if they choose not to comply.

- v. If the revelation is for teaching or research purposes. However, the names and pictures of patients involved should be withheld.
- c) Patient information disclosing conditions
- i. If the doctor chooses to disclose information related to a patient's healthcare to any appropriate specialized end for the patient's benefit, they must first obtain the patient's consent. If the patient refuses to give consent, the doctor must carefully assess the situation. The doctor may consult with colleagues in making this decision, but ultimately, they bear the responsibility for the outcome of their choice.
 - ii. In situations where a patient is deemed incompetent to make healthcare decisions, confidential information regarding their health should only be disclosed with the approval of the patient's legal guardian or authorized representative.
 - iii. As the leader of the medical team, the doctor should ensure that all assisting nursing and administrative staff are instructed to maintain the confidentiality of any information they learn during the patient's care.
- d) There is no commitment for the doctor to report the following cases to the competent authorities:
- i. Illegal pregnancy.
 - ii. Disguised birth manners.
 - iii. Suicide attempt.
 - iv. Non-criminal incidents.

2.2.4 Medical Undertaking (medical acknowledgment):

- a) Before conducting any medical examination or treatment, the doctor must ensure that the necessary consent is obtained from the patient, legal guardian, or authorized representative. This applies to all medical interventions, including clinical examinations, diagnostic investigations, treatments with medication, and surgical operations.
- b) The doctor must make sure that the three pillars of consent are fulfilled, which are:

- i. Informed Consent: The patient must make their decision based on comprehensive information provided regarding their health condition, ensuring full understanding of the details involved.
 - ii. Competency: The patient must be fully competent, which includes being an adult, conscious, and mentally sound.
 - iii. Voluntariness: Consent must be given voluntarily, free from any form of coercion or deception.
- c) The Consent may be:
 - i. Implicit Consent: This applies to routine examinations and procedures generally understood by laypersons to be standard practices, such as a conventional chest X-ray, routine laboratory investigations like urine, stool, and blood tests, and the administration of medications in tablet, syrup, or injection forms.
 - ii. Verbal Consent: This is sufficient for procedures such as urethral, rectal, or vaginal examinations, enema administration, contrast X-rays, endoscopic procedures, blood transfusions, and the administration of intravenous fluids and similar treatments.
 - iii. Written Consent: Required for surgical operations and interventions, as well as criminal investigations.
- d) Medical Intervention can be done without the patient's consent in the following circumstances:
 - i. In situations where an emergency medical intervention is required for an unconscious patient. However, the attending physician must subsequently provide justification, demonstrating that the patient's condition was critical enough to warrant the limited intervention and that the action was necessary to preserve the patient's life.
 - ii. In situations where the patient suffers from a mental illness and is unable to understand the concept of consent. However, the consent of a legal guardian or authorized representative is required as a substitute.

- iii. In situations where the legal guardian or authorized representative refuses to provide consent and the situation involves the treatment of a mentally ill individual, child, or minor, and is classified as an emergency, the doctor may proceed with the necessary medical intervention without waiting for consent. However, if the condition is not an emergency, the doctor or health facility administration should seek consent from the appropriate legal authority.
- e) There are cases in which compulsory medical examination can be undertaken to avoid the transmission of infectious diseases in a specific community. These are:
 - i. Routine medical examinations conducted on prisoners include laboratory tests, which encompass screening for sexually transmitted infections (STIs), such as HIV.
 - ii. Routine medical examination on school pupils.
 - iii. Routine periodic medical examinations for workers involved in preparing, distributing, and delivering food.
 - iv. Routine periodical medical examination on workers in factories in the public health framework or sphere.
 - v. Medical examination of someone suspected of being infected with one of the diseases to be reported under the Public Health Act.
 - vi. Medical examination of immigrants at airports and ports, according to immigration laws.
- f) The patient's consent to participate in scientific research and medical experiments must be in written form. A patient's refusal to participate should not affect the course of his/her health care.
- g) The patient's consent to participate in teaching medical students is usually implied (especially when the hospital is designated as a Teaching Hospital). However, it is the patient's right to refuse, and this should not prevent the patient from receiving full health care.

2.3. The duties of a doctor to the community.

2.3.1 Advertising

- a) Doctors are required to practice self-restraint whenever feasible. They should refrain from advertising themselves or the medical profession unless it is significant and justifiable for the public or general professional interests. When a public announcement is necessary, they must ensure that such declarations are not self-serving but are aimed at providing formal and impartial information.
- b) Doctors should avoid discussing scientific and therapeutic matters in daily newspapers, on radio, or on television. Instead, such discussions should occur within medical forums, scientific associations, or health institutions.

2.3.2 Publishing and Broadcasting and audio-visual

- a) The publication of articles and contributions in general newspapers and participation in scientific or semi-scientific programs on television, aiming to inform the public and receive positive feedback, is both legal and necessary. However, it requires a solid foundation in medical knowledge and experience. Doctors should respect the customs and traditions of the community and avoid excessive or inappropriate self-promotion beyond reasonable limits. They are permitted to publish their name as the author and to mention their qualifications, experiences, and relevant achievements in the subject matter, provided it is done without exaggeration, self-aggrandizement, or unwarranted amplification of their professional capabilities.
- b) Printed materials should not contain any references intended to advertise business institutions, commercial companies, or entities with professional affiliations.
- c) Publication, notification, and warnings are essential for advancing community health efforts and completing certain tasks related to medical services. Therefore, it is appropriate to publish matters concerning these business terms for the benefit of all involved.

2.3.3. Media interviews:

- a) Doctors should exercise the utmost caution when granted an interview with a newspaper, adhering closely to the general guidelines outlined previously. Particular attention should be given to avoid remarks that may appear innocuous but could be misinterpreted, potentially placing the Doctor in an uncomfortable position due to misunderstandings. It is, therefore, advisable for doctors to decline interviews and instead provide a prepared written statement. If an interview is conducted spontaneously, the Doctor should request to review the content prior to publication.
- b) Doctors should contribute to radio broadcasts and television programs by leveraging their professional knowledge, experience, and expertise. In doing so, they must adhere to all guidelines outlined in the declaration on advertising and publication items. It is advisable that program providers refrain from bestowing exaggerated praise or commendations upon the physician, as such expressions may inadvertently convey a sense of publicity or advertising for the doctor.
- c) During interviews, it is crucial to highlight the doctor's specializations or relevant experience concerning the topic being discussed with the public. Mentioning any pertinent studies or research conducted by the speaker on the subject is also beneficial.
- d) Newspapers may inadvertently include content that acts as advertising for doctors, such as expressions of gratitude from successfully treated patients. Although this form of publicity does not align with professional etiquette, the doctor may choose to contact the newspapers to articulate their perspective and, if necessary, convey the stance of the SSGMC.

2.4. Doctors' wages:

Although the medical profession is fundamentally a humanitarian vocation, providing moral rewards and placing the doctor in a position of respect and appreciation within the community, doctors still have the right to receive compensation for the care they provide to patients, with the following considerations:

- 2.4.1 Remuneration should be fair and reasonable (ideal wages), as determined by the relevant authority or established contemporary practice.
- 2.4.2 This compensation should consider the nature of the doctor's services and the patient's social and financial circumstances.
- 2.4.3 Doctors should not make decisions about admitting patients to the hospital or performing any medical procedures, such as prescribing medications, conducting laboratory tests, radiological scans, or surgeries, unless there is a clear and acceptable medical justification based on the patient's actual condition. It is inappropriate for a doctor to yield to pressure from the institution's owner aimed at gaining material benefits.
- 2.4.4 Doctors should make decisions about hospital admissions or medical procedures, such as prescribing medications, conducting laboratory tests, or ordering radiological scans or surgeries, only when there is a clear and justified medical reason based on the patient's actual condition. It is inappropriate for doctors to succumb to pressures from the institution's owner seeking to exploit the situation for financial gain.
- 2.4.5 When a doctor participates in a consultation session with another doctor, they are entitled to receive payment for their consultative services.
- 2.4.6 Doctor's assistants, whether doctors or other healthcare professionals, should receive their due payments. These can be issued separately or included in the total bill.

2.5. The pronouncement of self

- 2.5.1 The SSGMC has established regulations for organizing and evaluating signs and pronouncements related to medical corporations and for setting the terms and conditions for such pronouncements and advertisements. The Medical Professions

Ethics Committee of the Council is responsible for investigating any violations of these provisions. Doctors who do not comply with these regulations may be required to appear before a disciplinary board/committee.

2.5.2 The new systems in place establish a direct link between doctors and the public in various ways, which might lead to potential behavioural issues for doctors. The public's growing interest in medical knowledge and the dissemination of medical information through radio, television, and press interviews requires doctors to exercise great caution. According to the ethics of the medical profession, doctors are prohibited from seeking publicity. Therefore, they must adhere to the following guidelines:

- a) A doctor is not allowed to promote themselves through any means or descriptions designed to attract patients or achieve financial gain. This includes announcing their medical skills, experience, or the institutions they are affiliated with in a way that implies financial benefit.
- b) A doctor is prohibited from publishing or permitting the publication of any statements about themselves in newspapers or any other media like TV, radio, or special bulletins to gain publicity or advertise superiority over their colleagues.
- c) A doctor is permitted to advertise only their clinic's location or working hours in the media. It is also acceptable for them to announce their absence from the clinic due to travel, illness, or other appropriate reasons and their return to work after an absence.
- d) This type of advertising must never be aimed at self-promotion.
- e) It is permissible for a doctor to respond to false news about them in the media, but such responses should be brief and limited to denying the false information without using the opportunity for self-promotion. If necessary, the doctor may consult the council before publishing the response.
- f) In the medical profession, the term "announcement" broadly includes all means intended to inform the public. This applies whether the announcement is made by the doctors themselves or by others, especially if the intention might be perceived as attracting patients or promoting the doctor's professional capabilities.

- g) The doctor should maintain a self-denying attitude and refrain from self-promotion, except when it is clearly necessary and justified by public and scientific professional interest. This includes providing essential information to the public that is authorized and necessary. It is important to note that, even in these cases, discussions could inadvertently serve as advertisements for the doctor, though such situations should be unavoidable and incidental.

