

CODE OF PROFESSIONAL CONDUCT PHILIPPINE ACADEMY OF OPHTHALMOLOGY

I am a member of the Philippine Academy of Ophthalmology, the National Organization of Ophthalmologists in the Philippines. As a member of the Academy, I declare myself to be an Ophthalmologist worth the title, striving to maintain the highest standards of care in the practice of my profession.

As a professional, I declare that:

I am Competent because

- I am committed to self-improvement and excellence through continuing medical education.*
- I shall attend a duly recognized CME activity to accumulate at least 100 CME units in the course of a calendar year.*

I am Honest so that

- I shall fully disclose the nature of the procedure including all its risks and benefits as well as alternative treatments available and obtain a signed informed consent attesting to the same from the patient or guardian.*

- I shall display in a conspicuous and accessible area of my place of practice my valid credentials as an ophthalmologist and my membership to the PAO without any misrepresentation.*

- I shall not misrepresent the services that I perform or the charges made for that service.*
- I shall refer cases that are beyond my expertise and competence.*
- I shall be intellectually honest and never resort to plagiarism in all my lectures, presentations, research works and publications.*

- I shall not collude with colleagues, hospitals or other third parties for the purpose / intent of fraud or financial gain.*

I am a patient-advocate, thus

- I shall always consider the welfare of my patients above financial considerations and provide equal standards of care regardless of their ability to pay, social status, race, gender, religion, age, sexual orientation and political affiliations.*

- I shall always provide competent and quality care to all my patients.*

- I shall not coerce / deceive my patients to undergo an elective procedure by misrepresenting it as an urgent, emergent or a visually threatening condition.*

- I shall refrain from prescribing unnecessary tests, devices, drugs or procedure without any clear clinical indication.*

- I shall not use devices and drugs beyond their approved indication at all times - unless I provide full disclosure and secure an informed consent from the patient.*

I am compassionate and socially responsible such that

• I shall provide immediate care in emergency and sight threatening conditions with the patient's welfare as my primary consideration.

• I shall assist in the provision of adequate service to those who cannot afford my services.

• I shall voluntarily participate in legitimate charitable programs whenever possible.

• I shall participate only in PAO -endorsed medical / surgical missions.

• I shall maintain, at all times, compassion for patients and colleagues as well as maintain regard for the collective good by not abusing available resources

I am courteous and respectful, thus

• I shall treat my patients with courtesy and respect their rights at all times.

• I shall treat my colleagues with courtesy and respect but shall report in the proper forum those ophthalmologists deficient in character or competence, or who engage in fraud or deception.

I have integrity, therefore

• I shall not permit motives of profit to influence the free and independent exercise of professional judgement on behalf of my patients.

• I shall disclose any financial interest in products and services that I mention in the course of scientific proceedings.

I am ethical, hence

• I shall abide by the Code of Ethics of the PAO and the PMA.

• I shall not use publications, displays and /or broadcast media to engage in self advertisement, promotion and aggrandisement.

• I shall not involve myself in solicitation of patients such as but not limited to recruitment schemes that will give undue advantage to myself and to the detriment of my colleagues.

In front of God, in the presence of my colleagues, and to myself, I do hereby pledge to abide by this Code to the best of my abilities in the practice of my profession and as a proud member of the PAO.

Name in Print: _____

Date: _____