2.6. Combination of public and private work

2.6.1 There are undeniable benefits for both the patient and the doctor when working in both government and private facilities, provided it is permissible by the governing system. However, this dual practice must adhere to the following regulations:

- a) Private work should not be conducted during official public working hours.
- b) Private work should not negatively impact the quality or effectiveness of public work.
- c) Official public work should not be used to enhance or leverage private work.
- d) The public facility's responsible personnel should be informed of the doctor's schedule and time allocation in the private facility. Ideally, there should be a written agreement between the two facilities regarding the doctor's responsibilities and work commitments in both settings.

2.7. The relationship with the companies working in the medical field.

There are various established patterns of relationships between doctors and companies operating in the medical field, such as those dealing with pharmaceuticals and medical equipment. These companies often cover expenses for scientific and professional conferences, sponsor continuing professional development (CPD) activities, fund research related to their products, provide free samples of medications or equipment, and organize promotional events where they offer in-kind gifts.

Many questions have been raised regarding the legitimacy of accepting gifts from these companies. While the relationship can be scientifically and professionally beneficial to both doctors and patient care, it might create an opportunity for compromises in

professional and scientific standards. Although there are reservations within the medical profession about accepting such gifts, as they conflict with traditional medical values, most doctors believe they can remain unaffected by the potential negative influences. However, research and subsequent evaluations indicate that it could diminish the independence of medical decision-making concerning patient care.

To ensure that the relationship remains free from potential conflicts of interest, doctors should consider the following:

- 2.7.1 Avoid favouritism towards a particular company's drugs or equipment unless there is a clear and justifiable professional reason, such as a lower price without compromising quality or unavailability of alternatives when urgently needed by the patient.
- 2.7.2 Refrain from showing preference towards drugs or equipment from a company simply because the company has funded activities.
- 2.7.3 The selection of drugs, vaccines, and equipment, as well as the facilities or procedures where medical interventions take place (such as endoscopies, radiology, or labs), should be based solely on the genuine needs of the patient, and grounded in professional and scientific reasoning, rather than influenced by any doctor-company relationships.
- 2.7.4 Doctors should refrain from accepting personal gifts such as cash or valuables from companies under any circumstances. However, they may accept modest gifts in kind, provided that these gifts are not connected to the volume of prescriptions they write or the quantity of medical instruments they purchase from the same company.
- 2.7.5 A company can showcase its products at the doctor's clinic, medical facility, or through medical conferences, provided these opportunities are not exclusive to one company. All such exhibitions must be open to competition from other companies.

2.8. Care of Statesmen and dignitaries

- 2.8.1 The care of heads of state, government ministers, and other dignitaries often requires publicly naming the doctors responsible for their healthcare. This occurs because the public expects updates and shows significant interest, making media mentions of these

doctors an acceptable and normal practice. Such mentions are considered unavoidable and don't serve as advertisements for the doctors involved.

2.9. The doctor and holding of public office

- 2.9.1 Doctors, like any citizen group, have the right to accept public office if they are interested. However, it is crucial that they do not use their public positions to promote themselves professionally or engage in self-promotion.

2.10. Conflict of interest

A core principle for doctors is to avoid engaging in any business activities that could diminish the community's respect for their medical profession or distract them from patient care. Related guidelines include:

- 2.10.1 A practicing doctor should not have a direct financial interest in the medical preparations prescribed to their patients.
- 2.10.2 Doctors should not sell drugs to their patients unless there is no pharmacy or drug store available in the town where they practice. In such cases, they may facilitate access to medications only out of necessity for their patients' well-being.
- 2.10.3 Doctors should not issue certificates endorsing the benefits of any medical preparation for publicity purposes. Any such certificates must be presented as comprehensive reports detailing the medication's benefits and drawbacks, the number of patients who have used it, and detailed results. These reports should be based on thorough scientific studies conducted under proper supervision to ensure their reliability. In doing so, doctors must adhere to all relevant protocols, values, and ethics governing medical research.
- 2.10.4 Medical sample drugs should be securely stored to prevent misuse. These samples are intended to be given to patients free of charge and should not be distributed to individuals who may benefit materially from them.
- 2.10.5 Medical preparations that are available without a prescription should be accessible to patients without requiring a doctor's prescription. In such cases, a doctor's name should not be associated with the promotion or advertisement of these products.

2.10.6 Doctors should not associate themselves with treatments that are not subject to scientific medical supervision. This includes treatments often promoted by non-scientific sources, such as those highlighted in newspapers without scientific backing.

2.10.7 These guidelines do not absolutely prevent doctors from engaging in legitimate and fair trade. However, the aim is to ensure that business activities do not compromise the dignity and integrity of the medical profession or allow a doctor to exploit their professional position for commercial gain.

2.11. Doctors' workplaces

2.11.1 Upon selecting a location for a private clinic, doctors should ensure that it maintains the dignity of the medical profession and respects patients' feelings. The clinic should not be located within a hotel or café.

2.11.2 It is permissible for a clinic to be situated in the same building as a pharmacy. However, the pharmacy must be entirely separate and have its own external entrance.

2.11.3 Multiple doctors can share a building, but each should have their own distinct area, including a reception room if possible. It is also acceptable for doctors to share a building with other healthcare professionals, provided that each has a separate and designated space.

2.11.4 Doctors should be attentive to ensure that patients do not mistakenly enter their clinic when they intend to visit a different doctor.

2.12. The duties of the doctor to professional colleagues

Joint work between doctors:

2.12.1 While working in a team, doctors maintain responsibility for their professional behaviour and care for their patients. They should strive to be role models who motivate and inspire others. To achieve this, they should:

- a) Respect the skills and contributions of their colleagues.
- b) Communicate effectively with colleagues both inside and outside the team.
- c) Ensure their colleagues and patients are informed about their roles and responsibilities within the team.

- d) Participate in ongoing evaluation of team activities, using accurate and applicable performance standards, and take necessary steps to address any deficiencies.
- e) Provide necessary support to colleagues facing challenges in their performance, behaviour, or health.

2.12.2 In contemporary medical practice, it is often necessary for doctors to collaborate with colleagues during the processes of clinical examination, diagnosis, and treatment. Additionally, a doctor may be approached by external entities linked to the patient, such as insurance companies, for patient consultations. It is crucial to communicate effectively with the healthcare provider responsible for the patient's care, including scenarios involving industrial or institutional health services.

When two doctors are concurrently involved in the care of a single patient, each must adhere to the highest standards of professional conduct. The following guidelines should be observed:

- a) The consulting doctor should conduct the clinical examination in conjunction with the treating doctor or communicate findings through correspondence with the treating doctor's consent. This collaboration is essential to ensure an accurate diagnosis and the formulation of an effective treatment plan.
- b) It is the treating doctor's responsibility to accommodate the patient's or guardians' request for a consultation with another colleague. If the treating doctor believes that such a consultation is unnecessary, they should clearly explain this to the patient or guardians. Nevertheless, if the patient or guardians insist on a consultation, the treating doctor must honour their request.

2.12.3 The selection of a consultant doctor should be reached through a discussion between the treating doctor and the patient and their family. The treating doctor is responsible for coordinating and facilitating the necessary arrangements for the consultation. To ensure the success of the consultation, the following guidelines must be observed by all involved parties:

- a) All parties must adhere to the scheduled appointment time. Should the treating doctor be delayed, the consulting doctor has the right to proceed with the examination after

waiting a reasonable amount of time (one hour to two hours). The consulting doctor should communicate the findings to the treating doctor via telephone or writing when feasible.

- b) Both doctors must discuss the patient's diagnosis and treatment plan with strict confidentiality.
- c) If both doctors reach a consensus on the diagnosis and treatment strategy, it is the responsibility of the treating doctor to communicate this information to the patient.
- d) The treating doctor must implement the agreed-upon treatment plan during the consultation. Changes to the treatment should only be made if urgently required or after thorough understanding and agreement. If the doctors cannot meet to discuss the patient directly, the treating doctor should provide a detailed report about the patient's condition. The consulting doctor will then offer their evaluation and recommendations based on their previous advice. If the treating doctor is persuaded by the consulting doctor's advice, they should follow the agreed-upon plan. However, if there is disagreement, the treating doctor must convey their viewpoint in a reasonable manner.
- e) The consulted doctor should not assume care of the patient sent for consultation as requested by another doctor.
- f) The treating doctor should refrain from making any comments or implications that could undermine or question the consultant's expertise or decisions.
- g) The doctor consulted should not replace the treating doctor for the condition for which the consultation was sought unless the treating doctor requests this change and has obtained the patient's consent.
- h) In cases where the two doctors cannot agree on the diagnosis or treatment plan, and the treating doctor is unwilling to follow the consulting doctor's advice, it is the responsibility of the treating doctor to inform the patient of the situation and discuss any alternative steps they consider appropriate to take next.

2.12.4 Counselling is appropriate in the following scenarios:

- a) When the treatment required involves surgery or any therapeutic intervention that carries a significant risk to the patient's life, or when there is a possibility that the treatment or intervention may permanently impair the patient's potential activity.
- b) When a patient shows symptoms of addiction, the treating physician may prescribe the addictive substance until the patient is admitted to a specialized clinic for treatment.
- c) When there is suspicion that the patient has undergone an illegal surgical operation or is a victim of poisoning or a criminal attack.

2.13. The doctor's relationship with colleagues

The doctor should adhere to the following principles:

- 2.13.1 Treat colleagues with the same respect and courtesy they would expect in return.
- 2.13.2 Avoid attempting to win over the patients of fellow doctors.
- 2.13.3 Refrain from accepting payment for treating colleagues or their immediate/first-degree family members.
- 2.13.4 Avoid engaging in competition or disputes with colleagues, as such actions undermine the dignity and professionalism of the medical community.
- 2.13.5 Refrain from undermining reputation or questioning the abilities of colleagues in front of patients.

2.14. Acceptance of other doctors' patients

- 2.14.1 If a doctor is aware that a patient seeking consultation is already under the care of another doctor, the doctor should advise the patient to return to their original doctor or obtain permission from the original doctor for further examination and treatment.
- 2.14.2 In an emergency, it is acceptable for the second doctor to examine and treat the patient. However, the second doctor should make every effort to inform the original doctor about the situation.
- 2.14.3 If the situation is not an emergency, the second doctor should ask the patient to provide the results of the first doctor's examinations, investigations, and treatments. If the patient refuses to return to the first doctor, the second doctor may choose to either accept or decline to treat the patient.

- 2.14.4 If a doctor is approached by a patient whose regular doctor is temporarily unavailable, the second doctor is allowed to examine and treat the patient. Upon the regular doctor's return, the second doctor should inform them about the examination and treatment.
- 2.14.5 When it is necessary to medically examine a person sponsored by an organization that has its employee doctor, the doctors involved should follow these guidelines:
- a) The doctor employed by the organization must ensure that the person being examined has consented to the examination, either personally or through a legitimate representative and that they understand the purpose of the examination.
 - b) If the individual to be examined is under the care of a treating doctor, the doctor employed by the organization must inform the treating doctor about the scheduled time, location, and purpose of the examination. This should be coordinated to take place at a convenient time that allows the treating doctor to be present if either the doctor or the patient desires it. It is recommended that this notification be communicated via telephone, mail, or through the person being examined if deemed necessary.
- 2.14.6 Deviation from these rules is generally not allowed unless specific circumstances require it. Exceptions might include scenarios such as a surprise visit by the patient or an examination occurring during a time when contacting the patient's doctor is challenging.

2.15. Disputes between doctors

- 2.15.1 Conflicts among professional colleagues may occur in areas governed by the traditions of the profession rather than legal penalties. To maintain harmony, the preferred approach is to resolve disputes amicably before they escalate. When necessary, an arbitrator with significant medical standing, experience, and thorough knowledge should be selected to mediate the issue. If the disputing parties cannot agree on a mediator, the SSGMC will appoint doctors from the members of the council's professional ethics committee. Doctors are required to refrain from taking legal action against their colleagues on professional issues before notifying the SSGMC and allowing reasonable time (two – four weeks) for review and consideration.

2.16. Duties of the doctor toward themselves and their families

- 2.16.1 Doctors must care for their own physical and psychological health. They should prioritize their personal well-being as it impacts the efficiency and quality of services provided to patients, the profession, and the community.
- 2.16.2 Doctors should take measures to protect themselves against potential risks encountered during their professional practice.
- 2.16.3 Continuous development of knowledge and professional skills is essential, and doctors should engage in lifelong learning throughout their careers.
- 2.16.4 Doctors should be knowledgeable about the regulations and laws governing their profession and their actions as individuals within the community. This awareness helps prevent engaging in unlawful practices.
- 2.16.5 Doctors should maintain a balanced and appropriate public appearance and behaviour, avoiding extremes. This can directly influence their relationships with patients, colleagues, students, and the community positively or negatively.
- 2.16.6 Doctors should effectively balance their professional responsibilities with their obligations to their families to ensure both career success and personal fulfilment.

2.17. The doctor as a witness before the courts

- 2.17.1 When a doctor is summoned to testify in a court case related to their professional practice, they must comply with the summons. Failing to do so can result in legal consequences, such as fines or imprisonment.
- 2.17.2 When appearing in court, doctors should:
 - a) Present themselves well and be neatly groomed.
 - b) Bring all relevant records, reports, and observations made at the time of the patient's examination. These documents help doctors recall details accurately but can be reviewed by the opposing side during questioning.
 - c) Direct responses to the judge, not to the prosecution or defence teams.
 - d) Provide brief and direct answers to questions, noting that the court may allow the doctor to further explain answers with the judge's permission.

- e) Use simple, understandable terminology when possible. If complex terms must be used, be prepared to provide simple explanations.
- f) Stay within own area of expertise. If the doctor does not know the answer to a question, acknowledge that he/she is not familiar with it. The court does not expect the doctor to know everything in the medical field.
- g) Answer questions calmly and patiently, avoiding any display of emotion or weariness.
- h) Maintain objectivity in all responses, regardless of which party requested testimony.
- i) Understand that hearsay testimony is generally inadmissible in court, except in specific circumstances determined by the competent court.
- j) Uphold professional confidentiality but be prepared to disclose patient information if ordered by the court. Failing to do so can result in imprisonment, fines, or both. Disclosing information at the court's request grants the doctor immunity from being sued for damages due to the disclosure.
- k) Remember that testifying in court does not protect a doctor from self-incrimination. The doctor may choose not to answer questions that could lead to criminal charges against him/her or harm his/her professional or personal reputation.

2.18. Developments in medical practice

2.18.1 Medical practice evolves within the context of "biomedical ethics," which encompasses developments related to behavioural, social, cultural, legal, philosophical, and religious aspects of health sciences and biotechnology. As the field progresses, new challenges and controversies can arise.

Doctors must ensure that advancements in medical practice align with society's fundamental values. This includes a strong emphasis on preserving human health, which should be approached responsibly, not only in a professional capacity but also with attention to ethical behaviour and social impact.

The effective use of modern technology in the diagnosis, treatment, or prevention of diseases is essential, but it requires ensuring that the necessary logistical capabilities are available in health facilities. This consideration is crucial to prevent the waste of already

limited health resources, especially given the high costs that may restrict access in some facilities and for certain patients. It's important to prioritize equitable and objective use.

- 2.18.2 When encountering new developments such as genetic engineering or other emerging issues, some of which remain controversial, doctors are advised to first understand the global context of these advancements. Prior to taking any action, consulting with knowledgeable colleagues or seeking advice from the SSGMC, as well as obtaining legal consultation, if necessary, is recommended to ensure informed and responsible decision-making.

2.19. Issues concerning the beginning of life, pregnancy and childbearing.

- 2.19.1 When dealing with matters related to the beginning of life, pregnancy, and childbearing, such as artificial insemination, in vitro fertilization (IVF), sperm donation, freezing embryos, surrogacy, and artificial sterilization, doctors are advised to consult with senior colleagues and seek guidance from the SSGMC. In cases of uncertainty or complexity, obtaining a legal opinion may also be necessary. This guidance includes controversial or sensitive procedures like optional or compulsory sterilization for either gender or the selection of a child's gender. Consulting experienced peers and professional bodies helps ensure that these decisions are handled ethically and in compliance with relevant legal and professional standards.

2.20. Abortion

2.20.1 Therapeutic abortion

When medical intervention or surgical procedures are considered necessary to terminate a pregnancy to save the mother's life, the following conditions must be met:

- a) Consultation and Examination: The pregnant woman must be evaluated by two licensed doctors. Ideally, one should be a specialist in obstetrics and gynaecology, and the other a specialist in the relevant field related to the condition that necessitates considering an abortion. If a specialist is unavailable, experienced, and licensed medical officers certified by the SSGMC can serve as substitutes.

- b) Risk Assessment and Documentation: If the two doctors determine that continuing the pregnancy poses an increased risk or threat to the mother's life, they must produce a comprehensive report detailing the case and the reasons for recommending the termination.
- c) Emergency Situations: In urgent situations where the patient's life is immediately at risk, a single specialist doctor or medical officer with the necessary experience is permitted to perform the abortion. This doctor must create a detailed report documenting the circumstances and decision-making process involved in the procedure.
- d) Surgical Abortion Procedures: If the abortion is to be performed surgically, it must be carried out in a licensed therapeutic institution that is equipped for such operations. The procedure should be scheduled as part of the institution's surgical operations for that day and must be properly documented in the patient's medical records.
- e) Obtaining Consent: Consent for the abortion should be obtained from the pregnant woman whenever possible. If she is unable to provide consent, a legal guardian may authorize the procedure on her behalf. In situations where the condition is critical and time-sensitive, the procedure may proceed without waiting for consent to be formally acquired.

2.20.2 Unsafe Abortion

- a) Reporting Fatal Outcomes: If a doctor encounters a woman who has died, or later dies, from complications related to an unsafe abortion, they must report the case to the appropriate authorities.
- b) Dying Declarations: If the doctor determines that a patient suffering from the effects of an unsafe abortion is nearing death (moribund), they should follow the established legal procedures to take a dying declaration. This can be crucial for legal processes and provides critical information on the circumstances of the case.
- c) For Patients Still Alive: If the patient survives the unsafe abortion, the doctor should prioritize providing comprehensive medical care to ensure her recovery.
- d) Reporting Considerations: If the abortion did not result in death, the doctor is generally not required to report the incident. However, if there are circumstances suggesting potential criminal activity (such as an identifiable individual or group involved in repeated unsafe abortion practices), the doctor should seek both medical

and legal advice before deciding to report. This cautious approach helps protect patient confidentiality while addressing potential public safety concerns.

2.21. Issues related to the end of life

- 2.21.1 Prohibition of Euthanasia: Doctors must not terminate or assist in ending the life of a patient, even if the patient is suffering from an incurable disease or experiencing significant pain and burdens. The duty to preserve life overrides requests for euthanasia, whether these come from the patient or their guardians.
- 2.21.2 Use of Advanced Medical Interventions: In cases where a patient's illness is deemed incurable, and advanced medical interventions are in use, doctors have the discretion to initiate or later discontinue these interventions if they prove ineffective or exacerbate the patient's suffering. However, before making such decisions, doctors are advised to seek guidance from experienced colleagues and consult clinical protocols and guidelines at their medical facility.
- 2.21.3 Patient's Right to Refuse Treatment: Patients possess the right to refuse treatment if they understand their condition is hopeless. The doctor must respect a competent patient's decision and refrain from forcing treatment continuation. To ensure a considered decision, doctors are encouraged to consult with the patient's family or guardians, acknowledging the emotional and ethical complexities involved.
- 2.21.4 It is the patient's right, when applicable, to be fully informed about their health condition, regardless of the stage or severity. To fulfil this obligation, the doctor must adhere to the following guidelines:
 - a) Do not abruptly disclose negative news to the patient; instead, consider gradually preparing them psychologically to understand and accept their condition.
 - b) Choose an appropriate time to inform the patient about their condition, ideally with a relative or companion present for support.
 - c) Alleviate the patient's physical and mental discomfort to the greatest extent possible.
 - d) Refrain from isolating the patient unless it is medically necessary.
 - e) Allow visits from relatives and friends if such interactions are likely to improve the patient's morale.

- f) Consider involving a social or religious mentor, as their support may be beneficial.

2.22. Research and medical experiments

The doctor should consider the following when conducting medical interventions within the framework of experimentation on humans:

- 2.22.1 Adhere to international standards for scientific research and obtain prior approval from the ethics research committee associated with their institution.
- 2.22.2 Ensure that similar interventions have been successfully conducted on animals before proceeding with human trials.
- 2.22.3 Confirm both their own capability and that of the team involved to execute the planned intervention properly and manage any potential complications.
- 2.22.4 Conduct the intervention in a health facility equipped with the necessary medical and logistical resources.
- 2.22.5 Examples of such interventions include organ transfers and transplants—from person to person or animal to human and the use of stem cells.

2.23. Documents, certificates, and medical reports

2.23.1 Medical prescription:

When preparing or issuing medical prescriptions, the doctor should consider the following:

- a) Whenever possible, use the conventional model approved by SSGMC.
- b) Ensure that the medical prescription paper is always printed and readily accessible to the doctor, whether in a private clinic or elsewhere.
- c) If the printed prescription paper is unavailable, the doctor may use ordinary paper, provided it is of appropriate size and appearance.
- d) The medical prescription paper should include the doctor's name, academic qualifications as registered with SSGMC, specialization, clinic or workplace address, and telephone number.

- e) The prescription must include the patient's name, the drug's name, the pharmaceutical form (such as tablet, capsule, syrup, injection, ointment, etc.), the concentration, the therapeutic unit doses, the number of doses per day, and the duration of the treatment.
- f) The bottom of the prescription must include the doctor's name, signature, and the date of issue.
- g) Ensure all information on the prescription is written clearly and legibly to prevent any confusion.
- h) Prescribe medication based on the patient's actual medical condition and not in response to the desires of the patient or their family.
- i) Avoid using abbreviations for medication names, especially if they are not commonly accepted in medical practice or in the relevant regulatory framework in South Sudan.
- j) Record the prescribed drug therapy in the patient's medical records accurately.
- k) Comply with the applicable laws pertaining to medicines and poisons, including those specific to narcotics and controlled substances.
- l) Use only generic names for medications, avoiding brand names to prevent any confusion.

2.23.2 Medical file.

The doctor should diligently maintain a comprehensive and organized patient file, which includes:

- a) Detailed entries of clinical examination results, radiological and endoscopic diagnoses, laboratory investigations, and any treatment or medical/surgical interventions, tracking the patient's progress or deterioration over time.
- b) All information in the patient's medical file should be recorded in clear and legible handwriting, and each entry should be signed with the doctor's name, professional designation, and date.
- c) Upheld principles of professional confidentiality for all or parts of the patient's records, restricting access solely to individuals directly responsible for the patient's care or authorized personnel, such as the SSGMC or judicial authorities.

- d) While patients do not have the right to obtain a complete copy of their medical file, they are entitled to receive a report or certificate detailing their current health status as documented in their medical records.
- e) Medical records must be securely stored and preserved for a minimum of five years to ensure ongoing confidentiality and availability.
- f) A patient's medical file is considered the property of the healthcare facility responsible for their treatment, whether it is a private clinic or a public health institution.

2.23.2 Reports and medical certificates:

Issuance of medical reports and certificates by doctors should take the following into consideration:

- a) A doctor should only issue a medical report or certificate after personally examining the individual in question.
- b) When preparing a report or certificate, the doctor should rely on documented information rather than memory to ensure accuracy.
- c) Medical reports or certificates should be issued with the utmost integrity, ensuring honesty, truthfulness, precision, and objectivity. The doctor must not yield to any form of pressure, regardless of the motives or circumstances behind it.
- d) When issuing a medical report or certificate, it should be concise yet thorough, and written in simple, clear language. The document must be printed and include identification information for both the doctor and the patient. The doctor's name, signature, and date of issuance should be included. Ideally, the seal of the doctor or their affiliated health institution should also be affixed.
- e) Doctors should recognize that patients have a right to obtain a medical report or certificate regarding their health condition. Any such request should be fulfilled without unnecessary delay.
- f) The medical report or certificate should be handed over only to the individual concerned (the patient), their legitimate representative, or an authorized authority,

after verifying their identity. The recipient should sign to confirm receipt of the document.

- g) Health institutions must retain a copy of any medical report or certificate that is issued.
- h) If any party other than the patient or their legitimate representative requests a medical report or certificate, the doctor must first inform the patient and obtain their consent unless the request is made by a mandated body such as the SSGMC or a judicial authority.
- i) When issuing documents such as sick leave notices, medical fitness certificates, age assessments, vaccination certificates, or birth and death certificates, the institution must adhere to the relevant regulations and institutional policies.

2.23.3 Death Certificate:

A doctor should not issue a death certificate unless the following conditions are met:

- a) The doctor must have knowledge of the deceased's medical status, having examined the deceased both immediately before and after death to verify that death has occurred.
- b) The death must be determined to be natural.
- c) The doctor must have a confirmed understanding of the cause of death with no reasonable doubt.
- d) If a patient dies in a private clinic, the doctor must notify both the competent authorities and the patient's relatives. In such cases, the doctor should not issue a death certificate until a thorough investigation is completed. If the competent authority is delayed or there is a compelling reason, the doctor may recommend transferring the body to the mortuary to complete all necessary death-related procedures.
- e) If the competent authority requests that the designated doctor exhume a buried body to confirm the cause and circumstances of death, the doctor must comply. The doctor should conduct a thorough examination of the body and document their findings in a detailed report, including, where possible, a determination of the cause of death. If warranted by the findings, the doctor may also issue an amended death certificate.

3. Dental Professional Practice and Ethics Guide

3.1 Introduction and Core Principles

This practice and ethics guideline for Dentists is a document that contains the dentist's moral duties, ethical standards, and obligations towards their patients, professional colleagues, and society. The guideline is important because it provides a framework for ethical decision-making in a dental practice.

3.2 Principles of dental ethics:

There are five clear core principles for Dental ethics:

a) Patient autonomy:

1. Respect the patient's right to make informed decisions about their treatment or care.
2. Provide clear and understandable information regarding their treatment options and potential outcomes.
3. Ensure patients have sufficient time to ask questions and thoroughly understand their treatment options before making decisions.

b) Non-maleficence:

1. Avoid causing harm; refrain from performing unnecessary procedures or taking undue risks.
2. Maintain professional competence and limit practice to areas of expertise.
3. Make prompt referrals to specialists when necessary.

c) Beneficence:

1. Act in the patient's best interest by promoting their well-being.
2. Deliver high-quality dental care efficiently and effectively while utilizing available resources.

d) Justice:

1. Ensure all patients receive fair and equitable treatment.

2. Provide care based on the patient's needs, irrespective of their socioeconomic status or background.

e) **Veracity: (trustfulness):**

1. Maintain honesty and integrity in all interactions with patients.
2. Avoid misrepresentation or deception.
3. Provide accurate information and refrain from making unsubstantiated claims.
4. Ensure transparency in all interactions with patients.

3.3 Patient care and communication:

a) **Informed consent:**

Provide a detailed explanation of treatment options, including the risks, benefits, and alternatives. This information can be communicated either verbally or in writing.

b) **Confidentiality:**

1. Safeguard patient privacy and ensure the confidentiality of medical records.
2. Adhere to all relevant laws and regulations regarding confidentiality.
3. Clearly explain any limitations of confidentiality, such as in emergencies or mandatory reporting situations (e.g. abuse cases).

c) **Communication standards:**

1. Set clear expectations for professional communication with patients.
2. Explain diagnoses and treatment plans in terms that are easily understandable.

d) **Treatment planning and fees:**

1. **Diagnostic Accuracy:**

Conduct thorough examinations and utilize appropriate diagnostic tests to ensure accurate treatment planning.

2. **Treatment Options:**

Present all reasonable treatment options, including non-intervention strategies, and discuss the pros and cons of each option with the patient.

3. Fee Disclosure:

- a. Communicate fees clearly and upfront, including explanations of billing practices and available payment options.
- b. Avoid over-treatment or recommending unnecessary procedures for financial gain.

e) Referrals and Consultations:

1. Referral criteria: Clearly define when and how to refer patients to specialists based on patient needs and the dentist's scope of practice.
2. Consultation process: Establish guidelines for effective communication with referring dentists and specialists during consultations.

f) Ethical Dilemmas and Decision Making:

1. Provide a step-by-step process for identifying, analysing, and resolving ethical dilemmas as follows:
2. Identify the ethical issues, problems, or conflicts.
3. Gather all relevant information to consider the facts.
4. Consult with colleagues or an ethics board for guidance.
5. Apply ethical principles to the situation.
6. Choose an appropriate course of action.
7. Implement the chosen decision.
8. Evaluate the outcome of the decision.
9. Conflict of interest: Develop procedures for identifying and managing potential conflicts of interest, including those related to financial incentives and personal relationships.
10. Emergency Situations: Outline ethical considerations for managing dental emergencies, including providing necessary treatment even when payment is uncertain.

g) Advertising and Marketing:

1. Professional Representation:
2. Ensure transparency about qualifications and adhere to ethical guidelines for advertising dental services.

3. Avoid making misleading claims and inappropriate price comparisons.
4. Patient Testimonials: Refrain from obtaining and using patient testimonials in marketing materials to maintain ethical standards.

h) Continuing Education and Competence:

1. Lifelong Learning:

Demonstrate a commitment to ongoing professional development to maintain clinical competency and stay informed about new advancements in the field.

3.4 Important considerations:

a) Compliance with the local regulations:

Ensure that dental professionals adhere to the relevant dental practice laws and regulations specific to South Sudan – once these are available and functional.

b) Review and updates:

Conduct regular annual reviews and updates of the ethical guide to stay updated with changes in dental practice and ethical standards.

c) Implementation and training:

Develop and provide clear guidelines for staff training on the ethical guidelines, ensuring their proper application in daily practice.

4. Ethics of Pharmacy Profession

4.1 Introduction

The pharmacy profession has always required and continues to necessitate direct oversight to prevent practitioners from causing harm to others. Historically, nations have penalized doctors and pharmacists who dispensed harmful drugs or practiced with ignorance. Today, pharmacy remains one of the few professions not left entirely to the discretion of those who work within it. All nations, without exception, have established legal frameworks, regulations, and systems to meticulously guide pharmacists through each step of their practice.

The study and practice of pharmacology, including drug processing, dispensing, circulation, and trading, are strictly regulated by law. This underscores the seriousness of the pharmacy profession and trade. It is imperative for pharmacists to understand the impact of their actions fully and to recognize the reliance patients place upon them. Thus, they are obligated to be thoroughly knowledgeable about their responsibilities. A good pharmacist will continually remind themselves of the need to commit to a professional moral character. The law alone is insufficient without the underpinning of a strong ethical foundation.

Furthermore, pharmacists must recognize that being part of the medical profession means contributing to a vast partnership dedicated to humanitarian service. This partnership demands that they place the interests of their patients above their own, acknowledging their significant responsibility towards those they serve. They should strive to work in solidarity with their colleagues to elevate the health standards of the community in which they operate. In doing so, pharmacists inherit a benevolent tradition of professional behaviour, a legacy fostered by generations of doctors and pharmacists before them.

The core principles of professional conduct have remained steadfast throughout history, serving as a constant guide for ethical practice in pharmacy. Thus, pharmacists must adhere to these moral values and supreme decency, providing what will best serve each patient's interests, protecting the community, and advancing their profession alongside their peers, pharmacists and doctors. This dedication fosters a sense of mutual respect and devotion among colleagues.

Moreover, they should endeavour to pass on the purity of this profession to future generations, ensuring that the foundational ethics and responsibilities remain intact as a guiding light for those who follow in their footsteps.

There are several compelling reasons why moral and ethical responsibility is essential for pharmacists, making a commitment to ethical practice indispensable for the following reasons:

- a) Patients often find it easier to contact pharmacists and may experience significant psychological comfort in sharing their feelings and health concerns with them. Pharmacists are often the easiest point of contact in the healthcare system, and this accessibility provides a unique opportunity to offer support and guidance. This is particularly important in cases where patients face financial difficulties, as they may turn to pharmacists for help when other healthcare options are less accessible or unaffordable. As such, pharmacists must uphold the highest ethical standards to ensure they provide the best possible care and support to their patients in these instances.
- b) Pharmacists often encounter situations where medications are dispensed incorrectly due to ignorance, negligence, or even malintent. Such situations can undermine physicians' efforts, thereby expanding the pharmacist's role beyond merely fulfilling prescriptions. Pharmacists must actively engage in the treatment process by ensuring the correct medication is provided and acting as a safeguard against errors in prescriptions. They are uniquely positioned to review prescriptions critically and, if necessary, communicate with the prescriber to address any potential issues, thus playing a crucial role in patient safety and care.
- c) Trade in adulterated, counterfeit, or expired medications significantly threatens public health and national economies. Pharmacists hold a pivotal role in defending against this illegal and harmful trade. By rigorously ensuring that all medications meet quality standards and are sourced from reputable suppliers, pharmacists not only protect their patients from potentially dangerous substances but also support their country's national economy. Ethical vigilance in this area is essential to maintaining trust and upholding the integrity of the healthcare system.

In light of the aforementioned considerations and additional factors, it becomes imperative for pharmacists to elevate their sense of professional responsibility and adhere strictly to ethical

standards. Given the critical role they play in patient care and public health, pharmacists must commit to excellence and accountability in every aspect of their work.

4.2 Duty of the Pharmacist towards the Patients and Society

a) Prioritize the well-being of each patient as their foremost concern:

1. Act in the best interest of every patient by providing appropriate care and treatment, while collaborating with fellow pharmacists and physicians to support the patient's health objectives. When appropriate, consult with colleagues for the benefit of the patient.
2. Commit to ongoing professional development by seeking out the latest health information, enabling informed advice to physicians. Advocate conscientiously for suitable treatment options that align with each patient's values and therapeutic goals. Notify the responsible doctor promptly in the event of any observed errors.
3. Ensure that medicines and medical supplies are sourced from safe and reliable providers, maintaining high standards of quality irrespective of marketing practices related to pharmaceuticals or other medical products.
4. Safeguard the interests of all patients, particularly those who are vulnerable. Uphold the principle of non-maleficence by preventing any potential harm. If an injury occurs, promptly inform the patient and take all necessary steps to minimize harm and address the issue effectively.
5. Refrain from exploiting patients for personal gain and avoid conflicts between personal interests and patient welfare. Disclose any personal or professional interests to the patient and prioritize resolving conflicts in the patient's favour.
6. Maintain the integrity of professional decisions, avoiding influence from personal gain or commercial interests. Refrain from soliciting or accepting gifts or incentives that could compromise professional judgment or potentially harm patients.

b) Respect the dignity and independence of each patient:

1. Pharmacists need to adapt their communication approach to meet the diverse needs of various individuals, such as the elderly, young children, the illiterate, those with physical or cognitive challenges, and impaired hearing. This ensures that all patients receive the necessary information to make informed health decisions and take responsibility for their well-being.
2. Pharmacists must engage in patient discussions with patience and openness, providing opportunities for patients to review their recorded information if they are part of the hospital's treatment team. This is subject to legal permissions and the consideration that sharing such information will not harm the patient. Pharmacists should ensure that patients clearly understand their medications and possible alternatives, encouraging patient involvement in their treatment whenever feasible.
3. Pharmacists must respect the rights of patients who are capable of making their own treatment decisions, including the choice to accept or refuse treatment or other professional services. This respect extends to young patients legally eligible to make decisions about their health and care, as well as those able to express satisfaction with the treatment they receive. Pharmacists should also honour the wishes of trustworthy patients.
4. Pharmacists must avoid any form of discrimination against patients based on age, gender, marital status, economic status, health condition, race, religion, mental capabilities, or political affiliation. None of these factors should limit a patient's right to legally accept or reject treatment or services.

c) Preserves the status of a professional relationship with each patient:

1. Pharmacists should uphold clear professional boundaries in their relationships with all patients, particularly those who are vulnerable. Each patient should be treated with politeness and respect. Pharmacists should be committed to building a constructive relationship with patients that fosters trust and collaboration.
2. Pharmacists should limit self-treatment or self-medicating and treatment of immediate family members to simple cases or emergencies when no doctor or another pharmacist is available.

d) Respects the Right of every Patient's Privacy:

1. Pharmacists must strictly adhere to the principle of professional confidentiality and must not reveal any information obtained directly or indirectly during professional interactions with patients. This obligation to maintain confidentiality continues after the patient's death.
2. Pharmacists should ensure that each patient can discuss their illness privately during consultations. They should seek only the information necessary to make informed decisions about the patient's health, follow the prescribed treatment plan, and find suitable alternatives that meet therapeutic goals. Information obtained in professional practice should be used solely for the intended purpose unless other use is authorized by law.
3. If a pharmacist believes it is necessary to share information about a patient's condition with the treating doctor or for official purposes in the patient's or public interest, they should first inform the patient about the intended use of their personal information. This process should align with the patient's consent. The patient must be informed of who will receive their information and why for legally mandated disclosure.
4. If the pharmacist believes that reporting a patient's condition to legal authorities is necessary for the patient's benefit or, in rare cases, for the public interest, they should make every reasonable effort to obtain the patient's consent, unless such reporting is legally required.
5. If the patient is a minor, unable to fully understand, or in a condition that prevents them from giving valid consent, such as mental or neurological disorders or dementia, the pharmacist should seek consent from the patient's legitimate guardian, nearest relative, or legal adviser when possible.

e) Take care of the Pharmacy Profession and work for its development:

1. Only practice in situations where your professional independence to make decisions is not compromised.
2. Maintain strong professional relationships with fellow pharmacists and doctors.
3. Contribute to the advancement of the pharmacy profession by participating in the education and training of pharmacy students, pharmacists in training, pharmacy technicians, and individuals in pharmacy-related fields.

4. Be attentive to policies related to pharmacy development, as well as systems and working conditions that support business growth, professional conduct, and the improvement of public health. Additionally, address any shortcomings that could negatively impact patient care or public safety.
5. Take appropriate action if a professional mistake occurs in one's presence or if others report what they perceive as wrongdoing.
6. Pharmacists should recognize that the regulations of the pharmacy profession are a mark of honour for their colleagues. To be worthy of this honour, each pharmacist should possess an unparalleled sense of professional responsibility and support professional organizations dedicated to implementing and working collaboratively with these regulations.

4.3 Ethical Problems:

Pharmaceutical personnel often encounter situations that present ethical challenges in their practice. These situations may include, but are not limited to, the following categories:

- a) Ethical Violations: This involves neglecting moral obligations or failing to provide competent pharmaceutical services.
- b) Ethical Dilemmas: Such situations arise when ethical arguments supporting and opposing a particular course of action necessitate a choice between them.
- c) Ethical Distress: This occurs when pharmaceutical personnel encounter practices that evoke feelings of guilt, concern, or distaste.

4.4 The Code of Ethics of Pharmacy Profession

The code aims to offer guidance to pharmaceutical personnel who encounter ethical challenges, thereby facilitating better decision-making in these circumstances.

The principles outlined in this Code, along with their supporting explanations and obligations, form the foundation for providing a consistent, high-quality professional service. This service is designed to safeguard and promote the well-being of the community while maintaining

public confidence in the profession. The principles are all equally important and are not listed in any specific order. Therefore, the pharmaceutical personnel are expected to:

- a) Uphold and respect human life.
- b) Honour and uphold the dignity of the profession.
- c) Ensure the availability of safe, efficacious, and high-quality medicines.
- d) Facilitate access to essential medicines.
- e) Promote and ensure the rational use of medicines.
- f) Foster strong relationships between pharmaceutical personnel and patients or clients.
- g) Protect privacy and maintain confidentiality.
- h) Demonstrate competence and engage in lifelong learning.
- i) Cultivate positive relationships with other healthcare providers.
- j) Ensure the well-being of the community.

4.5 Code of Ethics and General Obligations:

Pharmaceutical personnel must actively promote, develop, implement, and uphold policies, laws, regulations, and standard guidelines that ensure the provision of high-quality pharmaceutical care services within their areas of practice.

4.5.1 Code One: Regard for Human Life

The pharmacy profession is committed to enhancing the quality of human life through the provision of medicines and related services. Pharmaceutical personnel should hold human life in the highest regard and strive to maximize individuals' opportunities to enjoy healthy lives, considering their natural limitations.

The Obligations:

1. Induction or inhibition of gestation:
 - a. Pharmaceutical personnel must not provide contraceptives to minors or individuals legally incapable of making independent decisions without involving a medical practitioner or consulting their parents or legal guardians.

- b. Pharmaceutical personnel must not provide medicines for the purpose of inducing illegal abortions.
- 2. Growth, Development, and Performance Enhancers:
 - a. Pharmaceutical personnel must avoid the use of performance-enhancing, growth, and sexual stimulant drugs without medical supervision.
 - b. Pharmaceutical personnel must avoid the use of medicines intended to alter a person's physical, mental, or psychological personality.
- 3. Termination of Life:
 - a. Pharmaceutical personnel must not supply medicines for criminal termination of human life and should take reasonable precautions to prevent others from procuring medicines for such purposes.
 - b. Pharmaceutical personnel must not support the use of medicines in acts of voluntary euthanasia.
 - c. Pharmaceutical personnel must not participate in any acts or schemes designed to cause mass annihilation or suffering of human beings.

4.5.2 Code Two: Honour and Dignity of Profession

Pharmaceutical personnel are accorded significant respect by the community due to their essential role as healthcare providers. They are also esteemed by fellow healthcare professionals as experts in pharmacology and reliable sources of information. Consequently, pharmaceutical personnel should conduct themselves as responsible specialists, well-versed in medication management, usage, and custodianship. They must be committed to upholding the honour and dignity of the profession and refrain from any actions that could tarnish its reputation.

The Obligations:

- 1. Adherence to the law: It is imperative that pharmaceutical personnel:
 - a. Comply with the provisions of the Pharmacy Act, the South Sudan Food, Drugs and Cosmetics Act, and all other relevant legal statutes.

- b. Ensure strict adherence to all legal and professional requirements pertinent to the pharmaceutical sector.
 - c. Prevent any breach of law, whether directly related to pharmaceutical practice or not, as such infractions may damage the profession's reputation and could be considered professional misconduct.
- 2. Allegiance to the profession: Pharmaceutical personnel should uphold their commitment to the profession by:
 - a. Actively contributing to the provision of high-quality services and avoiding any actions or negligence that might harm the public or undermine trust in the pharmaceutical profession.
 - b. Maintaining consideration for accepted standards of behaviour in both their professional and personal conduct.
 - c. Refraining from using their qualifications or professional position in a misleading or fraudulent manner.
 - d. Avoiding agreements to practice under conditions that compromise their professional judgment, degrade the quality of services provided, or necessitate unethical conduct.
- 3. Relation with other pharmaceutical personnel: Pharmaceutical personnel should:
 - a. Show a readiness to offer advice and support to colleagues whenever appropriate.
 - b. Engage actively with professional organizations to participate in training, coaching, and mentoring efforts.
 - c. Avoid publicly criticizing colleagues or their actions and exercise discretion concerning all professional matters.

4.5.3 Code Three: Availability of Safe, Efficacious, and Quality Medicines

Pharmaceutical personnel are engaged in a wide range of activities that ensure the availability of medicines to patients. These activities encompass research, training, manufacturing, supply chain management, regulatory compliance, advisory roles, policy development, prescribing, and dispensing. These professionals must ensure that

medicines are safe, effective, and of high quality while also consistently making their professional services available.

The Obligations:

1. Pharmaceutical personnel must act with honesty, integrity, and a deep concern for the patient while ensuring the safety, efficacy, and quality of medicines under their care.
2. They must ensure compliance with all professional and ethical standards in their practice as mandated by the relevant authorities.
3. They should not collaborate with any individual to undertake actions specific to the pharmacy profession that may have negative consequences for the professional community, patients, or the public at large.
4. They must not withhold any information regarding the efficacy, safety, or quality of any medicine or method of practice when requested to provide such information by a governing authority.
5. They must not condone any act by fellow pharmaceutical personnel, another healthcare professional, or any other person that involves withholding information on the safety, efficacy, or quality of any medicine or method of practice.
6. They must not make false or unjustified claims regarding any medicine's efficacy, safety, or quality.
7. They should not enter into agreements with medical practitioners, other healthcare workers, or any other individuals that jeopardize a patient's right to access the most appropriate medicines.
8. They should only offer advice on homeopathic or herbal medicines or other complementary therapies or medicines if they have received suitable training or possess specialized knowledge in the area.

4.5.4 Code Four: Access to Essential Medicines

Ensuring equitable access to essential medicines is a key concern for pharmaceutical personnel, as some patients may not be able to afford the medicines they need.

Consequently, pharmaceutical personnel should advocate for the use of cost-effective therapies and advise against purchasing or using non-essential products.

The Obligations:

1. Pharmaceutical personnel should not participate in any scheme designed to profit themselves or their partners/employers at the expense of the quality of medicines or the well-being of the patient.
2. Pharmaceutical personnel should assist patients in making informed choices that align with the patient's best interests.
3. Pharmaceutical personnel should ensure that patients are provided with therapies that are right, cost-effective, and safe.
4. Pharmaceutical personnel should facilitate patient access to medicines without demonstrating any personal interest.
5. Repeat medical services may be established when they are necessary beyond reasonable doubt to uphold the patient's well-being. However, diligence is essential to prevent any potential misuse of these services.

4.5.5 Code Five: Promote Rational Use of Medicines

Technical, legal, social, and cultural restrictions, along with a lack of awareness, hinder many clients from accessing the necessary medications, which is a significant concern for pharmaceutical professionals. Nevertheless, pharmaceutical professionals should exclusively promote methods and campaigns that advocate for the rational use of medicines, thereby preventing any unintended adverse effects.

The Obligations:

1. Pharmaceutical personnel must ensure that all information and promotional materials for medicines and services are lawful, respectful, and accurate. These materials should be presented and distributed in a manner that maintains the profession's integrity and does not exploit public trust or any lack of knowledge.

2. Pharmaceutical personnel must ensure that any information and promotional material concerning professional services align with the role of pharmaceutical personnel as knowledgeable and skilled advisers on medications, common ailments, general healthcare, and well-being.
3. During promotions, pharmaceutical personnel must present information in a way that allows clients to make informed, independent decisions about using a service, and must not discredit the professional services of other pharmacies or pharmaceutical personnel.
4. Pharmaceutical personnel must refrain from making unsolicited approaches to members of the public for the promotion of medicines through any form of communication.
5. Pharmaceutical personnel display the prices at which they sell medicines in a clear and transparent manner.
6. Pharmaceutical personnel Shall adhere to the prescriber's instructions when dispensing medications and only deviate from these instructions when necessary to protect the patient's health and well-being.

4.5.6 Code Six: Pharmaceutical Personnel – Patient Relationship

Pharmaceutical personnel cultivate and maintain a distinctive relationship with each patient, grounded in an ethical covenant. This covenant signifies that pharmaceutical personnel have moral obligations in exchange for the trust bestowed upon them by society.

Pharmaceutical personnel promote shared responsibility for adherence to medication regimens and the attainment of desired drug therapy outcomes. This principle suggests that the most effective pharmaceutical service, regardless of how it is delivered, occurs when there is an opportunity for direct interaction between the patient and pharmaceutical personnel.

The Obligations:

1. Pharmaceutical personnel must uphold a duty to convey the truth, act with integrity and conviction, and avoid any form of discriminatory practices or behaviour.

2. Pharmaceutical personnel must strive for direct contact and effective communication with patients as individuals when providing pharmaceutical care services.
3. Pharmaceutical personnel must be cognizant that, under data protection legislation, individual patients have the right to access their own records.
4. Pharmaceutical personnel must assist patients in articulating their needs and values and recognize their rights without prejudice toward factors such as race, ethnic origin, culture, beliefs, social and marital status, gender, sexual orientation, age, or health status.

4.5.7 Code Seven: Privacy and Confidentiality

Pharmaceutical personnel are committed to maintaining the confidentiality of information obtained about individual patients during their professional practice. They shall not disclose this information unless they have the patient's authorization or are required to do so by law. In their service to patients, pharmaceutical personnel must ensure privacy and confidentiality.

The Obligations:

1. Pharmaceutical personnel must deliver pharmaceutical care services with a focus on respecting and safeguarding patients' personal privacy.
2. Pharmaceutical personnel are obligated to establish and uphold practices that protect patient confidentiality as a fundamental duty.
3. Pharmaceutical personnel should, when appropriate, clearly communicate to patients the limits of professional confidentiality. In the course of providing pharmaceutical care, it may be necessary for other healthcare professionals to access or be provided with relevant information. Patients should be informed of this necessity whenever feasible, and, generally, it should be the patient's decision to determine who should receive their personal information and to what extent it should be shared.
4. When faced with the need to disclose information, confidentiality should be maintained to the greatest extent possible. Disclosure should be limited to only the necessary information and only to individuals who need to know that information.

5. Pharmaceutical personnel must ensure that both electronic and manual systems containing patient-specific information are equipped with access control systems to minimize the risk of unauthorized access to this data.
6. Pharmaceutical personnel may acknowledge a patient's chosen family member and, with the patient's consent, facilitate the involvement of others in the patient's care when appropriate.

4.5.8 Code Eight: Competence and Lifelong Learning

Pharmaceutical personnel should take responsibility for maintaining their competence and work continuously to improve and expand their professional knowledge.

The Obligations:

1. Pharmaceutical personnel must commit to lifelong learning to maintain relevant knowledge, skills, and attitudes necessary for executing their duties. This includes participating in development and improvement activities and regularly auditing their performance as part of self-review.
2. Pharmaceutical personnel should be professionally competent and keep up with the latest developments related to their functions and scope of practice.
3. Pharmaceutical personnel must undertake a minimum number of hours of continuing education tailored to meet their personal development needs and be prepared to provide evidence of this education when required.

4.5.9 Code Nine: Relationship Between Pharmaceutical Practitioners and Other Healthcare Providers

Pharmaceutical personnel are encouraged to work closely with other healthcare providers to achieve the best possible outcomes for patients. To this end, they should maintain effective professional relationships with these providers and respect their abilities, opinions, and achievements.

The Obligations:

1. Pharmaceutical personnel should refrain from publicly criticizing other health professionals or their actions and must exercise discretion regarding all health matters.

2. Pharmaceutical personnel should strive to maintain effective communication with other health professionals whenever possible.
3. Pharmaceutical personnel must share information related to the efficacy, safety, or quality of any medicine or method of practice with other healthcare professionals.
4. Pharmaceutical personnel must cooperate with other health professionals on matters relating to health care.

4.5.10 Code Ten: Well-Being of the Community

Pharmaceutical personnel recognize that community well-being relies on individual health. They are committed to promoting healthy lifestyles and hygiene and providing healthcare services that enhance individual health. Additionally, they should lead by example and set a positive standard for the rest of the community.

The Obligations:

1. Pharmaceutical personnel must promote, develop, implement, and maintain policies designed to prevent ill health and promote a healthy lifestyle within the community.
2. Pharmaceutical personnel have a professional obligation to oversee all medicines and related products that are manufactured, purchased, or supplied to ensure they are safe, effective, and of good quality.
3. Pharmaceutical personnel must not condone the use or abuse of drugs or any other substances that can alter an individual's personality.
4. Pharmaceutical personnel shall not sell products such as tobacco, liquor, and related items in a pharmacy except when these products are intended for medicinal purposes.
5. Pharmaceutical personnel must take reasonable steps to ensure that working conditions are arranged to protect the safety of both the public and employees working on the premises.
6. Pharmaceutical personnel must ensure that the external and internal appearance of community and hospital pharmacies reflect the profession's professional nature, inspire confidence in the healthcare provided, and adhere to the standards outlined in the Pharmacy Act and its regulations.

7. Pharmaceutical personnel must comply with relevant standards and procedures before providing diagnostic testing and health screening services to ensure accuracy and professionalism.
8. Pharmaceutical personnel should complete the necessary training to ensure competency with diagnostic services, equipment, and result interpretation. They should also be aware of the limitations of the tests provided.
9. Pharmaceutical personnel engage in dialogue with patients, provide public education to community groups, and seek opportunities to advocate for health promotion to benefit society as a whole.

5 Categories of Offences, Misconduct, and Penalties

Offenses shall be categorized as either minor or major and managed in accordance with the various provisions of this code, each attracting corresponding degrees of punitive action.

5.1 Minor Offenses

The following are classified as minor offenses under the provisions of this Code:

1. Arriving late for work or leaving early without permission.
2. Absence from duty without a reasonable cause or excuse.
3. Displaying rudeness or insubordination towards superiors, colleagues, or clients at the workplace.
4. Inappropriate and unauthorized use of office, medical, or other equipment owned by the Service for unofficial or personal purposes.
5. Using materials, stationery, medication, and other supplies belonging to the Service without proper authorization.
6. Providing false information to discredit the Service or incite public disaffection.
7. Withholding critical information with intention to mislead management, clients, or the public.
8. Pre-emptively making clinical or other decisions or actions without authorization.
9. Disclosing official or client information to unauthorized individuals.
10. Sleeping while on duty.
11. Use of abusive language.
12. Loitering during work hours.
13. Unduly interfering with the tasks of others.
14. Occasional intoxication or drunkenness while on duty.
15. Non-compliance with the official dress code.
16. Participating in illegal demonstrations or industrial actions
17. Making unnecessary noise.
18. Failing to properly hand over administrative duties and official property.
19. Quarrelling within official premises.

20. Failing to submit necessary data and reports.
21. Misusing corporate computing and networking equipment, internet access, and network resources.
22. Failing to ensure appropriate safeguards for the physical security and monitoring of corporate computing devices assigned to employees.
23. Circumventing minor aspects of human-subject requirements during research.
24. Inadequate record-keeping related to research projects.
25. Indecent exposure of parts or all the body while on duty.

5.1.1 Penalties for Minor Offences

The underlisted are a range of penalties that could be selectively used as disciplinary measures for minor offenses:

1. Issuing a verbal warning in the first instance.
2. Providing a written warning.
3. Suspending from duty without pay and allowances for up to ten (10) working days.
4. Reducing or forfeiting annual leave.
5. Temporarily changing the schedule to a less responsible role.
6. Refunding illegal or unauthorized money collected from clients or patients

5.2. Major Offences

The underlisted offenses shall be considered as major offenses:

1. Theft, embezzlement, fraud, or negligence resulting in financial loss to the organization.
2. Engaging in rape or sexual harassment of co-workers, patients/clients, or their relatives.
3. Committing physical assault against co-workers or patients/clients.
4. Persistent or habitual intoxication while at the workplace.
5. Trafficking in or/and using narcotic drugs.
6. Smoking within the workplace.
7. Improperly demanding or collecting unauthorized fees.

8. Falsifying official or client records.
9. Receiving a criminal conviction by a court of competent jurisdiction.
10. Gross insubordination or refusal to perform an authorized duty.
11. Negligence and misuse of the organization's equipment, vehicles, buildings, and furniture of a service.
12. Divulging confidential information without lawful authority to other staff, clients, or the general public.
13. Persistent or habitual absence from duty without permission or reasonable cause.
14. Refusal to attend to or respond late to an emergency duty or call.
15. Unauthorized absence while on emergency duty.
16. Failure to adhere to the official dress code.
17. Desertion of post, refusal to accept a posting, or leaving one's station or post without authorization.
18. Impersonation.
19. Professional misconduct, malpractice, or negligence.
20. Breaching financial policies and procedures.
21. Unauthorized disclosure of official information that results in disrepute for the organization.
22. The wilful destruction of official documents or property.
23. Seducing a patient/client or their relations while they are under the care of the institution.
24. Refusal to hand over, or improper handover, of official responsibilities when required.
25. Failing to appear before a disciplinary committee without obtaining prior written permission.
26. Failure to comply with disciplinary penalties or awards.
27. Persistent failure to respond to queries despite receiving reminders or warnings.
28. Circumventing or subverting ICT and other security systems within the organization.
29. Non-compliance with the country's legislative framework governing the use and storage of data.
30. Failure to adhere to policies and procedures that oversee the privacy, confidentiality, and integrity of electronic medical records, other official electronic records, and ICT systems.
31. Falsifying research data.

32. Ignoring significant aspects of human-subject ethical requirements.
33. Using another person's ideas without obtaining permission or giving due credit, also known as plagiarism.
34. Unauthorized use of confidential information for personal research purposes.
35. Failure to present data that contradict one's own previous research findings.
36. Publishing the same data or results in two or more publications is often referred to as self-plagiarism or duplicate publication.

5.2.1 Penalties for Major Offences

The following punitive measures may be applied alone or in combination in the case of established major offenses:

1. Suspension of salary for one month.
2. Deferment of due promotion for 1 to 3 years, depending on the severity of the offense.
3. Dismissal and forfeiture of end-of-service benefits, except for social security contributions.
4. Removal from office, resulting in termination of engagement without loss of end-of-service benefits.
5. Reduction in rank, which includes immediate demotion in grade and a corresponding salary reduction.
6. Change of work schedule or workplace.
7. Postponement or cancellation of training opportunities or any awards.
8. Refund of any monies lost to the organization.
9. Refund of monies illegally collected from patients or clients.
10. Withholding of salary increments for one year.

In all cases of an employee vacating their position, their salary must be immediately suspended and noted in the report sent to the higher authority. For cases of salary suspension, reduction, or suspension of a salary increment, written notification must be submitted to the Controller and Accountant General's Department to implement the necessary action. Without limiting or contradicting the provisions of this section, and to clarify, the persistence and severity of the

offense will determine whether it constitutes a minor or major offense. The right to make this determination rests with the disciplinary authority.

Any act of misconduct by an SSGMC employee that is not explicitly mentioned in this document or any existing regulations within the Service must be reported to the Secretary-General. After consulting with the SSGMC and other relevant authorities, the Secretary-General may then issue instructions on the handling such matters.

6 Disciplinary Authority

6.1 Ultimate Disciplinary Authority:

The President of the Republic of South Sudan serves as the Appointing Authority and holds the position of Ultimate Disciplinary Authority for the South Sudan Health Service. However, this responsibility is delegated to the South Sudan General Medical Council (SSGMC) and other bodies authorized to manage disciplinary matters within the Service.

6.2 Delegated Authority:

Disciplinary authority within the Service is delegated according to the following structure:

1. **National Level:** The Chairperson, Deputy Chair, Secretary General, or members of the SSGMC are responsible for dispensing disciplinary measures.
2. **State Level:** State Coordinators are charged with the responsibility of managing disciplinary actions upon delegation by the national level authorities.

The Disciplinary Authority at each level is empowered to establish a Disciplinary Committee and appoint its chairperson.

6.2.1 Category A: Major Offenses

For major offenses, the Chair and Deputy Chair of the South Sudan General Medical Council (SSGMC) shall recommend appropriate disciplinary actions to the President of the Republic of South Sudan through the Competent Minister.

6.2.2 Category B: Minor Offenses

The relevant disciplinary authority is responsible for taking appropriate action for minor offenses. In instances involving major offenses, a report must be submitted to the SSGMC Secretary General, who will then make recommendations to the SSGMC Chair for necessary disciplinary measures.

State Coordinators are responsible for addressing minor offenses committed by staff and recommending further action to the Secretary-General in cases of major offenses.

6.3 Disciplinary Proceedings

6.3.1 Reporting the Incident/Offense

When an employee commits an offense, the officer in charge of the relevant unit, institution, or state must report or note it and document the event thoroughly.

Subsequently, within three (3) working days, the officer shall submit a formal report to the Secretary-General (SG) of the South Sudan General Medical Council (SSGMC) at the national level or to the State Coordinators where applicable, particularly in cases of major offenses. This report will alert the SSGMC, which will then initiate the necessary further actions.

6.3.2 Preliminary Investigation

The officer in charge is responsible for conducting a preliminary investigation into the reported case to verify its authenticity and gather additional details. This investigation should commence within three (3) working days from when the report is received. The process of investigation may include:

1. Conducting interviews
2. Inspecting documents and premises.
3. Issuance of a letter of inquiry to the individual(s) concerned.

The officer in charge shall subsequently take appropriate actions based on the findings of the preliminary investigation. If the results of the investigation clearly indicate a minor offense or misconduct, the officer in charge must implement the suitable sanctions within three (3) working days.

In cases where the investigation results suggest a major offense, the officer in charge shall escalate the matter to their superior authority to initiate formal disciplinary proceedings. With the approval of the disciplinary authority, the following actions may be undertaken:

- a) Issuance of a formal query.
- b) Implementation of interdiction, where necessary. Interdiction can only be affected at the State or national level. If a person is interdicted at the State level, the State Ministry

of Health (MoH) Director General must notify the Secretary-General within three (3) working days, providing all pertinent facts regarding the alleged offense.

- c) Establishment of a Committee of Inquiry.

6.3.2.1 *Interdiction*

Interdiction refers to the suspension from duty of an employee alleged to be involved in major misconduct. It is important to note that interdiction is not intended as a punitive measure. The duration of interdiction shall not exceed six months and may only be extended by the SSGMC for an additional three (3) months for valid reasons.

6.3.2.2 *Circumstances for Interdiction*

1. When the employee in question is likely to interfere with the formal investigation process.
2. When criminal proceedings are being initiated against the employee.
3. When the employee is under investigation for professional incompetence or malpractice.

6.3.2.3 *Conditions of Interdiction*

1. The interdiction remains effective until the conclusion of an inquiry and the employee has been informed of the disciplinary authority's decision. However, the total duration should not exceed nine (9) months.
2. During interdiction, the employee will receive their full monthly salary, but no allowances will be provided.
3. If the employee is not found guilty, any withheld allowances will be fully restored and reimbursed as appropriate.
4. The employee under interdiction must be available to their immediate supervisor and the investigating authority upon request.
5. The employee on interdiction is not permitted to travel outside the country without explicit permission from the Director-General of the Service.
6. The interdicted employee has the right to petition the SSGMC if dissatisfied with the interdiction or the decision made by the SSGMC Chairperson.

6.4 Types of Disciplinary Proceedings

6.4.1 Summary Disciplinary Proceedings:

- a) Summary disciplinary proceedings are conducted for minor offenses or misconduct that require prompt attention. These proceedings may involve a superior authority, a delegated officer, or a supervisor. The responsible officer must inform the employee of the alleged offense in writing and allow five (5) working days for the employee to respond to the charges.
- b) Both charges and responses should be documented in writing. If a decision cannot be reached based on the interviews and/or written responses, a committee will be established to conduct further hearings on the matter. Any decisions made must be acted upon promptly.
- c) The superior authority is responsible for ensuring that the employee receives a fair hearing.

6.4.2 Formal Disciplinary Proceedings for major offences

Formal disciplinary proceedings are conducted for major offenses committed by employees. These proceedings include the following steps:

1. The employee accused of an offense will be presented with written charges.
2. The accused employee will be allowed to review or examine any documentary evidence against them, including the report from any preliminary investigations.
3. The employee will have the opportunity to submit a written response to the charges.
4. The employee will receive adequate notice to appear before a Disciplinary Committee.
5. The employee will receive a letter inviting them to appear before the Disciplinary Committee. This letter will include:
 - a. Details of the alleged offense(s)
 - b. The date, time, and location of the meeting
 - c. Relevant documents required for the proceedings.
 - d. A statement informing the employee of their right to legal representation and the option to bring witnesses if they so choose.

- e. The assurance for the employee to have the opportunity to cross-examine any witnesses presented or to call their own witnesses, if applicable.
- f. The right for the employee to submit new written statements if desired.
- g. Thorough written documentation to support the function of the relevant appellate body or for any subsequent proceedings. All sessions of the proceedings will be recorded.

6.4.3 Additional Provisions

1. During the formal disciplinary proceedings, the employee is entitled to legal representation.
2. Witnesses are not permitted to be present during the testimony of other witnesses.
3. At the conclusion of the inquiry, the committee's chairperson, along with the other members, must ask the employee if they are satisfied with how the proceedings were conducted. If the employee expresses dissatisfaction, their reasons must be documented.

The employee's response should be recorded, along with their signature, as follows:

Format for Endorsement of Proceedings

I am satisfied with the conduct of this inquiry for the following reason(s):

.....

I am dissatisfied with the conduct of this inquiry for the following reason(s):

.....

SIGNATURES:

ACCUSED EMPLOYEE

CHAIRPERSON OF THE INVESTIGATION COMMITTEE.....

WITNESS

DATE

4. Any employee of SSGMC who does not comply with a directive from a Disciplinary Authority to provide evidence in a disciplinary proceeding will be considered guilty of an offense and may face disciplinary action.
5. An SSGMC employee who is required to attend disciplinary inquiries to provide evidence or present exhibits is entitled to receive applicable travel and night allowances.
6. Non-employees who are formally invited to attend a disciplinary inquiry by SSGMC will be appropriately compensated.
7. Quorum: The presence and participation of three (3) committee members will constitute a quorum.

6.4.4 Verdict:

The disciplinary committee must reach a verdict through consensus. Any disagreements among members must be documented. If a committee member is unable to continue their role, they must be replaced promptly to prevent delays in the disciplinary proceedings, which will necessitate starting the proceedings anew.

If a committee member has a conflict of interest, they should recuse themselves and formally declare this conflict.

6.4.5 Report on the Disciplinary Proceedings

A report on the disciplinary proceedings must be submitted to the Disciplinary Authority within ten (10) working days after the conclusion of the proceedings. This report should include, among other details:

1. The date(s), time, and location of the proceedings,
2. The background of the case,
3. The methodology used,
4. Attendance Record of the employee involved,
5. Citation of the specific rules or regulations under which the employee is being charged,
6. Recordings of speech documented in direct speech.
7. Signature of the chairperson of the committee of inquiry

8. Witness Statements
9. Determination of Guilt or innocence
10. Clear presentation of the facts and logical inferences supporting the conclusions for each charge.

Conclusions must be founded on verifiable facts rather than mere speculation. Only inferences that are directly supported by the facts should be drawn, ensuring that all deductions are logically derived from the evidence at hand.

During the proceedings, the Committee responsible for the inquiry is permitted to comment on the demeanour of any witnesses, including the employee. These observations can provide valuable context for the findings.

If the employee has issued a statement expressing satisfaction or dissatisfaction with the conduct of the inquiry, the Committee is required to include this statement in the final report. The Committee should also provide its own comments regarding the employee's feedback, reflecting on how it may impact the overall assessment of the inquiry's process and findings.

6.4.6 Confidentiality:

The Committee conducting the inquiry must maintain strict confidentiality and, under no circumstances, disclose findings or recommendations to the accused employee or any unauthorized individuals before the report is approved by the Disciplinary Authority. However, exceptions to this rule can be made under specific circumstances:

1. When disclosure is requested by a judge in a court of law.
2. When it is necessary to protect the interests of the involved employee.
3. When it is essential to protect societal welfare and uphold the integrity and credibility of the disciplinary committee or authority.
4. When it is required to ensure the welfare of another individual employee or patient, as the situation dictates.

6.4.7 Decisions on Recommendations of Proceedings:

Once the inquiry is complete, the report, including the recommendations of the Disciplinary Committee, must be submitted to a higher authority for evaluation. The higher authority will then deliberate and arrive at the following possible decisions:

6.4.8 Acquittal and Exoneration

1. If an inquiry or investigative report acquits an employee who is currently under interdiction, the employee must be reinstated to work within thirty calendar days following the adoption of the report.
2. If an employee is exonerated by an inquiry or investigative report, they should also be reinstated if on interdiction. Furthermore, they are entitled to receive a formal written apology from both the complainant and the Disciplinary Authority, as deemed appropriate.

6.4.9 Guilty Verdict:

If an employee is found guilty, appropriate sanctions should be implemented within thirty calendar days from the date the report is adopted.

6.4.10 False Accusation:

When a false accusation is made, the complainant or the involved service should issue a formal written apology to the wrongly accused employee. Additionally, the complainant should receive a written reprimand.

6.4.11 Role of Other Organizations

Cases involving national security or violations of the country's laws should be reported to the appropriate agencies. If there is uncertainty, the relevant Disciplinary Authority must consult their Superior Authority for guidance.

For seconded staff found liable for minor offenses, the SSGMC will investigate and recommend necessary action to the parent organization. This is done without prejudice to any actions the

SSGMC might have already initiated. If a criminal offense contravening the laws of the Republic of South Sudan is committed, it must be reported to the Police.

The Secretary-General and the Director General of the State Ministry of Health should refer instances of major professional misconduct to the relevant Professional Regulatory Body for further action. This referral does not affect any initial disciplinary actions that might have been taken.

7 Modern Version of Hippocratic Oath

I swear to fulfill, to the best of my ability and judgment, this covenant:

I will respect the hard-won scientific gains of those physicians in whose steps I walk and gladly share such knowledge as is mine with those who are to follow.

I will apply, for the benefit of the sick, all measures which are required, avoiding those twin traps of overtreatment and therapeutic nihilism.

I will remember that there is art to medicine as well as science, and that warmth, sympathy, and understanding may outweigh the surgeon's knife or the chemist's drug.

I will not be ashamed to say, "I know not," nor will I fail to call in my colleagues when the skills of another are needed for a patient's recovery.

I will respect the privacy of my patients, for their problems are not disclosed to me that the world may know. Most especially must I tread with care in matters of life and death. If it is given to me to save a life, all thanks. But it may also be within my power to take a life; this awesome responsibility must be faced with great humbleness and awareness of my own frailty. Above all, I must not play at God.

I will remember that I do not treat a fever chart, a cancerous growth, but a sick human being, whose illness may affect the person's family and economic stability. My responsibility includes these related problems, if I am to care adequately for the sick.

I will prevent disease whenever I can, for prevention is preferable to cure.

I will remember that I remain a member of society, with special obligations to all my fellow human beings, those sounds of mind and body as well as the infirm.

If I do not violate this oath, may I enjoy life and art, respected while I live and remembered with affection thereafter. May I always act to preserve the finest traditions of my calling and may I long experience the joy of healing those who seek my help.

Written in 1964 by Louis Lasagna, Academic Dean of the School of Medicine at Tufts University and used in many medical schools today.

8 Oath of a Pharmacist

“At this time, I vow to devote my professional life to the service of mankind through the profession of pharmacy. I will consider the welfare of humanity and relief of human suffering my primary concerns. I will use my knowledge and skills to the best of my ability in serving the public and other health professionals.

I will do my best to keep abreast of developments and maintain professional competence in my pharmacy profession. I will obey laws governing the practice of pharmacy and will support enforcement of such laws. I will maintain the highest standards of moral and ethical conduct. I take these vows voluntarily with the full realization of the trust and responsibility with which I am empowered by the public”.

References

1. South Sudan General Medical Council Code of Ethics, 1st edition 2015.
2. Ghana Health Service Code of Conduct and Disciplinary Procedures July 2018
3. Sudan Medical Council.
4. Pharmacy Board Malaysia Ministry of Health Malaysia CODE of ETHICS for PHARMACISTS 2018.

